



REIMBURSEMENT REQUEST TIPS

Emergency Solutions Grant | ND Homeless Grant



Planning and Housing Development Division

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Emergency Solutions Grant and ND Homeless Grant – Reimbursement Request Tips

This document was created to summarize the requirements for reimbursement requests. **This document is not designed to replace the ESG/NDHG Administration Manual.** Instead, it is designed to complement the manual by detailing the reimbursement expectations through examples.

Overview

- Payments are for reimbursement only.
- Recipients must submit reimbursement requests on a quarterly basis at minimum. Monthly reimbursement is accepted.
- Quarterly requests are due by the 7th business day of the month immediately following a quarter end (7th business day of October, January, April, July).
- Reimbursements will generally be processed by the 20th of the month so long as required documentation is provided.
- Requests should be organized in a way that an outside third party can review without any additional context or agency knowledge.

Reimbursement request requirements- Organized in the following order:

1. Request for Funds SFN 62333
The total of the request should match the total of the itemization in the reimbursement request summary. Funds requested must be made under approved components. Refer to the financial award and grant agreement documents executed.
2. Reimbursement Request Summary SFN 62333. Each expense reimbursement request should be itemized on this form.
3. [Required Source Documentation](#) – review this resource to find a detailed list of acceptable source documentation. The order of source documentation in your reimbursement request should match the order you listed the expenses on the reimbursement request summary.

Each expense reimbursed needs:

1. Proof of Service/ Cost Incurred including an invoice, a bill, an itemized receipt, a timesheet that breaks out time by component activity. If the amount of the invoice is only partially paid for by the grant, the invoice should include a calculation of how it was determined what portion of the invoice is a grant cost.
 - a. Example: There is a \$400 invoice for Walmart. The invoice includes food and toiletries necessary for emergency shelter operations and food and toiletries for another facility not supported under the ESG or NDHG grant. The grant administrator should indicate how it was determined what expenses are for the grant funded shelter and how much for the other facility. ESG Shelter budget is 75% of the food toiletry cost and 25% to the other facility – calculation based on the percentage of individuals served in each facility.
2. Proof of Payment: corresponding proof of payment includes a check, bank statement, payroll summary or paystub.

Pay request do's:

- Include an ESG ledger or pay request summary that lists every expense in the request.
- Charge expenses by component (e.g., Emergency Shelter) AND by activity within the component (e.g., Emergency Shelter Essential Services or Emergency Shelter Operations).

- Review your request to determine if the expenses you are requesting reimbursement for are an eligible activity under the component you received funding for. Review Section 3. Administrative Manual and [ESG Program Component Quick Reference Guide](#) .
- Include proof of service/cost incurred for every expense, including staff compensation.
- Include corresponding proof of payment for every expense, including staff compensation.
- 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).
- Ensure the requested amount matches back-up documentation (i.e., if a subrecipient 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).
- Show Your Work. Your calculations for staff compensation or cost allocation among multiple funding sources needs to be included with your request.
- Invoices for costs associated to a building or unit must include the address of the building.

Reimbursements for 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.

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.



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	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			Employee Signature		Date				
Hourly Rate	\$ 17.50			Month and Year (M/YYYY)	08/2023			<i>Signature</i>		08/14/2023				
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	\$ -	\$ -	\$ -	\$ 452.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 362.50

Example 1. Simple Calculation Hourly Employee

Sarah has submitted her timesheet for the two-week pay period of July 30 through August 12. 80 hours were worked.

ESG Emergency Shelter Operations	29.00
ESG Street Outreach	26.00
Other Non-ESG Activities	25.00
Total Hours	80.00

Timesheet Example:



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	\$ 962.50			<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			Employee Signature			Date				
Hourly Rate	\$ 17.50			Month and Year (M/YYYY)	08/2023			<i>Signature</i>			08/14/2023				
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	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	\$ -	\$ -	\$ -	\$ 455.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 962.50	

Paystub Example:

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

The amounts calculated in the Time Sheet Report should be added to the Reimbursement 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

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

Timesheet Example:



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		

Paystub Example:

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	

The amounts calculated in the Time Sheet Report should be added to the Reimbursement 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. Salaried Employee Including Benefits

Sandra has submitted her timesheet for the monthly pay period of August 1 through August 31. 168 hours were worked.

ESG Emergency Shelter Operations	136.00
ESG Emergency Shelter Essential Services	16.00
Other Non-ESG Activities	16.00
Total Hours	168.00

Option A: Include benefits in hourly salary calculation.

Timesheet Example:



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			Signature	09/01/2023			
Name of Employee	Sandra			Agency	ABC Provider									
Pay Period Start Date (MM/DD/YYYY)	08/01/2023			Pay Period End Date (MM/DD/YYYY)	08/31/2023			Employee Signature	Date					
Hourly Rate	\$ 32.29			Month and Year (M/YYYY)	08/2023			Signature	09/05/2023					
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	136.00	0.00	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00	168.00
Cost of Services	\$ 4,391.06	\$ -	\$ 516.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,907.65

Paystub Example:

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

The amounts calculated in the Time Sheet Report should be added to the Reimbursement 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
09/04/2023	Sandra	Payroll and Employer Paid Benefits	ach	5,424.25	4,907.65	4,391.06	516.60						

Option B: Benefits as a percentage of time charged.

Timesheet Example:



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>		09/01/2023	
Name of Employee	Sandra			Agency	ABC Provider									
Pay Period Start Date (MM/DD/YYYY)	08/01/2023			Pay Period End Date (MM/DD/YYYY)	08/31/2023			Employee Signature		Date				
Hourly Rate	\$ 26.79			Month and Year (M/YYYY)	08/2023			<i>Signature</i>		09/05/2023				
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	136.00	0.00	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00	168.00
Cost of Services	\$ 3,642.86	\$ -	\$ 428.57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,071.43

Paystub Example:

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 salary 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

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 prorated to each applicable component / activity.

Components / Activities Charged	Hours	Percentage of Total	Employer Benefits Portion		
			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

Add amounts calculated in the Time Sheet Report and employer paid benefits calculation to the Reimbursement 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	HMS
09/04/2023	Sandra	Payroll	ach	4,500.00	4,071.43	3,642.86	428.57						
09/04/2023	EFTPS	Sandra - Employer Portion SS & Medicare	ach	8,545.45	311.47	278.70	32.77						
09/04/2023	Health Insurance Provider	Sandra -Employer portion health insurance	ach	15,201.00	361.92	323.84	38.08						
09/04/2023	401K Provider	Sandra - 401K employer contribution	ach	5,200.00	162.86	145.72	17.14						
Total				\$33,446.45	\$4,907.68	\$4,391.12	\$516.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Supporting Documentation and calculations:

In all the examples listed above, supporting documentation must be included including calculations and documentation of the allocation method used.

You will need to submit proof of payment. A combination of paystubs, payroll summaries, and/or checks are the most straightforward method.