

Emergency Solutions Grant ND Homeless Grant Reimbursement Training

NOVEMBER 2023



Reimbursement Requests (page 17)

Reimbursement requests are required at least once every 90 days.

- Monthly requests will be accepted.
- Complete Request For Funds SFN 52681
- Complete Reimbursement Request Summary SFN 62333
- Supporting documentation includes invoice and proof of payment.
 - Review ESG Required Supporting Documentation Guidance

- Salary (page 24)
 - Time sheet SFN 62211
 - Hours must be billable by program component.
 - Include explanation of fringe calculations- required with initial salary request only.

Quick Tips

Resources- Administrative Manual, ESG Program Component Quick Reference Guide, HUD Exchange

Know Your Component? Charge expenses by component (e.g., Emergency Shelter) AND by activity within the component (e.g., Emergency Shelter Essential Services or Emergency Shelter Operations)

Is the Expense Eligible? Review your request to determine if the expenses you are requesting reimbursement for are an eligible activity under the component you received funding for.

Include Reimbursement Request Summary SFN 62333

Include proof of service/cost incurred for every expense, including staff compensation

Include corresponding proof of payment for every expense, including staff compensation

Can an outsider understand your process? Compile the request so that proof of service/cost incurred and corresponding proof of payment can easily be cross-checked by the reviewer (e.g., place the expense's proof of service/cost incurred and proof of payment immediately next to one another)

Do the numbers match? Ensure requested amount matches back-up documentation (i.e., if a recipient submits a request for \$10,000, then the reviewer should see \$10,000 worth of expenses/payments)

Include as few attachments as possible (subrecipients should strive to include just one or two clear and organized PDFs for the request)

Program Components

Street Outreach

Emergency Shelter

- Essential Services
- Rehabilitation and Renovation
- Shelter Operations
- Assistance required under Uniform Relocation Act (URA)

Homeless Prevention

- Housing Relocation and Stabilization Services
 - Financial Assistance
 - Services Costs
- Short and Medium-Term Rental Assistance

Rapid Rehousing

- Housing Relocation and Stabilization services
 - Financial Assistance
 - Services Costs
- Short and Medium-Term Rental Assistance

HMIS

Street Outreach

Costs are limited to the costs of:

- Providing essential services necessary to reach out to **unsheltered homeless people**;
- Connecting unsheltered homeless people with emergency shelter, housing, or critical services; and providing urgent, non-facility- based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Services are provided on the street, or in parks, abandoned buildings, bus stations, campgrounds, and other unsheltered settings.

Documentation Requirement

- Street Outreach caseworkers should keep documentation of daily activities in the form of a calendar, log or generalized case notes.
- The order of priority for obtaining evidence of homelessness is as follows: third-party documentation first, intake worker observations second, and certification from the person seeking assistance third.

You must retain supporting documentation for all costs charged to the ESG or NDHG Grants

Street Outreach VS. Emergency Shelter

What Services Can Be Provided?

The following table summarizes and compares the essential services allowable under each component:

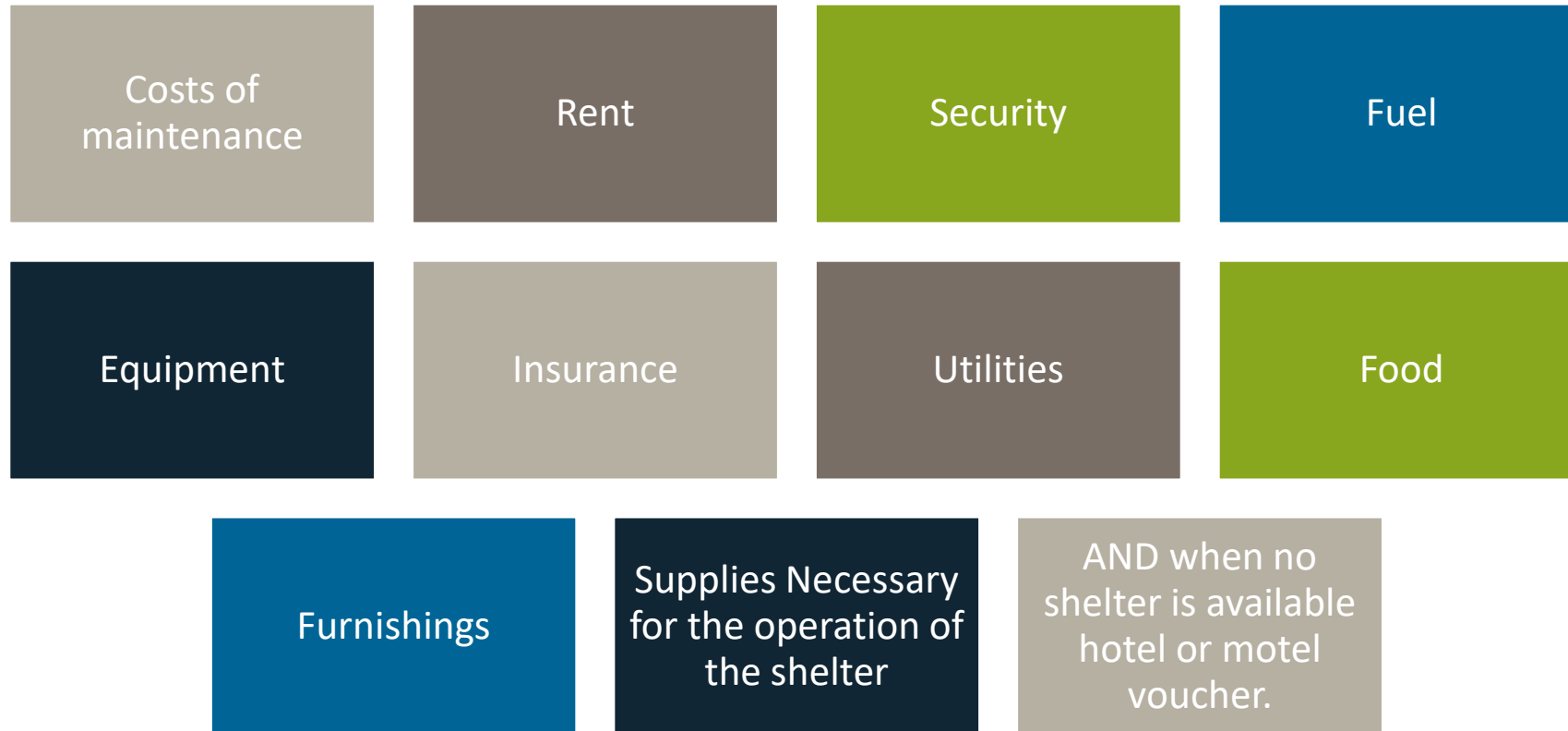
| Street Outreach | Emergency Shelter |
|----------------------------------|------------------------------------|
| Engagement | --Not eligible-- |
| Case Management | Case Management |
| --Not eligible-- | Child Care |
| --Not eligible-- | Education Services |
| --Not eligible-- | Employment Assistance/Job Training |
| Emergency Health Services | Outpatient Health Services |
| --Not eligible-- | Legal Services |
| --Not eligible-- | Life Skills Training |
| Emergency Mental Health Services | Mental Health Services |
| --Not eligible-- | Substance Abuse Treatment Services |
| Transportation | Transportation |
| Services for Special Populations | Services for Special Populations |

Services eligible under the Emergency Shelter component are more expansive than the Street Outreach component because of the population being served and where they are located. Be sure to review the [ESG Program Interim Rule](#) for detailed descriptions of the essential service costs that are eligible under each

Emergency Shelter- Essential Services (page 39)

| | | | |
|----------------------------|------------------------------------|----------------------|--|
| Case Management | Child Care | Education Services | Employment Assistance and Job Training |
| Outpatient Health Services | Legal Services | Legal Representation | Life Skills Training |
| Mental Health Services | Substance Abuse Treatment Services | Transportation | Services for Special Populations |

Shelter Operations



Cost Allocation



Operating costs such as utilities, insurance, rent, supplies should be allocated to the program based on a cost allocation. Staff who work on multiple grants must have their time allocated to the grant based on hours worked in that grant.



You must base your reimbursement request using a cost allocation. This could be staff time allocation or square footage of the building. Whatever is used, show us your method and provide the calculation with your reimbursement request.



For example, say your organization runs an emergency shelter and has two offices for other programs located within the shelter building. 100 percent of the utilities, rent or supplies cannot be invoiced to your shelter grant because you have another program operating out of the building.



Rent for the building is \$10,000 per month.



The building is used for emergency shelter and transitional housing units. Since there is more than one program operating out of the building, you cannot charge the full rent to your ESG or NDHG grant.



The grant administrator should show the cost allocation calculation that determines the proportion of cost billed to the grant. This calculation should be included with the invoice.



The cost allocation method should be consistently used for the same type of expense.

Cost Allocation Determination

Cost Allocation Method Example 1

The building operating as the emergency shelter and transitional housing complex is 10,000 sq ft. Approximately 4,000 sq ft is the transitional unit section and 6,000 sq ft for the emergency shelter. The total rent is \$10,000.

Step 1: Calculate the Percentage of Building Use

$$6,000/10,000 * (100) = 60\%$$

Result- 60% of the utility and rent costs can be associated to the emergency shelter.

Step 2: Calculate the portion of eligible expense

$$\$10,000 * 60\% = \$6,000 \text{ Emergency Shelter Operations eligible reimbursement.}$$

Cost Allocation Determination



There is a \$400 invoice for Walmart.



The invoice includes food and toiletries necessary for emergency shelter operations and food and toiletries for a transitional housing complex which is not funded by the ESG or NDHG grant.



The grant administrator should show the cost allocation calculation that determines the proportion of cost billed to the grant. This calculation should be included with the invoice.



The cost allocation method should be consistently used for the same type of expense.

Cost Allocation Method Example 2

The organization serves 1,000 individual nights a month in the facility, however 750 are served by the emergency shelter and 250 by the transitional housing units.

Costs can be allocated by individuals served by calculating the percentage of households served.




$$750/1000= 75\%$$

$$250/1000= 25\%$$

Provide a copy of the cost allocation calculation with the invoice.

Walmart Invoice \$400 * 75% = \$300 Emergency Shelter Operations eligible reimbursement.

Homeless Prevention and Rapid Rehousing (page 62-63)

| ELIGIBLE ACTIVITIES: RAPID RE-HOUSING AND HOMELESSNESS PREVENTION COMPONENTS | |
|---|--|
| <p>Rental Assistance[°] 24 CFR §576.106</p>  | <ul style="list-style-type: none"> • Short-term rental assistance (0-3 months) • Medium-term rental assistance (4-24 months) • Rental arrears (One-time payment for up to 6 months of rent in arrears) <p><i>Any combination of the above types, so long as the total amount of assistance does not exceed 24 months</i></p> <p>[°]Rental assistance can be project-based or tenant-based.</p> |
| <p>Housing Relocation and Stabilization Services</p> | <p>Financial Assistance 24 CFR §576.105</p>  <ul style="list-style-type: none"> • Rental Application Fees (when charged by owner to all applicants) • Security Deposits (no more than 2 month's rent) • Last Month's Rent (applies to 24-month cap) • Utility Deposits (when required by utility company for all customers) • Utility Payments (up to 24 months of payments per service, including up to 6 months of arrears per service) • Moving Costs (e.g., truck rental, moving company, up to 3 months of storage) |
| | <p>Services 24 CFR §576.105</p>  <ul style="list-style-type: none"> • Housing Search and Placement • Housing Stability Case Management • Mediation • Legal Services • Credit Repair (e.g., budgeting/ money management) |

Rental Assistance and Financial Assistance

Let's say that you determine that the participant will receive the following assistance under Rapid Rehousing: Participant A was evicted and is living in the home of another. Participant has rental arrears; court ordered legal fees and needs rental assistance to get back on their feet.

Participant A: Staff Determination of Eligibility SFN 62383

Paying Rental Arrears- 3 Months \$2100

Paying 3 Months Rental Assistance (\$650 p Month) \$1950

Paying \$40 rental application fee

Paying \$500 court ordered legal costs



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
REIMBURSEMENT REQUEST SUMMARY
 PLANNING AND HOUSING DEVELOPMENT DIVISION
 SFN 62333 (09/23)

Component Billable

| Payment Date | Vendor / Payee | Payment Description | Check number or ACH date | Total Payment Amount | Amount Requested for Reimbursement | Emergency Shelter Operations | Emergency Shelter Essential Services | Street Outreach | Homeless Prevention and Stabilization Services | Homeless Prevention Rental Assistance | Rapid Rehousing and Stabilization Services | Rapid Rehousing Rental Assistance | HMIS |
|--------------|----------------|---------------------------------------|--------------------------|----------------------|------------------------------------|------------------------------|--------------------------------------|-----------------|--|---------------------------------------|--|-----------------------------------|------|
| 10/30/2023 | Property A | Rental Arrears- Participant A | 1234 | 2,100.00 | 2,100.00 | | | | | | | 2,100.00 | |
| 10/30/2023 | Property B | Rental Assistance/Fee-Participant A | 1235 | 1,990.00 | 1,990.00 | | | | | | 40.00 | 1,950.00 | |
| 10/30/2023 | Property A | Court Ordered Legal Fees- Participant | 1236 | 500.00 | 500.00 | | | | | | 500.00 | | |

Reimbursement Request Participant A

Required Source Documentation

Invoice, Proof of Payment, Eligible Component Activity

Rental Assistance and Arrears

- Rental Assistance Agreement
- Lease Agreement
- Tenant Ledger proving the number of months in arrears and any late charges, if applicable.
- Participant Homeless or At-Risk of Homeless Certification (To determine if RRH or HP Component)
- Proof of Payment.

Application Fee

This is invoiced under Financial Assistance Costs Activity

- Rental Assistance Agreement
- Lease Agreement
- If the lease does not show the application fee, have another form of invoice from the landlord.
- Proof of Payment

Court Ordered Fees

This is invoiced under HP or RRH Services and must be documented by a court order or ledger/Register of Actions from the court. Proof of payment, participant homeless or at-risk certification.

Participant Eligibility

Initial Evaluation of Eligibility:

Requirements for Homelessness Prevention – Initial Evaluation

Individual or family who meets one of the following categories of HUD's **Homeless Definition** at §576.2, **AND** has an annual income below 30% of median family income for the area:

- **Category 2** (Imminent Risk of Homelessness)*
- **Category 3** (Homeless Under Other Federal Statutes)
- **Category 4** (Fleeing/Attempting to Flee Violence, and not living in a place described in Category 1)*

*The definition includes the requirement that individuals and families have no other residence AND lack the resources and support networks to obtain other permanent housing.

OR

Individual or family who meets one of the three categories of HUD's **At Risk of Homelessness Definition** at §576.2, **AND** has an annual income below 30% of median family income for the area:

- **Category 1****
- **Category 2** (Children/youth who do not qualify as homeless under the homeless definition in §576.2 but qualify as homeless under another Federal statute)
- **Category 3** (Children/youth and their families who do not qualify as homeless under the homeless definition in §576.2, but who do qualify as homeless under Section 725(2) of the McKinney-Vento Homeless Assistance Act)

**The definition includes the requirement that individuals and families lack sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place described in Category 1 of the homeless definition.

Note: *ESG homelessness prevention assistance is intended to provide rental assistance and housing relocation and stabilization services necessary to prevent an individual or family from moving into an emergency shelter, the streets, or a place not meant for human habitation.*

Requirements for Rapid Re-Housing – Initial Evaluation

Individual or family who meets one of the following categories of HUD's **Homeless Definition** at §576.2:

- **Category 1** (Literally homeless)
- **Category 4** (Fleeing/Attempting to Flee Violence and living in a place described in Category 1)*

*The definition includes the requirement that individuals and families have no other residence AND lack the resources and support networks to obtain other permanent housing.



Required Source
Documentation Is NOT
the same as Required
File Documentation

Rental Assistance Requirements (Page 77)



Rental Assistance Agreement SFN 62097



Rent Reasonableness Checklist and Certification SFN 59386



Housing Habitability SFN 61266



Lead Screening Worksheet SFN 62378



Lead Based Paint Visual Assessment SFN 62379 (If Applicable)

Participant Files

Staff Determination of Eligibility SFN 62383

Identification Documentation

Homeless / At-Risk Homeless Certification and supporting documentation

Release of Information

Intake/Assessment Form

Case notes

Income Documentation – Income Eligibility Worksheet SFN 62393 and supporting documentation

Self Certification SFN 60319

Staff Certification of Homelessness SFN 62381

Fair housing brochure

“How to Protect Your Family from Lead” pamphlet

Rental Assistance Agreement SFN 62097

Lease Agreement (VAWA Requirements)

Habitability Standards SFN 61266

Lead Based Screen Worksheet SFN 62378

Rent Reasonableness SFN 59386

Staff Compensation

Source documentation required is the same as all other expenses. You will need to submit proof of payment. A combination of paystubs, payroll summaries, and/or checks are the most straightforward method.

Proof of service/costs incurred is through the use of the Timesheet Report SFN 62211. Staff are required to track their time billed under the ESG, NDHG and non-ESG/NDHG activities. The total hours tracked should match the total hours paid on the paystubs/payroll summaries. The amount of salary invoiced to either ESG or NDHG should match the number of hours worked on the time sheet.

Reimbursement of vacation, sick leave, and fringe benefits should be proportional to the amount of time they spent working on the grant. Show your calculations.



Completing a Timesheet

| SUMMARY OF HOURS | | | | | | | | | | SIGNATURES | | | | | | |
|---|------------------------------|-------------|--------------------------------------|-------------|----------------------------------|--------------|---------------------|------------------|---------------------------|-------------------------|------------------|-------------|--------------------------|--------------|------|--|
| Instrument Number | ESG-23-#### | | | | Corresponding Request for | 1 | | Amount Requested | \$ 362.50 | | <i>Signature</i> | | 08/13/2023 | | | |
| Name of Employee | Sarah | | | | Agency | ABC Provider | | | | | | | | | | |
| Pay Period Start Date (MM/DD/YYYY) | 07/30/2023 | | | | Pay Period End Date (MM/DD/YYYY) | 08/12/2023 | | | | <i>Signature</i> | | 08/14/2023 | | | | |
| Hourly Rate | \$ 17.50 | | | | Month and Year (M/YYYY) | 08/2023 | | | | | | | | | | |
| How do you determine Hourly Pay Rate? (describe or write out the formula you use) | | | | | | | | | | Total Pay / Total Hours | | | | | | |
| Enter below the total hours this employee spent working each day by component type for ESG/NDHG time plus other non-ESG/NDHG activities. Enter time to the second decimal place only. | | | | | | | | | | Supervisor Signature | | | | | Date | |
| Day of the month | Emergency Shelter Operations | | Emergency Shelter Essential Services | | Street Outreach | | Homeless Prevention | | Rapid Re-Housing Services | | HMIS | | Other Non-ESG Activities | Daily Total | | |
| | ESG | NDHG | ESG | NDHG | ESG | NDHG | ESG | NDHG | ESG | NDHG | ESG | NDHG | | | | |
| 1 | 4.00 | | | | 2.00 | | | | | | | | 2.00 | 8.00 | | |
| 2 | | | | | 8.00 | | | | | | | | 0.00 | 8.00 | | |
| 3 | 4.00 | | | | 2.00 | | | | | | | | 2.00 | 8.00 | | |
| 4 | | | | | | | | | | | | | | 0.00 | | |
| 5 | | | | | | | | | | | | | | 0.00 | | |
| 6 | 3.00 | | | | 1.00 | | | | | | | | 4.00 | 8.00 | | |
| 7 | 8.00 | | | | | | | | | | | | 0.00 | 8.00 | | |
| 8 | | | | | 8.00 | | | | | | | | 0.00 | 8.00 | | |
| 9 | 2.00 | | | | 2.00 | | | | | | | | 4.00 | 8.00 | | |
| 10 | 4.00 | | | | 1.00 | | | | | | | | 3.00 | 8.00 | | |
| 11 | | | | | | | | | | | | | | 0.00 | | |
| 12 | | | | | | | | | | | | | | 0.00 | | |
| 13 | | | | | | | | | | | | | | 0.00 | | |
| 14 | | | | | | | | | | | | | | 0.00 | | |
| 15 | | | | | | | | | | | | | | 0.00 | | |
| 16 | | | | | | | | | | | | | | 0.00 | | |
| 17 | | | | | | | | | | | | | | 0.00 | | |
| 18 | | | | | | | | | | | | | | 0.00 | | |
| 19 | | | | | | | | | | | | | | 0.00 | | |
| 20 | | | | | | | | | | | | | | 0.00 | | |
| 21 | | | | | | | | | | | | | | 0.00 | | |
| 22 | | | | | | | | | | | | | | 0.00 | | |
| 23 | | | | | | | | | | | | | | 0.00 | | |
| 24 | | | | | | | | | | | | | | 0.00 | | |
| 25 | | | | | | | | | | | | | | 0.00 | | |
| 26 | | | | | | | | | | | | | | 0.00 | | |
| 27 | | | | | | | | | | | | | | 0.00 | | |
| 28 | | | | | | | | | | | | | | 0.00 | | |
| 29 | | | | | | | | | | | | | | 0.00 | | |
| 30 | 4.00 | | | | | | | | | | | | 4.00 | 8.00 | | |
| 31 | | | | | 2.00 | | | | | | | | 6.00 | 8.00 | | |
| Total | 29.00 | 0.00 | 0.00 | 0.00 | 26.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 25.00 | 80.00 | | |
| Cost of Services | \$ 507.50 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 962.50 | | |

Time Sheet Requirements:

- Pay Period Dates should match the pay stub.
- Signatures needed from both employee and supervisor.
- Hours should be broken out by ESG / NDHG components / activities.
- Include non-ESG / NDHG Hours.
- Use updated SFN 66221 (10/23).

Example 1: Simple Calculation

Step 2: Paystub Hourly Rate Calculation

| ABC Provider 123 4th Ave; City, ST ##### (###) 111-1111 | | | |
|---|-----------------|------------------------|---------------|
| Salary Paystub | | | |
| Employee Name: | Sarah | Pay Period Begin Date: | 07/30/2023 |
| Employee Address: | [REDACTED] | Pay Period End Date: | 08/12/2023 |
| Employee ID: | [REDACTED] | Rate: | 17.50 |
| SSN: | [REDACTED] | Hours: | 80.00 |
| Earnings | | Deductions | |
| Regular Earnings | 1,400.00 | Federal | 168.00 |
| Overtime | 0.00 | Social Security | 86.80 |
| | | Medicare | 20.30 |
| | | State Withholding | 32.90 |
| | | | - |
| | | | - |
| Total Earnings | 1,400.00 | Total Deduction | 308.00 |
| Current NET Salary | | 1,092.00 | |
| Payment Information | | | |
| Payment Type | Direct Deposit | Deposit Amount | 1,092.00 |
| Payment Date | 08/18/2023 | | |

Calculate the hourly rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

| Calculate Hourly Rate: | | |
|------------------------|----|----------|
| Total Earning | \$ | 1,400.00 |
| Total Hours | | 80.00 |
| Hourly Rate | \$ | 17.50 |

Example 1: Simple Calculation

Step 3: Reimbursement Request Summary

The amounts calculated in the time sheet report should be added to the Reimbursement Request Summary



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
REIMBURSEMENT REQUEST SUMMARY
PLANNING AND HOUSING DEVELOPMENT DIVISION
SFN 62333 (10/23)

| | | | | | | Component Billable | | | | | | | |
|--------------|----------------|---------------------|--------------------------|----------------------|------------------------------------|------------------------------|--------------------------------------|-----------------|---|---------------------------------------|---|-----------------------------------|------|
| Payment Date | Vendor / Payee | Payment Description | Check number or ACH date | Total Payment Amount | Amount Requested for Reimbursement | Emergency Shelter Operations | Emergency Shelter Essential Services | Street Outreach | Homeless Prevention Relocation and Stabilization Services | Homeless Prevention Rental Assistance | Rapid Rehousing Relocation and Stabilization Services | Rapid Rehousing Rental Assistance | HMIS |
| 08/18/2023 | Sarah | Payroll | ach | 1,400.00 | 962.50 | 507.50 | | 455.00 | | | | | |

Example 2 : Simple Calculation – Salaried Employee

Step 1: Timecard- Carl has submitted his timesheet for the bi-monthly pay period of August 1 through August 15. 88 hours were worked.

| | |
|-------------------------------|--------------|
| ESG Homeless Prevention | 24.00 |
| ESG Rapid Re-Housing Services | 41.00 |
| ESG HMIS | 15.00 |
| Other Non-ESG Activities | 8.00 |
| Total Hours | 88.00 |



EMERGENCY SOLUTIONS GRANT (ESG)
 NORTH DAKOTA HOMELESS GRANT (NDHG)
TIMESHEET REPORT
 PLANNING AND HOUSING DEVELOPMENT DIVISION
 SFN 62211 (10/23)

| SUMMARY OF HOURS | | | | | | | | | | SIGNATURES | | | | |
|---|------------------------------|------|--------------------------------------|-----------------------------------|-----------------|------------------|---------------------|------|---------------------------|----------------------|------------|------|--------------------------|-------------|
| Instrument Number | ESG-23-#### | | | Corresponding Request for Funds # | 1 | Amount Requested | \$ 1,818.40 | | | <i>Signature</i> | 08/16/2023 | | | |
| Name of Employee | Carl | | | Agency | ABC Provider | | | | | | | | | |
| Pay Period Start Date (MM/DD/YYYY) | 07/30/2023 | | | Pay Period End Date (MM/DD/YYYY) | 08/12/2023 | | | | | Employee Signature | Date | | | |
| Hourly Rate | \$ 22.73 | | | Month and Year (M/YYYY) | 08/2023 | | | | | <i>Signature</i> | 08/17/2023 | | | |
| How do you determine Hourly Pay Rate? (describe or write out the formula you use) | Total Pay / Total Hours | | | | | | | | | | | | | |
| Enter below the total hours this employee spent working each day by component type for ESG/NDHG time plus other non-ESG/NDHG activities. Enter time to the second decimal place only. | | | | | | | | | | Supervisor Signature | Date | | | |
| Day of the month | Emergency Shelter Operations | | Emergency Shelter Essential Services | | Street Outreach | | Homeless Prevention | | Rapid Re-Housing Services | | HMIS | | Other Non-ESG Activities | Daily Total |
| | ESG | NDHG | ESG | NDHG | ESG | NDHG | ESG | NDHG | ESG | NDHG | ESG | NDHG | | |
| Total | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 24.00 | 0.00 | 41.00 | 0.00 | 15.00 | 0.00 | 8.00 | 88.00 |
| Cost of Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 545.52 | \$ - | \$ 931.93 | \$ - | \$ 340.95 | \$ - | \$ 1,818.40 | |

Example 2: Simple Calculation Salaried Employee

Step 2: Paystub- Hourly Rate Calculation

| ABC Provider | | | |
|-----------------------------|-----------------|------------------------|-----------------|
| 123 4th Ave; City, ST ##### | | | |
| (###) 111-1111 | | | |
| Salary Paystub | | | |
| Employee Name: | Carl | Pay Period Begin Date: | 08/01/2023 |
| Employee Address: | [REDACTED] | Pay Period End Date: | 08/15/2023 |
| Employee ID: | [REDACTED] | Bi-Monthly Rate | 2,000.00 |
| SSN: | [REDACTED] | | |
| Earnings | | Deductions | |
| Regular Earnings | 2,000.00 | Federal | 240.00 |
| Overtime | 0.00 | Social Security | 124.00 |
| | | Medicare | 29.00 |
| | | State Withholding | 47.00 |
| | | | - |
| | | | - |
| Total Earnings | 2,000.00 | Total Deduction | 440.00 |
| Current NET Salary | | | 1,560.00 |
| Payment Information | | | |
| Payment Type | Direct Deposit | Deposit Amount | 1,560.00 |
| Payment Date | 08/18/2023 | | |

Calculate the hourly rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

| Calculate Hourly Rate: | | |
|------------------------|----|----------|
| Total Earning | \$ | 2,000.00 |
| Total Hours | | 88.00 |
| Hourly Rate | \$ | 22.73 |

Example 2: Simple Calculation Salaried Employee

Step 3: Reimbursement Request Summary

The amounts calculated in the time sheet report should be added to the Reimbursement Request Summary



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
REIMBURSEMENT REQUEST SUMMARY
PLANNING AND HOUSING DEVELOPMENT DIVISION
SFN 62333 (10/23)

| Payment Date | Vendor / Payee | Payment Description | Check number or ACH date | Total Payment Amount | Amount Requested for Reimbursement | Component Billable | | | | | | | |
|--------------|----------------|---------------------|--------------------------|----------------------|------------------------------------|------------------------------|--------------------------------------|-----------------|---|---------------------------------------|---|-----------------------------------|--------|
| | | | | | | Emergency Shelter Operations | Emergency Shelter Essential Services | Street Outreach | Homeless Prevention Relocation and Stabilization Services | Homeless Prevention Rental Assistance | Rapid Rehousing Relocation and Stabilization Services | Rapid Rehousing Rental Assistance | HMIS |
| 08/18/2023 | Carl | Payroll | ach | 2,000.00 | 1,818.40 | | | | 545.52 | | 931.93 | | 340.95 |

Example 3. Step 2: Paystub- Rate Calculation

| ABC Provider 123 4th Ave; City, ST ##### (###) 111-1111 | | | |
|---|----------------|------------------------|-----------------|
| Salary Paystub | | | |
| Employee Name: | Sandra | Pay Period Begin Date: | 08/01/2023 |
| Employee Address: | [REDACTED] | Pay Period End Date: | 08/31/2023 |
| Employee ID: | [REDACTED] | Monthly Rate | 4,500.00 |
| SSN: | [REDACTED] | | |
| Earnings | | Deductions | |
| Regular Earnings | 4,500.00 | Federal | 540.00 |
| Overtime | 0.00 | Social Security | 279.00 |
| | | Medicare | 65.25 |
| Total Earnings | 4,500.00 | State Withholding | 105.75 |
| | | | |
| Health Premium | 400.00 | Health Insurance | 200.00 |
| 401K Contribution | 180.00 | 401K Contribution | 180.00 |
| Total Employer Benefits | 580.00 | Total Deduction | 1,370.00 |
| Total Compensation | 5,080.00 | Net Pay | 3,130.00 |
| Payment Information | | | |
| Payment Type | Direct Deposit | Deposit Amount | 3,130.00 |
| Payment Date | 09/05/2023 | | |

Calculate the hourly rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

| Calculate Hourly Rate: | | |
|--------------------------------|----|----------|
| Total Salary | \$ | 4,500.00 |
| Employer Paid Expenses: | | |
| Social Security / Medicare | | 344.25 |
| Health Insurance | | 400.00 |
| 401K Contribution | | 180.00 |
| Total Salary and Benefits Paid | | 5,424.25 |
| Total Hours | | 168.00 |
| Hourly Rate | \$ | 32.29 |

Example 3: Salaried Employee Including Benefits Option A
 Step 3: Reimbursement Request Summary

The amounts calculated in the time sheet report should be added to the Reimbursement Request Summary



EMERGENCY SOLUTIONS GRANT (ESG)
 NORTH DAKOTA HOMELESS GRANT (NDHG)
 REIMBURSEMENT REQUEST SUMMARY
 PLANNING AND HOUSING DEVELOPMENT DIVISION
 SFN 62333 (10/23)

| Payment Date | Vendor / Payee | Payment Description | Check number or ACH date | Total Payment Amount | Amount Requested for Reimbursement | Component Billable | | | | | | | |
|--------------|----------------|------------------------------------|--------------------------|----------------------|------------------------------------|------------------------------|--------------------------------------|-----------------|---|---------------------------------------|---|-----------------------------------|------|
| | | | | | | Emergency Shelter Operations | Emergency Shelter Essential Services | Street Outreach | Homeless Prevention Relocation and Stabilization Services | Homeless Prevention Rental Assistance | Rapid Rehousing Relocation and Stabilization Services | Rapid Rehousing Rental Assistance | HMIS |
| 09/04/2023 | Sandra | Payroll and Employer Paid Benefits | ach | 5,424.25 | 4,907.65 | 4,391.06 | 516.60 | | | | | | |

Example 3. Step 2: Paystub- Rate Calculation

| ABC Provider 123 4th Ave; City, ST ##### (###) 111-1111 | | | |
|---|----------------|------------------------|------------|
| Salary Paystub | | | |
| Employee Name: | Sandra | Pay Period Begin Date: | 08/01/2023 |
| Employee Address: | [REDACTED] | Pay Period End Date: | 08/31/2023 |
| Employee ID: | [REDACTED] | Monthly Rate | 4,500.00 |
| SSN: | [REDACTED] | | |
| Earnings | | Deductions | |
| Regular Earnings | 4,500.00 | Federal | 540.00 |
| Overtime | 0.00 | Social Security | 279.00 |
| | | Medicare | 65.25 |
| Total Earnings | 4,500.00 | State Withholding | 105.75 |
| | | | |
| Health Premium | 400.00 | Health Insurance | 200.00 |
| 401K Contribution | 180.00 | 401K Contribution | 180.00 |
| Total Employer Benefits | 580.00 | Total Deduction | 1,370.00 |
| Total Compensation | 5,080.00 | Net Pay | 3,130.00 |
| Payment Information | | | |
| Payment Type | Direct Deposit | Deposit Amount | 3,130.00 |
| Payment Date | 09/05/2023 | | |

Calculate the hourly rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

| Calculate Hourly Rate: | |
|------------------------|-------------|
| Total Salary | \$ 4,500.00 |
| Total Hours | 168.00 |
| Hourly Rate | \$ 26.79 |

Example 3. Step 3: Paystub- Benefits Calculation

| Salary Paystub | | | |
|-------------------------|----------|-------------------|-----------------|
| Earnings | | Deductions | |
| Regular Earnings | 4,500.00 | Federal | 540.00 |
| Overtime | 0.00 | Social Security | 279.00 |
| | | Medicare | 65.25 |
| Total Earnings | 4,500.00 | State Withholding | 105.75 |
| | | | |
| Health Premium | 400.00 | Health Insurance | 200.00 |
| 401K Contribution | 180.00 | 401K Contribution | 180.00 |
| Total Employer Benefits | 580.00 | Total Deduction | 1,370.00 |
| Total Compensation | 5,080.00 | Net Pay | 3,130.00 |

Calculate the employer paid benefits total:

| Employer Paid Benefits: | |
|----------------------------|---------------|
| Social Security / Medicare | 344.25 |
| Health Insurance | 400.00 |
| 401K Contribution | 180.00 |
| Total Employer Paid | 924.25 |

Employer paid benefits should be prorate to each applicable component / activity.

| Employer Benefits Portion | | | | | |
|--|------------|---------------------|----------------------------|------------------|-------------------|
| Components / Activities Charged | Hours | Percentage of Total | Social Security / Medicare | Health Insurance | 401K Contribution |
| ESG Emergency Shelter Operations | 136 | 80.96% | 278.70 | 323.84 | 145.72 |
| ESG Emergency Shelter Essential Services | 16 | 9.52% | 32.77 | 38.08 | 17.14 |
| Other Non-ESG Activities | 16 | 9.52% | 32.77 | 38.08 | 17.14 |
| | 168 | 100.00% | 344.24 | 400.00 | 180.00 |



CoC and ESG Virtual Binders

CoC and ESG Virtual Binders cover foundational topics from the CoC and ESG programs, with the goal to transfer basic knowledge to grantees in order to more successfully administer their projects.

[Explore all 13 Binders](#)

SNAPS-Shots

Resources

[NDHFA Homeless Programs Webpage](#)

[HUD Exchange](#)

[HUD SnapShots](#)



ESG Onboarding Toolkits

Each Onboarding Toolkit provides a series of informational videos and resources to orient and train new or transitioning staff.

[Explore all 4 Toolkits](#)



Questions

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HMIS Questions? Contact HMIS Help Desk: ndhmis@icalliances.org

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