



# Shelter Operations Support – Pilot Program

Funded Agency Training  
FY 2023

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# Overview

## Shelter Operations Support – Pilot Program

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- Reporting Requirements

# General Information

## Shelter Operations Support – Pilot Program

- 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

# FY 2023 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 Pilot – 106) is due quarterly by the deadlines outlined in the Desk Guide.
- 25% of your total award must be expended by November 1, 2023 and 75% by April 1, 2024.
- 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.

## SOS Pilot Program 2023 Key Dates

Description	Dates
Grant Start Date	July 1, 2023
Quarter 1	July 1, 2023 – September 30, 2023
Quarter 2	October 1, 2023-December 31,2023
Quarter 3	January 1, 2024–March 31, 2024
Quarter 4	April 1, 2024-June 30, 2024
Final Spending Deadline	June 30, 2024
Grant Close Out	July 31 <sup>st</sup> 2024

# Client Eligibility

## Shelter Operations Support

- Income:
  - Income requirements do not apply to program participants who are being served under SOS-Pilot Program funds.
- Housing Status:
  - SOS-Pilot Program services can be provided to all residents of the shelter.
  - Homeless status eligibility requirements do not apply to those served by SOS-Pilot Program funds.

# Client Forms



- SOS Pilot – 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

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) Pilot 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 necessary for the operation of the emergency 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 Pilot – 100)
    - Shelter Program Guidelines
    - Expense Detail submissions (SOS Pilot -106)
    - Service Report submissions (SOS Pilot -107)
  - **Client Files:**
    - Release of Information (SOS Pilot – 101) 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 Pilot Program 2023 Desk Guide](#) for more detail regarding Recordkeeping Requirements.

# Grant Financial Administration

## Overview

- SOS Pilot-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 Pilot-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 Pilot-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 Pilot-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, 2023 - June 30, 2024).
- Expenses outside of the grant year will be discarded.
- Please consult the Desk Guide on eligible uses for funding.
- Please fill out your SOS Pilot-106 completely with all information requested (including grant number).

# Grant Financial Administration

## CP-106 Expense Detail Form



SOS - Pilot Program  
Back-Up Summary

SOSPilot-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 only 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 Pilot Program award.

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



# Grant Financial Administration

## CP-106 Expense Detail Form



### Shelter Operations Support - Pilot Program Operating Expense Detail

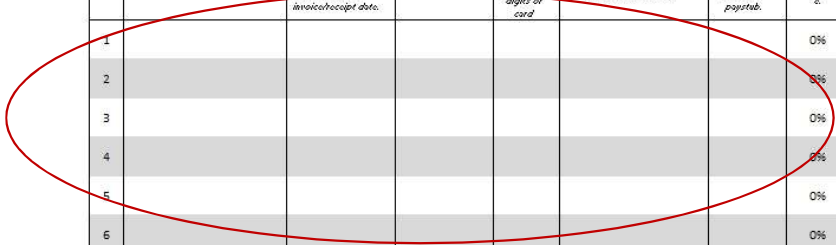
SOS Pilot - 106

Reporting Range	Start Date 1/0/00	End Date 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 Pilot %	Amount Paid by SOS Pilot Program	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 purchases, 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 expense 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 Pilot 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%		
8							0%		

Insert eligible expenses into their corresponding grant category.



Back Up Summary

Operating Expense Detail

Administrative Detail



# Grant Financial Administration



## Shelter Operations Support - Pilot Program Operating Expense Detail

SOS Pilot - 106

Reporting Range	Start Date	End Date
	7/1/23	7/31/23
Grant Number	23-000-SOS	
Agency Name	Agency Name	
Total Operating Expenses	\$1,650.00	

This will populate based on what is entered on summary sheet.

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 Pilot %	Amount Paid by SOS Pilot Program	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 Employees full name.</i>	<i>Input total amount of expense 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 Pilot 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 employees SSN.</i>
1	Shelter Food	7/2/2023	7/15/2023	1222	Costco	\$ 400.00	100%	\$ 400.00	Meals provided to shelter residents.
2	Salaries and Benefits	7/1/2023	7/15/2023	1223	Eric Smith	\$ 1,200.00	83%	\$ 1,000.00	#4432
3	Shelter Supplies	7/12/2023	7/12/2023	1224	Walmart	\$ 250.00	0%	\$ 250.00	Bedding/towels
4							0%		

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





# Grant Financial Administration

- Payment Schedule:
  - **IF** agency appropriately backs up previous 25% disbursement no later than 5:00 p.m. on the first business day of the month; they should expect their next disbursement in 30 days.
    - Submissions received on the 2<sup>nd</sup> of the month or later will be paid out on the following month.

# Quarterly Service Reports

- SOS Pilot Program Service Report (SOS Pilot-107) is due every quarter, by the dates outlined in the Desk Guide timeline.
- SOS Pilot-107 must be sent to [cp.submissions@mhdc.com](mailto:cp.submissions@mhdc.com).
- Include all Head of Households that received SOS services (i.e., case management, childcare, health services, mental health services, food services) during the reporting quarter.
- Complete the Veterans Service Report tab if your agency served Veterans during the reporting quarter.

# Quarterly Service Report (SOS Pilot - 107)

- Complete fields highlighted in yellow.
- All other fields will auto-populate based on the data entered in the HoH Detail and Veterans Service Report tab.



## SOS Pilot Program Quarterly Service Report

SOS Pilot-107

General Information	
Reporting Quarter <i>(i.e. Q1, Q2, etc.)</i>	Q1
Grant Number	23-000-SOS
Agency Name	Agency Name

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 - Pilot Program 2023 Desk Guide. Completed forms should be emailed to <a href="mailto:cp.submissions@mhdc.com">cp.submissions@mhdc.com</a> .

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

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



# Quarterly Service Report

- “General Information” and “Section 1” will populate based off information entered in previous tabs.
- In Section 2, enter the number of Combat vs. Non-Combat Veterans served by your agency during the reporting quarter. If Combat Status is not collected by your agency, please check the box, and move on to Section 3.
- In Section 3, you will enter all services received specifically by Veteran households. These services should match the services reported on the HoH Detail.
- Email your completed SOS Pilot – 107 to [cp.submissions@mhdc.com](mailto:cp.submissions@mhdc.com) by the dates outlined in the Desk Guide.

General Information	
Reporting Quarter <i>(i.e. Q1, Q2, etc.)</i>	Q1
Grant Number	23-000-SOS
Agency Name	Agency Name

**Instructions:**  
Complete only the fields highlighted in yellow. All other fields will auto-populate. Of the total Veterans served in the *SOS Service Report* tab, please estimate the number of households that fall into each category below. If the information in Section 2 is not collected by your agency, please check the box below.

**Section 1**

Quarter	Totals	Number of Households Served
Q1	Total Veterans Served:	2

**Section 2**

<input type="checkbox"/> Combat status data is not collected by the Grantee. <i>(Please move on to Section 3)</i>		
Quarter	Combat Status	Number of Households Served
Q1	Combat Veteran:	2
Q1	Non-Combat Veteran:	0

**Section 3**

Quarter	Services Provided	Number of Households Served
Q1	Case Management:	1
Q1	Child Care:	1
Q1	Health Services:	1
Q1	Mental Health Services:	1
Q1	Food Services:	2

*Detail the estimated number of Veteran individuals/households served during the Reporting Quarter, per each service category listed above. If households received multiple services, please include them in each service category.*

# Thank you!

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