



CHSP Contract/Reporting Workshop

Previously Funded Agencies

FY 24 - 25

CHSP GRANTS- GENERAL

- Ensure program and finance staff are in communication
 - Have a “So We Got A Grant” meeting including all relevant staff
- Timeliness matters: Prioritize reporting and reimbursement requests.
- Develop a concrete plan for collecting data and tracking performance metrics.
 - Many metrics require pre/post tests or reaching clients after a period of time
- Develop a plan for staffing gaps.
 - Ex: Who will pick up CHSP reporting/fiscal duties if a key staff person leaves?
- Program Monitoring
- CRT comments

CONTRACT SUBMISSION INSTRUCTIONS

1. If the agency's legal documents have expired, the agency will receive a Grant Management Checklist that specifies which documents have expired. **All documents identified in the Grant Management Checklist must be** emailed to HumanServices@talgov.com and/or HumanServices@leoncountyfl.gov before the contract can be executed.
2. You will receive a copy of the agency's contract as a PDF form via email, along with the Contract Attachments as a Word document. **The pdf contract is for review only at this stage.**
3. Complete the Contract Attachments and return (**in Word format**) to the City and/or County email addresses.
4. The Provider Self-Monitoring Checklist must be completed, signed by all parties and emailed to City and/or County email addresses.
5. The finalized contract will be sent electronically to the agency's contact person listed in the Contract Attachments. The contact person will be required to provide an electronic signature. **It is important to sign this document as soon as possible.**

Contract Submission Due Date: October 11, 2024



- Extensions must be requested in writing.
- It is in the agency's interest to solidify contracts as soon as possible as no advances or reimbursements can be made until contracts are executed.
- To expedite the approval process, you can submit the Contract Attachments and other required documents prior to the deadline.

CONTRACT ATTACHMENTS

Prior to submission of the Contract Attachment document, please carefully review for accuracy and **ensure that the document is numbered sequentially. Failure to follow the instructions will delay the execution of the Agreement.**

Please note that the **General Revenue, Change for Change and Promise Zone contract attachment documents include** the following sections:

- Attachment A: Statement of Work
- Attachment B: Collaboration Plan
- Attachment C: Program Logic Model/Outcome Measurement Framework
- Attachment D: Method and Amount of Compensation
- Contact Information for the Agency's Authorized Signatory

CDBG, ARPA contract attachments also include:

- Attachment E: Lobbying Certification
- Attachment F: Suspension & Debarment Certification
- Exhibit 1: Funding Sources

CONTRACTS - REQUIRED DOCUMENTS

The City and/or County must have up-to-date copies of the following legal documents on file:

- Agency by-laws
- US Dept of Treasury-501c3 status
- FL Dept. of State Registration
- FL Dept. of Agriculture & Consumer Services Registration
- FL Dept. of Revenue
- Audit Report (if applicable)
- 990
- Liability Insurance*
- EEO/ Non-Discrimination policy
- Check Signing Policy
- Fiscal Management Policy
- Records Retention Policy
- Conflict of Interest Policy

***In the agency's general liability policy, please ensure that the City of Tallahassee and/or Leon County is included as an additionally insured party.** If your policy does not include this stipulation, please make the necessary changes and email the documents to City and/or County email addresses. **This is a mandatory requirement.**

CONTRACTS – CITY/COUNTY SUPPLIER

If there have been any changes to the agency's basic information (ex: address) or bank account, updates will be required:

City Supplier Portal: <https://www.talgov.com/doingbusiness/b2g.aspx>

Leon County: Email Mindy Conney (conneym@leoncountyfl.gov)

CHSP REIMBURSEMENT REQUESTS

Reimbursement packets should include and be arranged in the following order:

- A. Cover letter
- B. Reimbursement request form (Provided by COT/Leon County)
- C. Detail sheet listing individual expenses in each category
- D. Documentation of expenses
 - In order of categories as they are listed on expenditure form
 - Separated with cover sheet for each category
- E. Proof of payment (Credit card/bank statements)

CHSP REIMBURSEMENT REQUESTS

- A. Payments will not be processed until all quarterly and year-end reporting requirements have been met. **There are no exceptions.**
- B. On the Report of Expenditures and Reimbursement Request form, select the appropriate funding source.
- C. Although the **Report of Expenditures and Reimbursement Request** lists specific cost categories, please modify those cost categories to match the budget listed in the Agency Agreement attachment: **Method and Amount of Compensation.**
- D. No budgetary changes can be made unless a **budget amendment** is requested and approved in writing. An exception to this general rule is as follows: an agency can spend up **to 10% above each cost category** without obtaining prior approval.
- E. When submitting reimbursement requests, please also submit a **brief cover letter on agency letterhead** that includes the dates covered, agency contact info and amount of the request. The cover letter is required by the accounting office and is used as an invoice for processing reimbursement requests.

CHSP REIMBURSEMENT REQUESTS

- F. Please also include a **detail sheet** listing each individual expense in each category.
- G. When submitting receipts, ensure that the date of purchase, purchase amount, items purchased, and the vendor name are legible. **Only readable receipts will be reimbursed.**
- H. Attach to your report all **proof of expenditures** (such as itemized receipts, canceled checks, bank statements, program brochures, payroll records, invoices, etc.) for which you are requesting reimbursement. **Please note that no excessive shipping fees, convenience fees, sales tax, tips, or late fees will be reimbursed.**
- I. When claiming travel or training, please include appropriate documentation such as event brochures/itineraries, registration payment, and hotel and food receipts. Agencies that use a set formula or rate to determine food or travel costs (per diem or mileage) do not need to submit food receipts or gas receipts. **However, please submit agency travel forms that document how travel was calculated.**

CHSP REIMBURSEMENT REQUESTS

- J. If you have **ongoing accounts** at businesses such as Office Depot, submit actual receipts of the purchased items (or a billing statement that itemizes the purchases) that you want the City or County to reimburse. The general billing statement is not adequate.
- K. Organize the report of expenditures and reimbursements by cost category and **separate each cost category** with a cover sheet that notes the cost category. **Highlight/circle expenses**. This will expedite the processing of the reimbursement request.
- L. All invoices must be signed by the vendor and the agency representative, including payroll and contractual services documents.
- M. Direct client assistance: Rental/utility assistance requires full lease/utility bill with client's name. Team 11 agencies must include HMIS number on documentation. If requesting food for meetings/workshops, attendance sheet must be provided.

CHSP REIMBURSEMENT REQUEST TIPS

- Expenses attributed to the FY 24-25 grant must be incurred by Sept. 30, 2025. Expenses incurred on October 1, 2025 or after must be reimbursed through the FY 25-26 grant.
- For each expense: original receipt + proof the agency paid for it.
- Watch spending to ensure the agency is on track to spend the entire grant amount.
- Budget amendments must be requested in writing.
- Use sample reimbursement request as a guide.
- Ensure expenses are **program** related.
- Grantees receiving ARP and CDBG funds: Timesheets are required.
 - See staff for template.

TIP: Ask first if you are unsure if an expense is eligible.



CHSP REIMBURSEMENT REQUESTS

Reimbursement requests must be submitted to:

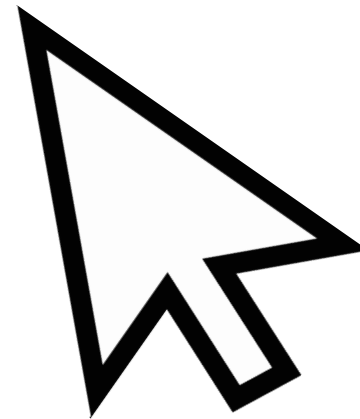
City of Tallahassee	Leon County
<p>Send pay requests to the following email address: HumanServices@talgov.com</p> <p>Contacts for pay requests: Cheryl Beasley, 891-7097 E’jaaz Abdul-Musawwir, 891-6584 Virginia Kyllonen, 891-6523 Robyn Wainner, 891-7174 Department of Housing and Community Resilience, Human Services Division</p>	<p>Send pay requests to the following email address: HumanServices@leoncountyfl.gov</p> <p>Contact for pay requests: Mindy Conney, 606-1948 Office of Human Services and Community Partnerships</p>

REPORTING REQUIREMENTS

Quarterly/Year-End Reports	Reporting Period	Report Submission Deadlines
First Quarter	October 1, 2024 through December 31, 2024	January 25, 2025
Second Quarter	January 1 through March 31, 2025	April 25, 2025
Third Quarter	April 1 through June 30, 2025	July 25, 2025
2024-25 Year-End Cumulative Report (A fourth quarter report is not required)	October 1, 2024 through September 30, 2025	October 31, 2025

CHSP REPORTING OVERVIEW

CHSP Portal: www.chspportal.org



chsp

WORKING
TOGETHER
FOR GREATER
IMPACT



community human service partnership

CONTACTS

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Leon County:

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