



## Community Programs Division Replacement of Expenses Summary Report

**Instructions:** This form should be completed in order to replace ineligible expenses previously billed to a Missouri Housing Development (MHDC) Community Programs grant (i.e. Missouri Housing Innovation Program, Missouri Housing Trust Fund, Housing Stability & Eviction Diversion, Mortgage Assistance Counseling, and Disaster Programs). Eligible expenses must be paid and incurred within the grant year.

**Date:**

**Agency:**

**Program:**

**Grant #:**

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### Replacement Amount (Reference Agency's Audit Report):

Administration/Operating (\$):

Marketing/Outreach (\$):

Case Management (\$):

Direct Financial Assistance (\$):

**Total to Replace (\$):**

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### Required Supporting Documentation

**Instructions:** The following supporting documentation should be submitted with this form in order for MHDC to determine eligibility of replacement expenses

#### Direct Financial Assistance/Client-Related Expenses:

Revised Report (HMIS, MIS, Demographic)

Proof of Household(s) Program Eligibility

Consent Form(s)

Proof of Cost(s) Incurred

Proof of Cleared Payment(s)

#### Agency Expenses (Salary/Benefits, Invoices, etc.):

Proof of Cost(s) Incurred

Proof of Cleared Payment(s)

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**I hereby certify that all information on this form is true, that I have collected and reviewed all required records to maintain, and that all expenses are authorized and meet the eligibility of the grant.**

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_