

Shelter Operations Support

Funded Agency Training

Presented by: Lindzy Smith Housing Program Administrator



Overview

- General Information
- 2024 Timeline
- Client Eligibility
- Client Forms
- Eligible Activities
- Recordkeeping Requirements
- Financial Processes
- Reporting Requirements



General Information

- Purpose: To support the operation and administration of shelter programs within Missouri communities who work to provide shelter to Missouri residents facing a housing crisis.
- SOS funds can be utilized to provide assistance related to:
 - Shelter Operation
 - Case Management
 - Childcare
 - Health Services
 - Mental Health Services
 - Food Services
 - Administration





2024 Timeline

- Quarterly Service Reports are due by the 5th of the month on the dates outlined in the Desk Guide. If the 5th of the month falls on a holiday or weekend, reporting is due the prior business day.
- The Expense Detail form (SOS 106) is due quarterly by the deadlines outlined in the Desk Guide.
- 25% of your total award must be expended by November 1, 2024 and 75% by April 1, 2025.
- Payment requests can be submitted as frequently as once per month, and must be submitted once per quarter.
- Grant funds are disbursed on a monthly schedule. Payment requests received and approved before the 1st of the month at 5:00pm will be disbursed the following month.

Grant Start Date	July 1, 2024
Quarter 1	July 1, 2024 – September 30, 2024
Quarter 2	October 1, 2024 – December 31, 2024
Quarter 3	January 1, 2025 – March 31, 2025
Quarter 4	April 1, 2025 – June 30, 2025
Final Spending Deadline	June 30, 2025
Grant Close Out	July 31, 2025





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Client Eligibility

Income:

 Income requirements do not apply to program participants who are being served under SOS.

Housing Status:

- SOS services can be provided to all residents of the shelter.
- Homeless status eligibility requirements do not apply to those served under SOS.



Client Forms



- SOS 102 Release of Information is required for all households who are receiving services under the following grant activities:
 - Case Management
 - Childcare
 - Health Services
 - Mental Health Services
- Must be signed by Head of Household (HOH).

CLIENT'S CONSENT TO RELEASE OF INFORMATION

_understand and acknowledge that _

(the "Agency"), in exchange for receiving funds from the Missouri Housing Development Commission ("MHDC") is required to share certain information about me with MHDC in order to ensure the Agency's compliance with all rules and requirements associated with the funds from the Shelter Operations Support (SOS) program.

By my signature below, I hereby authorize the Agency to share all of my personal information with MHDC for the limited purposes of proving that I qualify to receive assistance administered by SOS and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from SOS. I further authorize MHDC to contact me directly to discuss any matters related to my receipt of SOS services and agree to provide any additional information that MHDC may deem necessary in order to fully determine my eligibility for SOS and/or to determine whether the Agency is in compliance with all rules and requirements of associated with the funds from SOS. I understand that the funding received by Agency and administered by MHDC may actually be from other state and federal agencies, and I hereby authorize MHDC to share my information with such funding sources for the limited purposes of proving that I qualify to receive such assistance and ensuring that all program rules and requirements are complied with by Agency and MHDC. I further authorize such other funding sources to contact me directly to discuss any matters related to my receipt of the funds administered by MHDC and agree to provide any additional information that such funding sources may deem necessary in order to fully determine my eligibility and/or to determine whether all program rules are complied with by Agency and MHDC.

Client's Signature:

Printed Name:

Date:

Eligible Activities

Operating Funds

- Shelter Operation:
 - Staffing for employees that are essential to shelter operation (i.e., shelter maintenance, security etc.)
 - Costs of operating the shelter program including:
 - Rent, security, insurance, utilities, food, furnishings, supplies and software/hardware necessary for the operation of the shelter.
- **Case Management:** Staffing for employees that assess, arrange, coordinate, and monitor the delivery of individualized services to meet the needs of the program participant. This can include wages and benefits for time spent providing case management services.
- Childcare: Staffing for the provision of childcare services such as providing meals, snacks, and appropriate developmental activities.



Eligible Activities

- Health Services: Staffing for the provision of health services provided by licensed medical professionals.
- Mental Health Services: Staffing for the provision of mental health services provided by licensed mental health professionals to shelter residents.
- Food Services: Staffing for the provision of food services, provided by qualified kitchen staff to shelter residents.
- Administration: Expenses to support the administration of the program. (Cannot exceed 10% of total grant expenditure.)



Recordkeeping Requirements

Specific records must be maintained on-site for review in the event of a MHDC compliance visit and/or desk audit.

Shelter Operation:

- Minimum Shelter Standards (SOS 100)
- Fire Safety Inspection
- Shelter Program Guidelines
- Expense Detail Submissions (SOS 106)
- Service Report Submissions (SOS 107)

Client Files:

- Release of Information (SOS 102) for all clients who received Case Management, Health Services, Mental Health Services and/or Childcare.
- Case notes of services received.
- Financials:
 - *Proof of Cost* such as invoice, timesheets, travel requests, receipts etc.
 - Proof of Cleared Payment such as receipts, bank statements with payments highlighted, paystubs etc.

Please review the SOS 2024 Desk Guide for more details regarding Recordkeeping Requirements.



Overview

- SOS-106 Expense Detail (Back-Up forms) should be submitted electronically via the <u>MHDC Online Grant Interface</u> followup assignments.
- Electronic uploads must be legible in order to be processed.
 - Illegible submissions will be discarded.
- Backup submitted to any other platform will not be processed.
- All fields on the follow-up forms must match the amounts included on the uploaded SOS-106 Expense Detail.
- Upload the back-up document as a single **PDF**.
- Complete submissions consist of:
 - Completed Grant Interface follow-up form.
 - Complete and uploaded SOS-106 Expense Detail, (this will be uploaded into the follow-up form).





Below is the chart used to calculate how much each agency will be disbursed:

Percent of Total Grant Award Amount Disbursed	25% Initial Advance	50%	75%	100%	
Percent Backed Up and Approved	0-24%	25-49%	50-74%	75-100%	



• Quarterly Draws

- Grantees must submit at least one approvable SOS-106 Expense Detail via Grant Interface per grant quarter.
- Grantees may only submit <u>one</u> approvable Expense Detail form per month.



- All expenses must be incurred and paid within the grant year (July 1, 2024 - June 30, 2025).
- Expenses outside of the grant year will be discarded.
- Please consult the Desk Guide on eligible uses for funding.
- Please fill out your SOS-106 completely with all information requested (including grant number).



SOS-106 Expense Detail Form



SOS FY2024 Back-Up Summary SOS-106

	Reportin	g Range	
3	Start Date:	End Date:	

Date Submitted	
Grant Number	
Agency Name	
Total Requested Amount	\$0.00

stimated Households Served	Request Amount			
Operating Expenses	\$0.00			
Estimated Households Served				
Administration	\$0.00			
Total Request	\$0.00	_		

INSTRUCTIONS

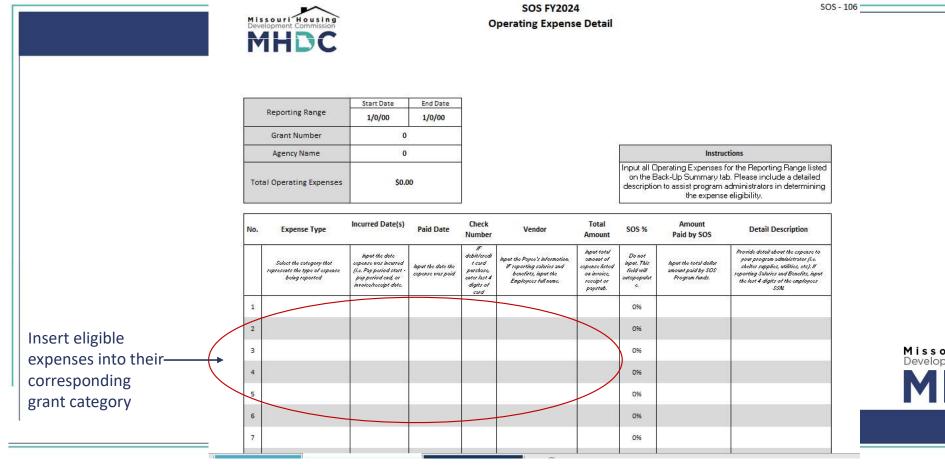
Complete <u>only</u> the fields highlighted in yellow in the 'Back-Up Summary' tab. All other fields will autopopulate from data entered in other forms. **This form is to be submitted via Grant Interface no more than once per month and no less than once per quarter.**

CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures are for the purposes and objectives set forth in the terms and conditions of the SOS Program award.



Authorized Signature:



SOS-106 Expense Detail Form



Grant Financial Administration SOS-106 Expense Detail Form

Start Date

8/1/24

24-000-505

Agency 123

\$1,600.00

End Date

8/31/24

Missouri Housing

MHDC

Reporting Range

Grant Number

Agency Name

Total Operating Expenses

Select expense type from drop down menu

No.	Expense Type	Incurred Date(s)	Paid Date	Check Number	Vendor	Total Amount	SOS %	Amount Paid by SOS	Detail Description
	Soloct the category that represents the type of expanse being reported	Input the date expense was incurred (i.e. Pay period start - pay period end, or invoice/receipt date.	lipput the date the expense was paid	IF debit/credi t card purchase, enter last 4 digits of card	Input the Payee's information. IF reporting subries and beneficts, input the Employees full name.	Input total amount of expense listed on invoice, receipt or paystub.	Do not input. This field will outopopulat e.	Input the total dollar amount paid by SOS Program funds.	Provide detail about the expense to your program administrator (i.e. shelter supplies, utilities, etc). It reporting Subsries and Benefits, inpu- the last 4 digits of the amployees SSN
1	Shelter Food/Supplies	8/2/2024	8/2/2024	<mark>1</mark> 111	Costco	\$ 400.00	100%	\$ 400.00	Shelter food and office supplies
2	Salaries and Benefits	8/1/2024- 8/15/2024	8/30/2024	1112	John Doe	\$ 1,200.00	75%	\$ 900.00	#1234
з	Shelter Utilities	8/8/2024	8/15/2024	1113	Evergy	\$ 3,000.00	10%	\$ 300.00	July electric bill
4							0%		
5							0%		

SOS FY2024

Operating Expense Detail

tab

This will populate based on what is entered on the Back-Up Summary

> For salary and benefits include last four of employee social security and other detail necessary to help determine eligibility

SOS - 106

Instructions

Input all Operating Expenses for the Reporting Range listed on the Back-Up Summary tab. Please include a detailed

description to assist program administrators in determining the expense eligibility.

Payment Timeline:

- Back-Up received and approved <u>on or before</u> the 1st of the month:
 - Payments will be disbursed within 30 days.
 - Submission must Back-Up the previous 25% disbursement to initiate another payment.
 - Example: Grantee submits back-up for 25% on August 28th and the submission is approved by MHDC on August 30th. The next 25% payment will be disbursed at the beginning of September.
- Back-Up received and/or approved <u>after</u> the 1st of the month:
 - Payment will be disbursed in the next month's payment cycle.
 - Submission must Back-Up the previous 25% disbursement to initiate another payment.
 - Example: Grantee submits back-up for 25% on August 31st and the submission is approved by MHDC on September 2nd. The next 25% payment will be disbursed at the beginning of October.

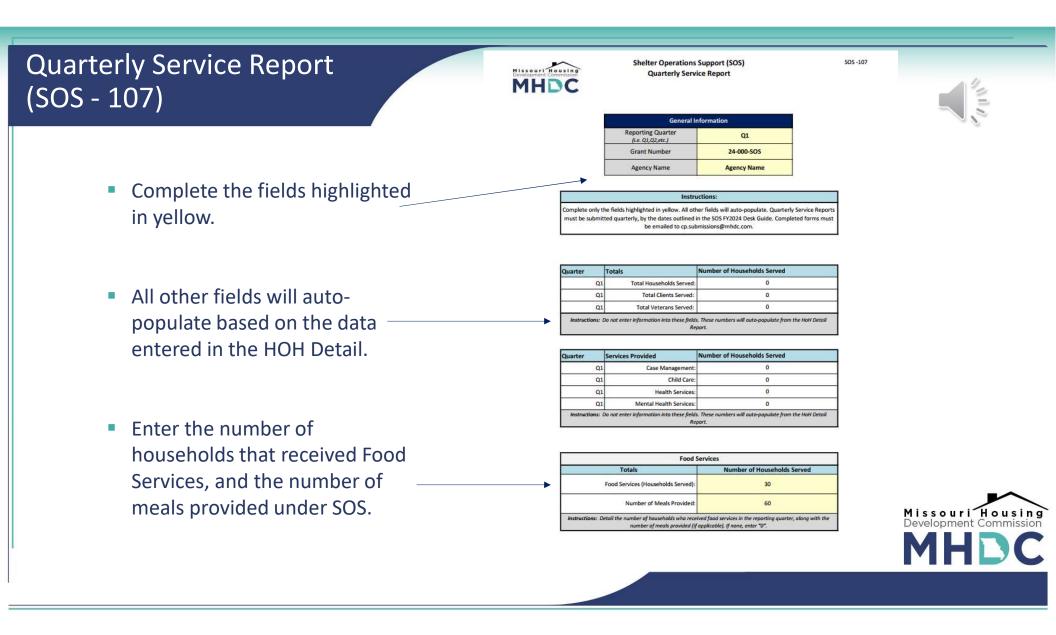


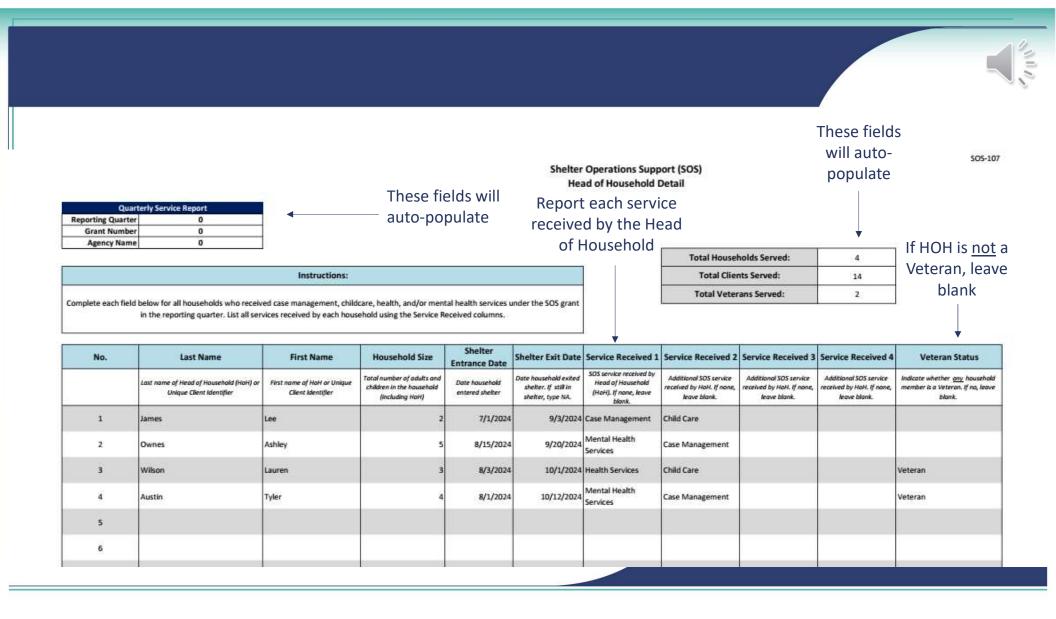
Quarterly Service Reports



- The Quarterly Service Report (SOS-107) is due every quarter, by the dates outlined in the Desk Guide timeline.
- SOS-107 must be sent to <u>cp.submissions@mhdc.com</u>.
- Include all Head of Households (HOH) that received case management, childcare, health services, and/or mental health services under SOS during the reporting quarter.
- Agencies will also provide the number of households that received food services under SOS, but these clients do not need to be included on the HOH detail.









Thank you!

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