



# Shelter Operations Support

Funded Agency Training

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# 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 5<sup>th</sup> of the month** on the dates outlined in the Desk Guide. If the 5<sup>th</sup> 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 1<sup>st</sup> of the month at 5:00pm will be disbursed the following month.

<b>Grant Start Date</b>	<b>July 1, 2024</b>
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
<b>Grant Close Out</b>	<b>July 31, 2025</b>



# 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).



SOS - 102

## CLIENT'S CONSENT TO RELEASE OF INFORMATION

I, \_\_\_\_\_ 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.

# Grant Financial Administration



## Overview

- **SOS-106 Expense Detail (Back-Up forms) should be submitted electronically via the MHDC Online Grant Interface follow-up 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).

# Grant Financial Administration



- 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%

# Grant Financial Administration



- Quarterly Draws
  - Grantees must submit at least one approvable SOS-106 Expense Detail via Grant Interface per grant quarter.
  - Grantees may only submit one approvable Expense Detail form per month.

# Grant Financial Administration



- 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).

# Grant Financial Administration

## SOS-106 Expense Detail Form



SOS FY2024  
Back-Up Summary

SOS-106

Reporting Range	
Start Date:	End Date:

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

Funding Component	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. <b>This form is to be submitted via Grant Interface no more than once per month and no less than once per quarter.</b>

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: \_\_\_\_\_



# Grant Financial Administration

## SOS-106 Expense Detail Form



SOS FY2024  
Operating Expense Detail

SOS - 106

Reporting Range	Start Date	End Date
	1/0/00	1/0/00
Grant Number	0	
Agency Name	0	
Total Operating Expenses	\$0.00	

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.

No.	Expense Type	Incurred Date(s)	Paid Date	Check Number	Vendor	Total Amount	SOS %	Amount Paid by SOS	Detail Description
	<i>Select the category that represents the type of expense being reported</i>	<i>Input the date expense was incurred (i.e. Pay period start - pay period end, or invoice/receipt date.</i>	<i>Input the date the expense was paid</i>	<i>If debit/credit card purchase, enter last 4 digits of card</i>	<i>Input the Payee's information. If reporting salaries and benefits, input the Employee's full name.</i>	<i>Input total amount of expenses listed on invoice, receipt or paystub.</i>	<i>Do not input. This field will autopopulate.</i>	<i>Input the total dollar amount paid by SOS Program funds.</i>	<i>Provide detail about the expense to your program administrator (i.e. shelter supplies, utilities, etc). If reporting Salaries and Benefits, input the last 4 digits of the employee's SSN.</i>
1							0%		
2							0%		
3							0%		
4							0%		
5							0%		
6							0%		
7							0%		

Insert eligible expenses into their corresponding grant category



# Grant Financial Administration

## SOS-106 Expense Detail Form



### SOS FY2024 Operating Expense Detail

SOS - 106

Reporting Range	Start Date	End Date
	8/1/24	8/31/24
Grant Number	24-000-SOS	
Agency Name	Agency 123	
Total Operating Expenses	\$1,600.00	

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

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.

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
	<i>Select the category that represents the type of expense being reported.</i>	<i>Input the date expense was incurred (i.e. Pay period start - pay period end, or invoice/receipt date).</i>	<i>Input the date the expense was paid</i>	<i>If debit/credit card purchase, enter last 4 digits of card</i>	<i>Input the Payee's information. If reporting salaries and benefits, input the Employee's full name.</i>	<i>Input total amount of expenses listed on invoice, receipt or paystub.</i>	<i>Do not input. This field will autopopulate.</i>	<i>Input the total dollar amount paid by SOS Program funds.</i>	<i>Provide detail about the expense to your program administrator (i.e. shelter supplies, utilities, etc). If reporting Salaries and Benefits, input the last 4 digits of the employee's SSN.</i>
1	Shelter Food/Supplies	8/2/2024	8/2/2024	1111	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
3	Shelter Utilities	8/8/2024	8/15/2024	1113	Evergy	\$ 3,000.00	10%	\$ 300.00	July electric bill
4							0%		
5							0%		

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





# Grant Financial Administration

- Payment Timeline:

- Back-Up received and approved on or before the 1<sup>st</sup> 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 28<sup>th</sup> and the submission is approved by MHDC on August 30<sup>th</sup>. The next 25% payment will be disbursed at the beginning of September.*
- Back-Up received and/or approved after the 1<sup>st</sup> 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 31<sup>st</sup> and the submission is approved by MHDC on September 2<sup>nd</sup>. 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 [cp.submissions@mhdc.com](mailto:cp.submissions@mhdc.com).
- 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.

# Quarterly Service Report (SOS - 107)



## Shelter Operations Support (SOS) Quarterly Service Report

SOS -107



- Complete the fields highlighted in yellow.

General Information	
Reporting Quarter <i>(i.e. Q1, Q2, etc.)</i>	Q1
Grant Number	24-000-SOS
Agency Name	Agency Name

- All other fields will auto-populate based on the data entered in the HOH Detail.

Instructions:	
Complete only the fields highlighted in yellow. All other fields will auto-populate. Quarterly Service Reports must be submitted quarterly, by the dates outlined in the SOS FY2024 Desk Guide. Completed forms must be emailed to cp.submissions@mhdc.com.	

Quarter	Totals	Number of Households Served
Q1	Total Households Served:	0
Q1	Total Clients Served:	0
Q1	Total Veterans Served:	0
Instructions: Do not enter information into these fields. These numbers will auto-populate from the HOH Detail Report.		

Quarter	Services Provided	Number of Households Served
Q1	Case Management:	0
Q1	Child Care:	0
Q1	Health Services:	0
Q1	Mental Health Services:	0
Instructions: Do not enter information into these fields. These numbers will auto-populate from the HOH Detail Report.		

- Enter the number of households that received Food Services, and the number of meals provided under SOS.

Food Services	
Totals	Number of Households Served
Food Services (Households Served):	30
Number of Meals Provided:	60
Instructions: Detail the number of households who received food services in the reporting quarter, along with the number of meals provided (if applicable). If none, enter "0".	



Report each service received by the Head of Household

If HOH is not a  
Veteran, leave  
blank

Instructions:									
Complete each field below for all households who received case management, childcare, health, and/or mental health services under the SOS grant in the reporting quarter. List all services received by each household using the Service Received columns.									

<b>Total Households Served:</b>	4
<b>Total Clients Served:</b>	14
<b>Total Veterans Served:</b>	2

[illegible]



# Thank you!

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