



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 #:

Replacement Amount (Reference Agency's Audit Report):

Administration/Operating (\$):

Marketing/Outreach (\$):

Case Management (\$):

Direct Financial Assistance (\$):

Total to Replace (\$):

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)

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: _____