

Fiscal Basics

Maddie Forrester

Wendy Van Over

Fiscal Grants Management

Agenda

- I. Vendor Information
- II. Grant Vendor File
- III. Set-ups and TBRA Forms
- IV. Draw Process – How to complete a DS5
- V. Documentation, Monitoring, and Technical Assistance
- VI. Status Reports/Final Performance Reports
- VII. Questions and Answers

Maintaining Your Grant Vendor File

Vendor Information

Sign up for EFT through Ohio Shared Services

<http://ohiosharedservices.ohio.gov/Vendors.aspx?Page=2>

The screenshot shows the Ohio Shared Services website. The header includes the logo "OHIO SHARED SERVICES" and "A DIVISION OF THE OFFICE OF BUDGET AND MANAGEMENT". The navigation menu includes "Home", "Budget & Management", "About Us", "Our Services", "Vendors", and "Contact Us". The "Vendors" menu item is highlighted. The main content area is titled "Vendor Services" and contains the following text:

Ohio Shared Services has transformed the way the state of Ohio works with the Ohio business community by:

- Consolidated processing of agency vendor invoices
- Utilizing eSupplier, an OAKS vendor self-service module
- Shifting toward online storage and processing of vendor maintenance forms

More information on each of these changes is included below.

Invoice Processing

Ohio Shared Services processes vendor invoices in an effort to provide vendors with one customer experience. Agencies currently partnering with Ohio Shared Services for invoice processing:

- Board of Regents (BOR)
- Bureau of Workers' Compensation (BWC)
- Office of Budget and Management (OBM)
- Ohio Department of Administrative Services (DAS)
- Ohio Department of Aging (AGE)
- Ohio Department of Agriculture (AGR)
- Ohio Department of Alcohol and Drug Addiction Services (ODADAS)

The "Vendor Maintenance" menu item in the left sidebar is circled in red.

Maintaining Your Grant Vendor File

Financial Information

Development Services Agency – Fiscal Forms http://www.development.ohio.gov/cs/cs_fiscalforms.htm

Home | Business | Minority | Community | Individual | News | Reports | Contact

Community | Fiscal Forms

Community

- Payment Distribution - Required Forms**
 - Authorized Signature Card for Request for Payment and Status of Funds Report (DS2) Updated October 2012 (doc)
 - Grant Distribution Information (DS3) Updated October 2012 (doc)
 - Signature Certificate Sample Updated October 2012 (doc)
- Request for Payment and Housing-related Setups**
 - Request for Payment and Status of Funds Report (DS5) (xls)
 - Housing Rehabilitation/ Homeownership Setup and Cost Adjustment Form Updated October 2012(xls)
 - Rental Housing Setup and Cost Adjustment Form Updated October 30, 2012 (xls)

Federal System for Award Management

- Guidance on Transition from Central Contractor Registration (CCR) to System for Award Management (SAM) (PDF)
- Creating a System for Award Management (SAM) Account (PDF)

Vendors (Ohio Shared Services)

- Authorization Agreement for Direct Deposit of EFT Payments
- Request for Taxpayer Identification Number and Certification (W-9)
- Vendor Information Form
- See [Vendor Forms](#) section on the [Ohio Shared Services](#) website

Financial Handbook

- Financial Management Rules and Regulations (PDF)
- Attachment 1: General Ledger (PDF)
- Attachment 2 Cash Receipts Journal (PDF)
- Attachment 3: Cash Disbursements Journal (PDF)
- Attachment 4: Project Summary Journal (PDF)
- Attachment 5: General Journal (PDF)
- Attachment 6: Common Rule 24 CFR Part 85 (PDF)
- Attachment 7: 24 CFR Part 84 (PDF)
- Attachment 8: OMB Circular A-87 - Relocated to 2 CFR Part 225
- Attachment 9: Ohio Department of Development Cost Principles (PDF)
- Attachment 10: OMB Circular A-122- Relocated to 2 CFR Part 230
- Attachment 11: Drawdown Systems Procedures Manual (PDF)
- Attachment 12: Program Income Policy (PDF)
- Attachment 13: Inventory Register (PDF)

How to Complete Housing Set-up Forms

Fiscal Grants Management
The Office of Housing and Community Partnerships

Ohio Development Services Agency
Office of Community Development
Housing Rehabilitation/Homeownership Setup & Cost Adjustment Form

Name of Grantee: _____ Grant Number: _____

Activity Name and Nbr: New Construction Acc./Rehab/Resale Downpayment Asst.
 From the Attachment A of the Grant Agreement. Check One Corresponding Box and Enter Activity Nbr. Home Repair Private Rehabilitation DPA/Rehab

** Submit this form for CDBG/Home funded projects only. Please provide a note when funds have been drawn on one unit and have been expended/transferred to a different unit.*

Project Number: (OCD Use) Check if this Project is: An Amended Submission

Project Site Address: _____ City, State, Zip: _____

Project Budget Grant Funds: _____ (Enter the Total Estimated Project Costs, including Soft Costs. Indicate the amount of funds that are budgeted as Grant Funds and/or Local Program Income Funds.)
 Program Income: _____

Please see the attached Lead Reporting Requirements memo to complete the following criteria:

Please select Lead-Type Status: Please select Lead Action:

Project Number: (OCD Use) Check if this Project is: An Amended Submission

Project Site Address: _____ City, State, Zip: _____

Project Budget Grant Funds: _____ (Enter the Total Estimated Project Costs, including Soft Costs. Indicate the amount of funds that are budgeted as Grant Funds and/or Local Program Income Funds.)
 Program Income: _____

Please see the attached Lead Reporting Requirements memo to complete the following criteria:

Please select Lead-Type Status: Please select Lead Action:

Ohio Development Services Agency
Office of Community Development
Rental Housing Setup & Cost Adjustment Form

Name of Grantee: _____ Grant Number: _____

Activity Name and Nbr: Private Rental Rehab. New Construction

*From the Attachment A of
the Grant Agreement.
Check One Corresponding
Box and Enter Activity Nbr.*

*** Submit this form for CDBG/Home funded projects only. Please provide a note when funds have been drawn on one unit and have been expended/transferred to a different unit.**

Project Number: (OCD Use) Check if this Project is: An Amended Submission

Project Site Address: _____ City, State, Zip: _____

Project Budget: Grant Funds: _____ (Enter the Total Estimated Project Costs, Including Soft Costs. Indicate the
Program Income: _____ amount of funds that are Grant Funds and/or Local Program Income.)

Number of Units: _____ (Enter Total Number of Assisted Units) Property Owner: _____

Type of Owner: _____ (Individual Owned, Partnership Owned, Corporation Owned, Nonprofit
Owned, Public Owned, or Owned by Other Entity)

Owner Address: _____ City, State, Zip: _____

Please see the attached Lead Reporting Requirements memo to complete the following criteria:

Please select
Lead-Type Status:

Please select
Lead Action:

Ohio Development Services Agency
Office of Community Development
**Tenant-Based Rental Assistance
Report Form**

Name of Grantee:													
Grant Number:													
					A	B	C	D	E	F	G	H	
Head of Household's Last Name	Amt of Security Deposit Provided to the Tenant	Household's Monthly Contribution	Monthly Subsidy Amount	Contract in Months (1-24)	Contract Type	No. of Bedrooms	Household Size	Household Type	Race of Head of Household	Ethnicity Hispanic (Yes/No)	Household Area Median Income Level	Status of Household Assisted	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
12													
20													
<u>A</u> Contract Type O = Owner T = Tenant	<u>B</u> No. of Bedrooms 0 = SRO or Efficiency 1 = 1 BR 2 = 2 BR 3 = 3 BR 4 = 4 BR 5 = 5 or More BRs	<u>C</u> Household Size 1 = 1 Person 2 = 2 Persons 3 = 3 Persons 4 = 4 Persons 5 = 5 Persons 6 = 6 Persons 7 = 7 Persons 8 = 8 or More Persons	<u>D</u> Household Type 1 = Single/Non-Elderly 2 = Elderly 3 = Related/Single Parent 4 = Related/Two Parent 5 = Other	<u>E</u> Race/Ethnicity of Household 0 = White 1 = Black, African Amer. 2 = Am.Ind./Alaska Native 3 = Asian 4 = Asian & White 5 = Native Hawaiian/Other Pacific 6 = Amer.Ind./Alaska Native & White 7 = Blk., African Amer. & White 8 = Amer.Ind. & Blk./Afr Amer 9 = Other/Multi Racial	<u>F</u> % of Area Median Income E = 0 - 30% V = 31 - 50% M = 51 - 60% L = 61 - 80%	<u>G</u> Status of Household Assisted 1 = Newly Assisted 2 = Assistance Renewal							

How to Complete a Request for Payment Form

Fiscal Grants Management
The Office of Housing and Community Partnerships

How to Complete a Request for Payment Form (DS5)

Available on our website:

http://www.development.ohio.gov/cs/cs_fiscalforms.htm

BASIC INFORMATION:

- 1. Name & Address**
- 2. Contact Person / Telephone Number**
- 3. FTI Number**
- 4. Community / Nonprofit Number**
- 5. Draw Number/ **computer generated****

How to Complete a Request for Payment Form (DS5)

1. Grant Number
2. Activity Name
3. Activity Number
4. Site Address
5. Amount Requested – based on actual expenditure
6. Budget Amount
7. Budget Balance
8. No pennies!

	A	B	C	D	E	F	G	H
1	State of Ohio Office of Community Development Request for Payment and Status of Funds Report							
2								
3								
4								
5								
6	Section One: Request for Payment							
7	Submit to:				Name and Address of Grantee:			
8	Ohio Development Services Agency				NOT BLANK			
9	Office of Community Development							
10	P.O. Box 1001							
11	Columbus, Ohio 43216-1001							
12	Contact Person/Telephone Number:				Community/Nonprofit #		State Use Only	
13	NOT BLANK				2DF			
14	FTI Number:				Draw Number:		Voucher #:	
15							Warrant #:	
16	Section Two: Itemization of Expenditures							
	Grant Number *	Activity Name *	Activity Nbr *	Enter the Housing Site Address (CDBG and HOME Funded Housing Activities Only) (If Applicable)	Project Number (State Use Only)	Amount Requested	Approved Activity/Site Address Budget	Balance of Activity/Site Address Budget
17								
18	A-F-12-2DF-1	Demolition/Clearance	1	n/a		12,000	76,000	64,000
19	A-F-12-2DF-1	Fair Housing Program	2	n/a		2,000	4,800	2,800
20	A-F-12-2DF-1	General Administration	3	n/a		5,000	14,200	9,200
21								
22								
23								

How to Complete a Request for Payment Form (DS5)

How to
SLOW the draw Process



1. **Missing Information (site addresses, activity names...)**
2. **Incorrect Balances**
3. **Grant Not Encumbered**
4. **Grant Period Has Ended**
5. **Funds Exceeds Budget Amount**
6. **Funds Exceeds the Allowable Limits of 10% or \$5,000 (whichever is GREATER)**
7. **Small draw**

SMALL DRAWS

- They cost us money.
- They cost you money.
- They are absolutely fine, BUT -
- You can have \$5,000 cash on hand for the life of the grant. This does not violate the 15 day rule.
- If you submit a draw <\$5,000, expect a phone call.
- If you submit a draw for <\$2,000, it may not get processed in a timely manner.
- Final draws are exempt from those rules. However, if you're leaving a small balance on your grant, consider just drawing it.

How to Complete a Request for Payment Form (DS5)

- Between activity adjustments – Can you do this?
 - Will the activity budgets remain unchanged?
 - Is there sufficient balance in the activities?
 - Will you exceed the \$5,000/10% rule?



How to Complete a Request for Payment Form (DS5)

- Between activity adjustments - Situation
 - You submitted a draw, anticipating expenditures in one activity.
 - Those came in slightly different than you expected.
 - You have another project expense in another activity.

How to Complete a Request for Payment Form (DS5)

1. Date Signed
2. 1st Authorized Signature
3. 2nd Authorized Signature
4. Title
5. http://www.development.ohio.gov/cs/cs_fiscalforms.htm

Section Three: Certification of Itemization of Expenditures: Two Authorized Signatures Are Required

I certify that this Request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.

Date:	Signature	Title
Date:	Countersignature	Title

State Use Only

Approved: _____ Date: _____

DS5 (Rev. 6/04) DEV0072

Sign up for EFT! (please?)

- Money will arrive 2-4 days more quickly than a check will.
- The money will arrive in a grantee's bank account directly. No mail, no lost checks.
- The transfer is secure. Grantees can reduce the risk of fraud.
- Grantees can designate a specific bank account for OCD-administered grants, which can be different from bank accounts that receive electronic payments from other state or federal funds.
- Check on payment status on-line (once EFT is initiated)

OAKS EFT Remittance Lookup

Note: The new location for this website is <http://remitlookup.obm.ohio.gov>. If you have bookmarked this page, please delete and add the new location.

Vendor ID:

Key#:

Date Range: to (MM/DD/YYYY)

Remitting Agency: (Choose Agency)

- OR -

Amount: to

Invoice:

Voucher:

PaymentID:

* - Required entry.

If you need assistance accessing this application or if you have questions about it, please contact Ohio Shared Services, a division of Ohio's Office of Budget and Management by e-mail at ohiosharedservices@ohio.gov.

Other relevant information

- So far in 2013, OCD has processed approximately 5,000 draws.
- Expect a 2-3 week lag time.
- Expedited by signing up for EFT
- Questions or concerns?
 - Call us!



ANY QUESTIONS



Documentation

Fiscal Grants Management

The Office of Community Development

Documentation

- **When did you spend what? Why? How?**
- **This information must be maintained on an activity level**
- **Revenue and Expenditure Ledgers.**

Documentation: Fiscal Management Template

Payment Journal						
Payment Journal						
Total CDBG Expended			\$ 156,500.00	Other Funds Expended		\$ 25,000.00
Activity Code	Invoice #	Check Date	Check #	Company/Organization	CDBG Amount	Other Amount
1	0001	4/1/2013	1001	MK Paving and Things, Inc	\$50,000.00	
1	0001	4/1/2013	4757	MK Paving and Things, Inc		\$5,000.00
1	0001	2/5/2013	100	MK Paving and Things, Inc	\$44,000.00	
1	0002	3/20/2013	101	MK Paving and Things, Inc	\$20,000.00	
1	0002	3/20/2013	5654	MK Paving and Things, Inc		\$5,000.00
2	0001	4/5/2013	102	Novakov Play Places, Inc	\$50,000.00	
1	0003	5/1/2013	103	MK Paving and Things, Inc	\$30,000.00	
3			104	General Admin	\$10,000.00	
4	0001	6/1/2013	105	American FH Services of America	\$2,500.00	
1	0004	5/15/2013	5655	MK Paving and Things, Inc		\$20,000.00

Documentation

Activity Code	Invoice Date	Invoice #	Company/Organization	Invoice Amount
1	3/15/2013	0001	<i>MK Paving and Things, Inc</i>	\$55,000.00
1	1/20/2013	0001	MK Paving and Things, Inc	\$50,000.00
1	3/10/2013	0002	MK Paving and Things, Inc	\$25,000.00
2	4/1/2013	0001	Novakov Play Places, Inc	\$50,000.00
1	4/12/2013	0003	MK Paving and Things, Inc	\$5.00
3			General Admin.	\$5.00
4	4/15/2013	0001	American FH Services of America	\$5.00
1	5/15/2013	0004	MK Paving and Things, Inc	\$5.00

Invoice/Expense Journal

[Print Invoice/Expense Journal](#)

Total Expenses \$125,020.00

Documentation

	A	B	C	D	E	F
1	CDBG Draw Journal					
3	Print Draw					
5	Total CDBG		\$ 175,000.00	Remaining CDBG		\$ 12,500.00
7	Draw #	Activity Code	Draw Request Date	CDBG Amount	Check or EFT	Deposit Date
8	101	1	2/14/2013	\$ 50,000.00	EFT	3/30/2013
9						
10	601	1	11/15/2012	\$ 50,000.00	EFT	1/12/2013
11	602	1	2/28/2013	\$ 20,000.00	EFT	3/15/2013
12	602	2	2/28/2013	\$ 50,000.00	EFT	3/15/2013
13	603	1	3/15/2013	\$ 30,000.00	EFT	3/31/2013
14	603	3	3/15/2013	\$ 10,000.00	EFT	3/31/2013
15	603	4	3/15/2013	\$ 2,500.00	EFT	3/13/2013

Documentation

Dashboard							
Activity #	Activity Type	CDBG Budget	Other Budgeted Funds	Total Project Cost	Total Invoiced Amount	Total CDBG Expended	Other Funds Expended
Sample	Sidewalk Improvements	\$ 50,000.00	\$ 5,000.00	\$ 55,000.00	\$ -	\$ 50,000.00	\$ 5,000.00
1	Street Improvements	\$ 100,000.00	\$ 25,000.00	\$ 125,000.00	\$ 75,010.00	\$ 94,000.00	\$ 25,000.00
2	Parks and Recreation Facilities	\$ 50,000.00	\$ 5,000.00	\$ 55,000.00	\$ 50,000.00	\$ 50,000.00	\$ -
3	General Administration	\$ 20,000.00	\$ -	\$ 20,000.00	\$ 5.00	\$ 10,000.00	\$ -
4	Fair Housing Program	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 5.00	\$ 2,500.00	\$ -
5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ 175,000.00	\$ 30,000.00				

Documentation

Everything you spend must be backed up by appropriate source documentation.

- Invoices
- POs
- Checks
- DS5s
- Copies

Administrative Expenditures

- Travel – Mileage reimbursement requests
- Time – Timesheets
- Supplies – Receipts
- Contractor
 - Proof of time spent
- Conference invoices

Financial Monitoring

- **Risk-based**
- **Desk Reviews**
 - Compare reports to budgets and projected outcomes
 - Approve written request for indirect cost plans
- **Onsite Reviews**
 - Compare reports to budgets and projected outcomes
 - Review financial management and financial files (cash receipts, cash disbursements)
 - Examine supporting documentation for financial and programmatic activities.
 - Review internal controls
 - Write a report with issues and evaluate responses to determine if acceptable

Technical Assistance Visit

To provide grantees with *information* and *advice* that will enable the grantee to fulfill the requirements of OCD-awarded grants



ANY QUESTIONS



How to Complete a Status Reports & Final Performance Reports

Fiscal Grants Management
The Office of Community Development

How to Complete Status & Final Performance Reports

Front Page

- Complete actual funds expended for each activity (Not budget, Not drawn)
- Even if zero funds were drawn or expended, complete, sign, and return.
- The expended amounts should be cumulative to date.
- Please note returns and/or discrepancies.
- Remember: \$5K, 10% requires a amendment!

I. PROGRAM BUDGET - AWARDED FUNDS

PROJECT NBR	ACTIVITY NUMBER AND NAME	ACTIVITY/PROJECT LOCATION	APPROVED BUDGET	HOME FUNDS	
				FUNDS DRAWN TO DATE	ACTUAL FUNDS EXPENDED TO DATE
01	01 - Homelessness Prevention	Cnty-wide	\$ 0	\$ 0.00	\$ _____
02	02 - Rental/Housing Assistance	Cnty-wide	\$ 38,000	\$ 0.00	\$ _____
03	03 - Private Rehabilitation	Cnty-wide	\$ 114,000	\$ 74,946.00	\$ _____
04	04 - Home/Building Repair	Cnty-wide	\$ 0	\$ 0.00	\$ _____
05	05 - New Construction	Habitat-Cnty-Wide	\$ 20,000	\$ 0.00	\$ _____
06	06 - Downpayment Asst/Rehab	Cnty-wide	\$ 156,000	\$ 116,520.00	\$ _____
07	07 - Fair Housing Program	Cnty-wide	\$ 0	\$ 0.00	\$ _____
07	08 - General Administration	Cnty-wide	\$ 35,000	\$ 24,131.00	\$ _____
GRANT TOTALS			\$ 363,000	\$ 215,597.00	\$ _____

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual expenditures for each activity. Explain ANY difference between total funds expended and total funds received. Describe your 'Best Efforts' to achieve the proposed levels.

How to Complete Status & Final Performance Reports

Second Page

- Show all additional funds That have been expended for each activity.
- The expended amounts should be cumulative to date.

I. PROGRAM BUDGET - LEVERAGED FUNDS

ACTIVITY NUMBER AND NAME	PROJECTED BUDGET	FEDERAL ARC FUNDS	OTHER FEDERAL	STATE AND LOCAL FUNDS	PRIVATE FUNDS	OTHER FUNDS / SOURCE
01 - Homelessness Prevention	\$ 22,000	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
02 - Rental/Housing Assistance	\$ 62,400	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
03 - Private Rehabilitation	\$ 45,000	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
04 - Home/Building Repair	\$ 110,000	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
05 - New Construction	\$ 22,900	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
06 - Downpayment Asst/Rehab	\$ 250,000	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
07 - Fair Housing Program	\$ 2,000	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
08 - General Administration	\$ 23,000	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ / _____
TOTAL FUNDS LEVERAGED:	\$ 537,300	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ XXXXX

Please Provide Actual Other Funds Disbursed (Leveraged) on each Activity by the Listed Source Types!
If the Source is not Listed above, Please Describe the Source in the Space Provided.

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual leveraged costs for each activity. Describe your 'Best Efforts' to achieve the proposed leverage amounts:

How to Complete Status & Final Performance Reports

Third Page

- Report on projects completed with this grants funds.
- Number of Households Assisted or Units Rehabbed should match housing report.

II. PROGRAM/PROJECT OUTCOMES

ACTIVITY	LOCATION	PROJECTED OUTCOMES (CODE)	ACTUAL OUTCOMES
01-Homelessness Prevention	County-wide	11.00 Households Assisted (21)	_____
02-Rental/Housing Assistance	County-wide	12.00 Households Assisted (21) Attach the Required TBRA Report	_____
03-Private Rehabilitation	County-wide	Total Number of Units that were Walk Aways.....: _____ 6.00 Units Rehabbed - Owner (27) Complete the Attached Housing Report	_____
04-Home/Building Repair	County-wide	19.00 Units Repaired - Owner (28)	_____
05-Fair Housing Program	County-wide	1.00 FH CHIP Program Outcomes (54)	_____

Please explain the reasons for any differences between projected and actual outcomes.
Describe your 'Best Efforts' to achieve the proposed levels:

Grant Number: B-C-11- 1 Amount: \$176,000.00 Completion Date: 12/31/2013 Encumbrance Number: 0000015676

Activity Number	Activity Description	Location	Program Code	IDIS ID	Activity Budget	Document Number	Amount Drawn	Draw Status	Date Paid
01	Homelessness Prevention	County-wide	01	(024443)	\$20,000.00				
						0096	\$5,154.00	Paid	5/21/2012
						0098	\$4,973.00	Paid	6/5/2012
						0100	\$2,496.00	Paid	6/14/2012
						0101	\$6,225.00	Paid	8/20/2012
						0108	\$1,152.00	Paid	11/19/2012
Activity Totals:							\$20,000.00	Balance:	\$0.00
02	Rental/Housing Assistance	County-wide	02		\$0.00				
03	Private Rehabilitation	County-wide	03		\$0.00				
04	Home/Building Repair	County-wide	04		\$125,000.00				
	Project Address: 16690 Main Street Williamsport, OH 43164-			(024444)	\$3,600.00				
Project Totals:								Balance:	\$3,600.00
	Project Address: 1325 Dunkel Road Circleville, OH 43113-			(024444)	\$9,100.00				
						0115	\$7,999.00	Paid	2/26/2013
						0125	\$1,100.00	Paid	9/3/2013
Project Totals:							\$9,099.00	Balance:	\$1.00
	Project Address: 144 W. Front Street New Holland, OH 43145-			(024444)	\$7,100.00				
						0123	\$5,948.00	Paid	7/18/2013
						0125	\$1,100.00	Paid	9/3/2013
Project Totals:							\$7,048.00	Balance:	\$52.00
	Project Address: 35 N. East Street New Holland, OH 43145-			(024444)	\$9,000.00				
						0119	\$7,850.00	Paid	5/15/2013
						0125	\$1,100.00	Paid	9/3/2013
Project Totals:							\$8,950.00	Balance:	\$50.00

- The draw status report will assist with completing the status report.
- It contains all activity that has taken place during the grant period.
- It will show the remaining budget balances.

Letters

- Late Letters
 - Reports
 - 1st Late Letter
 - 2nd Late Letter
 - 3rd Late Letter

- Close Letters
 - Admin Closed
 - Final Closed

Notice of Contract Award (NOCA)

NOTICE OF CONTRACT AWARD

Grantee: ASHLAND	Grant Number: A-F-11-2AC-1
Administrative Contact: City Engineer, Shane A. Kremser	
Phone: 419-289-8331	Reporting Period: 06/01/2013 To "Present"
Fax Number: 419-281-8052	Email Address: shanekremser@ashland-ohi

Instructions: DO NOT ALTER GRANTEE, GRANT NBR, OR REPORTING FIELDS-Report all prime contracts, subcontracts or changes that exceeded \$1,000 and were awarded during this reporting period. (Do not report contracts or change orders that were previously submitted.) The information on this form must be reported regardless of whether the grantee contracts or loans the funds to a third party (i.e. a grant or loan to rehab their home). Copy this form as needed. **All Requested information must be submitted for each contract.**

Contractor's Tax Identification Number or Social Security Number	Type of Contract:	Contractor:
	<input type="checkbox"/> 1. Construction <input type="checkbox"/> 2. Education/Training <input type="checkbox"/> 3. Other (Specialty) _____	<input type="checkbox"/> 1. Prime Contractor <input type="checkbox"/> 2. Subcontractor
Contractor's Company Name		Phone Number:
Address (Street, City, State, Zip Code)		

Contractor or Subcontractor Business: Racial/Ethnic Codes

1. White 3. American Indian/ Alaskan Native 5. Asian/Pacific Islander
 2. Black 4. Hispanic 6. Hasidic Jew

Women Owned Business: (1) Yes, (2) No.

Section 3 Contractor: (1) Yes, (2) No. (see <http://www.hud.gov/offices/fheo/section3/section3.cfm>)

Type of Activity: (Check Only All that Apply)

1. Rehab/Housing Construction 4. Acquisition 7. Economic Development
 2. Public Facility 5. Demolition 8. Homeless Activities
 3. Public Service 6. Admin/ Impl/ Planning/
Fair Housing 9. Other (Specify) _____

Looking ahead

- The Office of Community Development is in the early phases of implementing an IT solution that will allow grantees to submit information electronically.
- Phase One: applications, draw status reports, status reports, final performance reports
- Eventually: drawing funds
- Information won't change; it'll just be easier to access

Which of these would slow a draw?

1. Un-signed Grant Agreement
2. Budget Amounts
3. Grant Period Ended
4. ER/ED Incomplete
5. All of the Above

How long can a grantee hold funds after receiving draw deposit?

1. 10 Days
2. 15 Days
3. 45 Days
4. 120 Days

How much can an activity be over drawn when requesting funds without an amendment?

1. 5% or \$10,000
2. \$10,000 or 10%
3. 15% or \$15,000
4. \$5,000 or 10%
5. None of the Above

How much cash can you have on hand during the life of the grant without violating the 15 day rule (federal grants)?

1. \$0
2. \$5,000
3. \$10,000
4. 5% of total grant amount
5. None of the Above



Thank you! Questions?

