

## Grants and Contract Compliance Division

## FY 25/26 MANDATORY GRANTEE WORKSHOP NOVEMBER 14, 2025



## HOUSEKEPING

➤ Please enter your name and agency in the Q&A for attendance tracking

➤ Enter all questions into the Q&A to be answered at the end of the workshop

> Chat is disabled

## WHAT WE DO

# The **Grants and Contract Compliance Division** serves the community by working with internal and external partners to deliver resources to its most vulnerable population.

- We secure and manage Federal, State, and private funding to increase City capacity and provide services to the community's most vulnerable.
- We provide oversight for City Grants (Public Service Grants, Direct Appropriations, Trust Funds, Legislative Mandates)



## MEET THE STAFF

### **Grant Leadership Team**

Grants Administrator

Jeneen Hampton – (904) 255-5026

jhampton@coj.net

Division Chief

Maribel Figueroa – (904) 255-5356

figueroam@coj.net

CFO & Finance Director

Anna Brosche – (904) 255-5354

broschea@coj.net

### **Grant Monitoring Team**

Ashleigh Brew – (904) 255-8638 abrew@coj.net

Gerrolynn Gadson – (904) 255-5411 ggadson@coj.net

Tracy Israel – (904) 255-8221 tisrael@coj.net

Nancy Rivera – (904) 255-8723 nrivera1@coj.net

John Snyder – (904) 255-8202 jsnyder@coj.net



## Chapter 118

#### **PSG Contract**

#### **II. GENERAL CONDITIONS**

- B. Recipient shall do as follows:
  - 1. Accept the City Funds as appropriated in accordance with the terms of this Agreement and the provisions of the Ordinances and Chapter 118, Jacksonville Ordinance Code, as amended from time to time (a copy of which can be obtained online at <a href="https://library.municode.com/fl/jacksonville/codes/code\_of\_ordinances">https://library.municode.com/fl/jacksonville/codes/code\_of\_ordinances</a>), all of which are hereby incorporated in this Agreement. The City Funds shall be used only for the provision of Services contemplated for the Program and for no other purpose.

#### **General City Grant Contract**

#### II. GENERAL CONDITIONS

- B. Recipient shall do as follows:
  - 1. Accept the City Funds as appropriated in accordance with this Agreement, the Ordinance, and Chapter 118, Ordinance Code, a copy of which can be obtained online at <a href="http://library.municode.com/">http://library.municode.com/</a>, and all of which are hereby incorporated in this Agreement. The City Funds shall be used only for the Program and for no other purpose.

https://library.municode.com/fl/jacksonville/codes/code\_of\_ordinances?nodeId=TITVADPE\_CH118CIGR

## Chapter 118, Parts 1-5

Sec. 118.101. Purpose. This Chapter is enacted to regulate the manner and method by which City grants made by the City Council are obtained and used by the recipients, as defined in <u>Section 118.104</u>. The Recipient provides services and activities determined by the City Council to be beneficial to the general welfare of the people of the City and to their economic, social, medical, cultural and educational improvement and advancement. In aid of these objectives, the City Council appropriates City funds to the Recipient either in the annual budget ordinance or in other appropriation ordinances. The City has a duty to see that the City funds are spent for public purposes as determined by the City Council in the most efficient, economic manner possible, giving due regard to the purposes for which the City funds are appropriated and the particular method or program by which the City funds are to be spent. Notwithstanding any exemptions listed in Section 118.106, no portion of any grant monies appropriated by the City shall be used by any Recipient for any program or expense which provides assistance to or supports any person who has been determined to be a sexual predator or sexual offender, as those terms are defined in the Florida Statutes, unless the Recipient has entered into an agreement with the Sheriff, whereby the Sheriff will perform such supervision of all sexual predator and sexual offender clients as may be required pursuant to Florida law. This requirement shall not affect or apply to any grant monies, or portions thereof, awarded for purposes not associated with sexual predators or sexual offenders. General review of these requesting agencies and of their operating or program budgets shall be undertaken by an independent Public Service Grant Council, Cultural Council, the Mayor, and the City Council, as applicable, to ensure that the City funds which support or form a part of their budgets are needed and will be properly applied.



## Chapter 118, Parts 1-5 Cont.

- ➤ Part 1 General Provisions
- ➤ Part 2 Disbursement of City Grants
- ➤ Part 3 Administration of City Grants (Disallowed Expenses)
- ➤ Part 4 Return of Disallowance of Expenditures
- ➤ Part 5 Liability of Loss of Entitlement or Eligibility for City Grant



# INVOICING



## INVOICING GUIDELINES

Invoices must be submitted on time, per your contract terms.

Expenses MUST occur during the contract term dates. Any expenses outside of the contract terms, will not be reimbursed.



## WHAT CAUSES DELAYS?

- Invoice not submitted by due date
- > Not following invoice procedures
- Lack of proper documentation and/or receipts (e.g. Insurance requirements)
- > Agency on Non-Compliance List



## PROPER STEPS TO SUBMIT AN INVOICE FOR PAYMENT

- Submit your invoice, monthly financial report and backup documents to your Grant Monitor monthly.
- Your Grant Monitor will review your documents and work with you on any discrepancies.
- After your Grant Monitor APPROVES your report, you will be notified via email with the approval to submit your invoice to 1Cloud for payment. NOTE: THIS SHOULD NOT BE DONE UNTIL APPROVED BY GRANT MONITOR.
- Attach invoice **ONLY** in PDF format to: coj1cloudinvoices@coj.net and be sure to cc: your Grant Monitor for tracking purposes. **Subject Line:** Invoice, Agency Name, Month & Year (*Ex- Invoice JaxABC Inc 042024*). If you have more than one contract, please add the program name(*JAXABC Inc, Foodbank 042024*).
  - No content is required in the body of the email.

## DO...

- ✓ Submit your invoices on time, per your contract. Invoices are due by the 15<sup>th</sup> of each month
- ✓ Organize your legible receipts and other backup documents in the order that they are itemized on the Monthly Financial Report
- ✓ Paystubs and/or payroll journals must be submitted on third party letterhead
- ✓ Include a bill, invoice, or receipt and <u>proof of payment</u> for ALL expenses
- Ensure that you notate legibly on each document indicating amount of the PSG/DA allocation request for specific expense. NOTE: An allocation report is required for all invoices

## DO NOT...

- X Itemize on your invoice. The purpose of the Monthly Financial Report is to itemize all expenses
- X Submit multiple invoices on one email
- X Include any extraneous documents
- X Include any disallowed expenses such as fees or taxes
- X Submit illegible copies
- X Submit an invoice prior to Grant Monitor approval





#### AGENCY LETTERHEAD/ LOGO

Date Nov 12, 20XX (date submitted)

Name of Agency Address Jacksonville, FL 322xx INVOICE

Invoice # 12345-FY-Oct1 (MUST begin with invoice #)

Date(s) of Service: October 20XX

PO # 12345-FY

Bill To:

City of Jacksonville, Grants and Compliance Division Ed Ball Building 214 North Hogan Street, Ste #800 Jacksonville, FL 32202

Dates of Service	TYPE of Service/ Description	Amount Billed
October 1-31, 20XX	PSG-ABC Program	\$13,960.77
	TOTAL	\$13,960.77

#### Please ensure your invoice has the following:

- Agency letterhead or logo
- The correct date submitted
- Agency name and address
- Invoice number that begins with the PO number
- PO number
- Dates of service.



#### AGENCY LETTERHEAD

Date Jan 12, 20XX Late submission. October invoice is due Nov 15<sup>th</sup>.

Name of Agency

Invoice number is incorrect. Chauld

Address Invoice # 45-25-Oct1 

Jacksonville, FL 322xx Date(s) of Service: November 20XX

PO # 12345-FY

incorrect. Should

begin with the PO

Bill To:
City of Jacksonville, Grants and Contract Compliance Division

Dates of service are incorrect

Ed Ball Building 214 North Hogan Street, Ste #800

Jacksonville, FL 32202

Dates of Service	TYPE of Service/ Description		Amount Billed	
October 20XX	Compensation		\$15,000	
October 20XX	Benefits		\$2,700	
October 20XX	Client Utilities		\$20,000	
		TOTAL	\$37,700	

#### DO NOT ITEMIZE THE INVOICE

The only dollar amount listed should be the total amount of the invoice.



Name of Agency:		ABCD Inc.		
Program Title:		Emergency Services		
Month Beginning:	October 1, 2025	Month Ending:	October 31, 2025	

## Monthly Financial Report

This document is incomplete without a signature from the agency representative



Name of Agency:				ABC	וו ט:	nc.			—	
Program Title:				Emerger	icy S	Services				
Month Beginning: October 1	1, 20	25	_		ı	Month Ending:		Octob	er	31, 2025
PART I: SUMMARY OF REVENUE		APPROVED BUDGET		REVISED APPROVED BUDGET		ACTUAL RECEIPTS THIS MONTH		TOTAL RECEIPTS YEAR-TO-DATE		REMAINING BALANCE
Public Service Grant Funds Received	\$	-	S	-	\$	27,500.00	\$	27,500.00	Ş	(27,500.00)
PART II: EXPENDITURES		APPROVED BUDGET		REVISED APPROVED BUDGET		ACTUAL EXPENDITURES THIS MONTH		TOTAL EXPENDITURES YEAR-TO-DATE		REMAINING BALANCE
Compensation (1200)		50,000.00			ء ا	8,000.00		0.000.00	8	42 000 00
Program Director	\$	50,000.00			\$			8,000.00	5	42,000.00
Position Title	\$	-	S	-	\$	-	\$	-	Ş	-
Position Title	\$	-	5	-	\$	-	\$	-	5	•
Position Title	\$	-	\$	-	\$	-	\$	-	\$	-
Position Title	\$	-	\$	-	\$	-	\$	-	\$	-
Position Title	\$	-	Ş	-	\$	_	\$	-	\$	-
Benefits FICA and Med Tax 2101-7.65%	\$	27,000.00	e		s	10,000.00	ę	10,000.00		17,000,00
Health Insurance	\$	9,000.00	S	-	S	9,500.00	_		S	
	-	8,000.00	-		_	-		8,500.00	-	(500.00)
Retirement-02201	\$		5	-	\$	-	\$		5	
Dental	\$	-	S	-	\$	-	\$	-	S	-
Life Insurance	\$	-	S	-	\$	-	\$	-	S	-
Workers Compensation - 02401	\$	•	5	-	\$	-	\$	•	5	-
Unemployment	\$		S	-	\$	-	\$	-	5	-
Other (LT Disability)	\$	-	\$	-	\$	-	\$	-	\$	•
O										
Occupancy Expenses Rent Occupancy	\$	25,000.00	S		Le		\$		· e	25,000.00
		25,000.00	-		Ş	-		-	Ş	
Telephone Utilities	\$		5	-	\$	-	\$	-	5	-
	\$	-	5	-	\$	-	\$	-	5	-
Insurance Property & General Liability	\$	-	Ş	-	\$	-	\$	-	Ş	-
Other-Computers & Software	\$	-	S	-	\$	-	\$	-	S	-
Other-	\$	-	S	-	\$	-	\$	-	Ş	-
Staff Training	\$	-	S	-	\$	-	\$	-	\$	-
Printing and Advertising	\$	-	5	-	\$	-	\$	-	5	-
Vehicle Purchase	\$	-	S	-	\$	-	\$	-	\$	-
Professional Fees & Services (not audit)	- \$	-	S	-	\$	-	\$	-	5	-
Direct Client Expenses (08301)									_	
Client Rent	\$	14,000.00	5	-	\$	-	-\$	-	5	14,000.00
Client other -	\$	-	\$	-	\$	-	\$	-	\$	-
Client other -	\$	-	Ş	-	\$	-	\$	-	Ş	-
Client other -	\$	-	S	-	\$	-	\$	-	5	-
Client other -	\$	-	\$	-	\$	-	\$	-	\$	
TOTALS	\$	125,000.00	S	-	\$	27,500.00	\$	27,500.00	S	97,500.00
Accorded to the first							.1-	Da cat Car 1		
Awardee Use Only. Prepared By:			Red	ewed By:	- 1			Do not Comple viewed By:	te.	
				of Jacksonville			Ш	y of Jacksonville		
Agency: ABC Inc Name: A. Smint			Nam					y or Jacksonville me:		
Name: A. Smint Title: Program Director				ie: : Human Serv/ces P	llann	or III	-	me: e: Grant Administrato	F	
Date: 10/25/2025			Date		idi il il	E1 111	Da		1	
Date: 10/25/2025			Date				Ud ou			

You cannot exceed the budgeted amount of any line item.

## COMPENSATION



**DO...** 

CO. FILE DEPT. CLOCK VCHR. NO. SBINC 6848 92392 938850

FEDERAL EXPRESS CORPORATION

#### Earnings Statement

Æ?

total to date

PAYROLL SERVICES
30 Fed Ex Pkwy, 2<sup>nd</sup> FL Horiz
Collerville, TN 38017
(855)339-6992

Period Beginning: Period Ending: Pay Date: Employee ID: 08/14/2023 08/27/2023 09/01/2023 248004

Social Security Number: \*\*\*-\*\*\*
Taxable Marital Status: Single
Exemptions/Allowances:

Federal: 1 State: 1

JANN S. JOHNSON

Program Director
PSG payment request amount=\$175.00

Earnings	rate	hours	this period
Regular	68.27	80.00	5,461.60

92,847.60 Other Benefits and Information

ion this period

ours werked

Gross Pay \$5,461.60

92,847.60

\$60,949.82

Important Notes
BASIS OF PAY: SALARY

MODE OF PAY: BI WEEKLY

#### Deduction

Federal Income Tax -1,008.48 17.144.16
Social Security Ta -338.2
Medicare 1. -79.9
State Tax -49. 5
State SDI -00.0 17.144.16

Net Pay	\$3,585.26
Checking Dep.	-3,585.26
Net Check	\$0.00

\* Excluded from federal taxable wages

Your total Deductions for this period is \$1,876.34

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FEDERAL EXPRESS CORPORATION
PAYROLL SERVICES
20 Fed Ex Plant 2nd El Horiz

30 Fed Ex Pkwy, 2nd Fl Horiz Collerville, TN 38017 (855)339-6992 Advice Number: Pay date: 00000938850 09/01/2023

It to the account of

JOHNSON

account number transit ABA amount

Xxxxxxx xxxx xxxx \$3,585.26

#### DO NOT...

#### **Pay Stubs**

Emp #:

Earnings Statement

Smity, S

Company: - SERVICES OF NORTH FLORIDA INC

Pay Date: 10/11/2024
Period Start: 09/22/2024
Period End: 10/05/2024

JACKSONVILLE FL 32207 (904) 265-8105

Dept: 031 - Grants C4 Pay Basis: Hourly

i ellou Liiu.	10/03/2024	JACKSONVILLE I L	32201	(304) 203-0103		ı ay	Dasis. Houri
		Rate Hours / Units		Current Period	Year To Date		
Earnings							
Regular		23.25	73.00	1697.25	34373.63		
Overtime		34.88	0.25	8.72	535.28		
Administrative L	eave	23.25	0.00	0.00	137.46		
Floating Holiday	•	22.57	0.00	0.00	180.56		
PTO Rollover		23.25	8.00	186.00	186.00		
Paid Time Off		23.25	0.00	0.00	2007.92		
Holiday		23.25	0.00	0.00	1646.80		
	Gross		81.25	1891.97	39067.65		
W/H Taxes							
Federal W/H(M)	l e			0.00	0.00		
Medicare	This do	ocument wo	uld n	ot be <sup>23.72</sup>	496.46		
Social Security				101 42	2122.79		
	accep	ted because	e it is	not			
Deductions	from	a third party	ven	dor			
401K %		a tima party		151.36	2884.39		
401K Loan Payn	ment			29.39	146.95		
Dental				50.51	959.69		
Employee Vol Li	ife			0.00	14.40		
Lincoln Short Te	erm Disability			0.00	286.08		
Medical 45 HMC	)			0.00	2351.64		
Medical 73 HMC	)			195.97	1371.79		
Vision				9.62	145.94		
	Net Pay			1329.98	28287.52 V	oucher No. 5997	78328DD
Net Pay Distributi	ion						
Direct Deposit N	let Check			179.98	11037.52 A	C:4102	
Direct Dep. Distr	ribution 1			500.00	7700.00 A	C:4110	
Direct Dep. Distr	ribution 2			100.00	1750.00 A	C:6459	
Direct Dep. Distr	ribution 3			50.00	800.00 A	C:1527	
Direct Dep. Distr	ribution 4			500.00	7000.00 A	C:6195	
Employee Benefit	ts, Allowances, a	nd Other		Current Period	Year To Date	YTD Taken	Available
Employer 401 C	ontribution			56.76	1172.04 • 0	ompany Match	
Administrative L	eave Hours **				200.00	3.00	197.00
Bereavement Ho	ours **				24.00	0.00	24.00
Floating Holiday	Hours **				8.00	8.00	0.00
Jury Duty Hours	**				16.00	0.00	16.00
PTO Hours **					152.00	64.00	88.00
Rollover PTO Ho	ours **				0.00	8.00	-8.00

#### **Payroll Journal**

#### DO NOT... DO...

																DEPARTMENT	HOU			EARNINGS			GROSS	STATUTORY	DEDUCTIONS	MATERIAL PROPERTY.	VOL DEUS.	NETPAY
																			Hours 3 & 4	Reg # O/T	Earn 3 & 4	Earn 5		Fede		State/Local		
Code D	Description	JC	L1	L2	L3 L4	Hours/	Amount	Description	Employer	Taxes	Cod	de Description	Deductions	Employer Liability		01-020		444.62		7,433.96			7,433.96		0.87 FIT	STATE	5,875.20	552.
						Units	Eamed		Liability	Withheld	_		Withheld	Liability		Kitchen -PSG	- 1						1		8.55 SS	SUI		1
					- Dep l	Date 11/14/20	24 - D013707										- 1						14.17% of CO	10	7.24 MED	SDI	1	I.
R R	Regular	LPN	GCS	DETOX	DETOX STOCK	0.83	22.50	Federal Income	0.00	220.53	WC	Work Comp Liab	0.00													LOCAL		1
R R	Regular	LPN	GCS	DETOX	DETOX STOCK	3.88	104.85	Florida State I	0.00	0.00	WC	Work Comp Liab	0.00	3.01														
SH S	Shift Different	LPN	GCS	DETOX	DETOX STOCK	3.88	5.83	Federal Medicar	0.00	34.56	WC	Work Comp Liab	0.00			ANALYSIS DEPT: 01-	-020							NET CASH:	: 6,385.	.24		
SH S	Shift Different	LPN	GCS	DETOX	DETOX STOCK	8.00	16.00	Federal Social	0.00	147.77	WC	Work Comp Liab	0.00	2.98													Dadwatian Analy	
R R	Regular	LPN	GCS	DETOX	DETOX STOCK	8.00	216.00				WC	Work Comp Liab	0.00												emo Analysis:	7 422 06	CK1 CK1	4,786.28
	Regular	LPN	GCS	DETOX	DETOX STOCK	0.88	23.85				WC	Work Comp Liab	0.00												X ELIG/C		DEN DEN	22.93
	Regular	LPN	GCS	DETOX	DETOX STOCK	3.75	101.25				WC		0.00												otal		EMF EEFUND	4.00
	Shift Different	LPN	GCS	DETOX	DETOX STOCK	3.75	5.63				ALIF		0.00	0.19										10	rtai	1,331.32	LTD LTD	5.38
R R	Regular	LPN	GCS	DETOX	DETOX STOCK	7.48	202.05				ALIF	Agency Paid Lif	0.00														SV1 SV1	1,046.86
	Shift Different	LPN	GCS	DETOX	DETOX STOCK	7.48	14.97									State ST	TATE	STATE	FI	г							VIS VISION	9.75
PLT P	Personal Leave	LPN	GCS	DETOX	DETOX STOCK	12.00	324.00										TAX	WAGES	BY STATE								Total	5,875.20
PLT P	Personal Leave	LPN	GCS	DETOX	DETOX STOCK	12.00	324.00	1								FL	.,,,,	7771040	440.8									.,
R R	Regular	LPN	GCS	DETOX	DETOX STOCK	0.25	6.75									Total			440.87	-							Cafeteria 125	
	Regular	LPN	GCS		DETOX STOCK	3.98	107.55																				<b>Deduction Anal</b>	ysis
	Shift Different	LPN	GCS		DETOX STOCK	3.98	5.98									Federal Taxable Ar	nalysis ar	ıd			State Taxab	le Analysis a	nd				DEN - DNT	22.93
	Shift Different	LPN	GCS		DETOX STOCK	7.47	14.93									<b>Employer Unemplo</b>	oyment Li	ability T	AXABLE PC	TAX T	Employer U	nemployment	Liability TA	XABLE PCT		'AX_	LTD - CFD	5.38
	Regular	LPN	GCS		DETOX STOCK	7.47	201.60									Federal		7	,395.90	440.87	FL SUI		1,	930.00 .3400	0 6	.56	VIS - VIS	9.75
	Regular	LPN	GCS		DETOX STOCK	0.17	4.50									FUTA			.60		Total		1,5	30.00	6	.56	Total	38.06
	Regular	LPN	GCS		DETOX STOCK	3.88	104.85									Social Security-EE		7	,395.90 6.20									
	Shift Different	LPN	GCS		DETOX STOCK	3.88	5.83									Social Security-ER			,395.90 6.20									
	Shift Different	LPN	GCS		DETOX STOCK	7.47	14.93									Medicare-EE			,395.90 1.45									
	Regular	LPN	GCS		DETOX STOCK	7.47	201.60									Medicare-ER		7	,395.90 1.45								April .	
	Regular	LPN	GCS		DETOX STOCK	0.42	11.25									Medicare Surtax-EE			.90	)								
	Regular	LPN	GCS		DETOX STOCK	3.88	104.85																	_			/1	
	Shift Different	LPN	GCS		DETOX STOCK	3.88	5.82									01-030		48.00		960.00			960.00		35.17 FIT	STATE	851.39	9
	Regular	LPN	GCS		DETOX STOCK	8.00	216.00									Dept Children & Family	ily								59.52 SS	SUI		
	Shift Different	LPN	GCS		DETOX STOCK	8.00	16.00	1															1.83% of CO	1	13.92 MED	SDI		
311 3	onin binerent	El IV	403	DETOX	Earnings	142 5	2.383.37		0.00	402.86	Dade	uctions	0.00	22.08	<b>—</b>		Ţ			1				1.		LOCA	· I	Į.

**Compensation = \$2,838.37** FICA & Med =182.33 **Work Comp= 20.96** 

Always indicate amount requested and provide a total for each.

#### Check dates properly dated

Checks Dated 11/01/24 to 11/30/24 Printed 12/06/24 5:49 PM

**GCS - Gateway Community Services** 

DATIS Payroll Register - Eric Taylor

Payroll Journal MUST have payroll vendor name/logo indicated!



Company Code: HHK



Payroll journal will be rejected for the following reasons:

- No PSG/DA reimbursement amount indicated.
- · No breakdown of benefits--sum calculated
- Employee name and title not indicated.

## BENEFITS



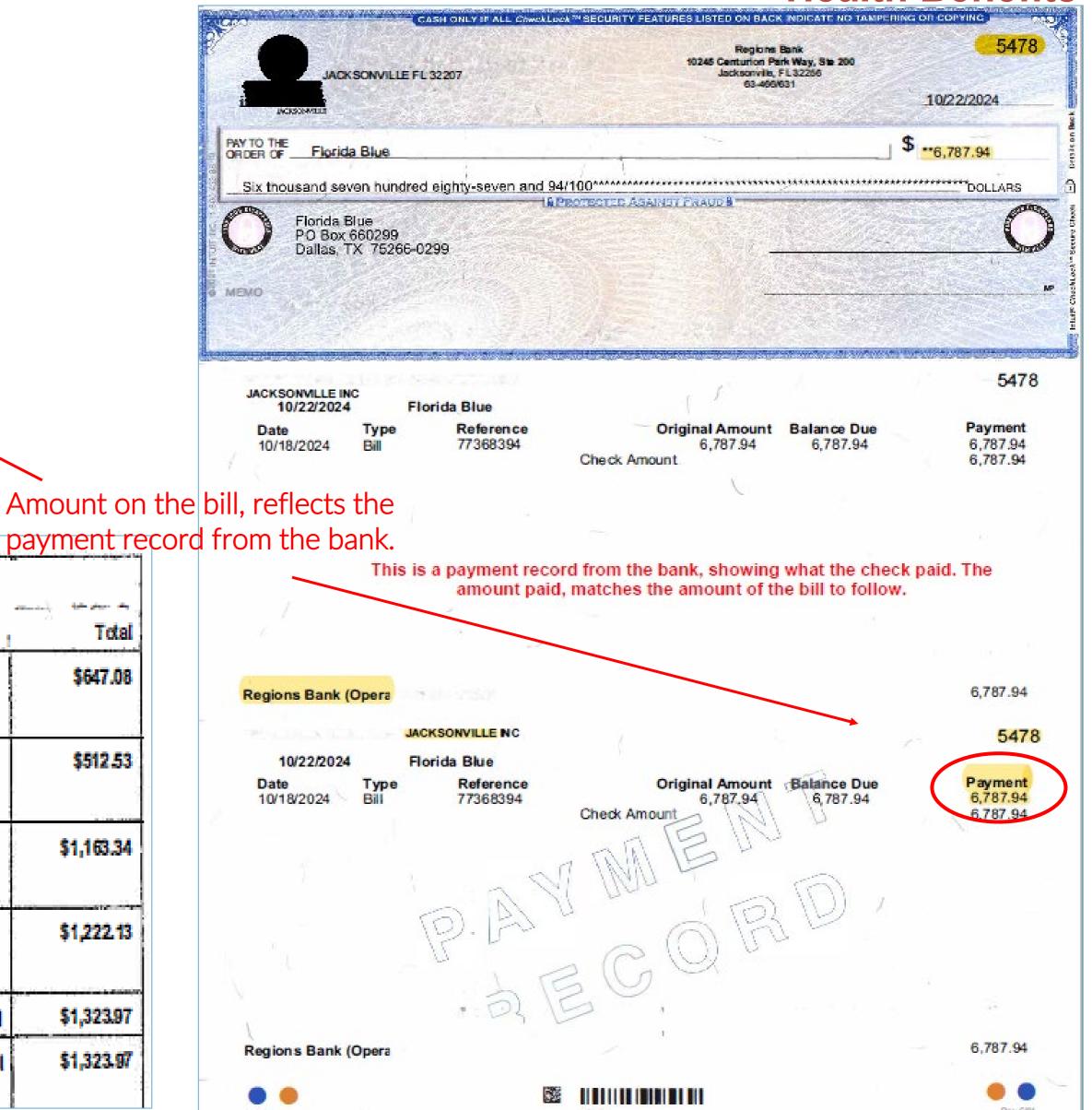
DO.... Florida Blue 🚭 🗓 JACKSONVILLE FL 32207-6840 In the pursuit of health' Billing Period Invoice # Invoiced Amount Invoice Due Date Invoice Date 11/01/2024-12/01/2024 77368394 10/18/2024 11/01/2024 \$6,787.94 Group Division Org Id 001 BILLING SUMMARY Original Totals \$6,787.94 TOTAL BILLED AMOUNT ON-BILL ADJUSTMENTS \$6,787.94 AMOUNT DUE Total amount due on the bill, matched the total amount paid on the proof of payment. SNGLE ALL COPAY H42116761 SUB PLAN 16253-PSG payment request SINGLE ALL COPAY SUB H29367812 PLAN 16253amount indicated for employee SUB SINGLE H58727639 ALL COPAY PLAN 16253-SINGLE SUB ALL COPAY H57010365 PLAN 16253-OFFICE MANAGER COJ WEST JAX \$611.07

H28776205

H28776205

MARY W

**Health Benefits** 



Total

\$647.08

\$512.53

\$1,163.34

\$1,222.13

\$1,323.97

\$1,323.97

Subscriber Total

Product Total

ALL COPAY PLAN 16253-

## DO NOT...

ලි Guardian

#### **Billing Statement**

For Period 06/01/24 to 06/30/24

#### Payment Summary

Payment Received 05/09/24 -4,875.16

No Outstanding Balance As Of 5/17/24	0.00
Current Premium	5,029.41
Total Payment Due 6/01/24	\$5,029.41

Approval:

"Planholder use only"

#### Summary of Activity this Period

Coverage	Previous	Adds.	Terms.	Current	Current	Premium
o relage	No. Ins.	71000		No. Ins.	Premiums	Adjustments
Dental	62	2	1	63	\$4,446.77	(\$39.87)
Vision	47	2	1	48	\$631.06	(\$8.55)
TOTAL					\$5,077.83	(\$48.42)

#### Summary of Current Premiums by Rate Class

Coverage	Emp	Fam	Emp/Sp	Emp/Ch	Total
Dental	\$1,275.84	\$1,801.66	\$721.35	\$647.92	\$4,446.77
Vision	\$273.60	\$255.60	\$85.60	\$16.26	\$631.06
TOTAL	\$1,549.44	\$2,057.26	\$806.95	\$664.18	\$5,077.83

■ Group ID 00 ■ Division ID

#### Planholder Reference

JACKSONVILLE

Group ID: 00 Division ID: 0000 RGO: 8 A/R: C

#### Questions?

Log on to

#### www.GuardianAnytime.com

Check or make changes to members' eligibility, view and pay

Log on or register in two minutes at www.GuardianAnytime.com



Customer Response Unit Ph: 800-627-4200

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•	Title .
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:	200
۱	900

Payment Coupon

8 Guardian

#### g Guardian

#### Current Premiums (cont'd.)

Employee	Dental		Vision		Total Premium
	Premium	Ins.	Premium	Ins.	
Mix	39.87	Етр	8.55	Етр	\$48.42
Mor	39.87	Етр	8.55	Етр	\$48.42
Mune	80.15	Emp/Sp	8.55	Етр	\$88.70
Mut	39.87	Етр	8.55	Етр	\$48.42
Par	80.99	Emp/Ch	8.55	Етр	\$89.54
Penn	39.87	Етр			\$39.87
Pere	128.69	Fam	25.56	Fam	\$154.25
Pit	39.87	Етр			\$39.87
Rag	80.15	Emp/Sp			\$80.15
Rod	128.69	Fam			\$128.69
Sma	80.99	Emp/Ch	8.55	Етр	\$89.54
Ste	39.87	Етр	8.55	Етр	\$48.42
Sut	39.87	Етр	8.55	Етр	\$48.42
Tal	39.87	Етр	8.55	Етр	\$48.42
Tee	80.99	Emp/Ch	16.26	Emp/Ch	\$97.25
Tha	80.15	Emp/Sp	17.12	Emp/Sp	\$97.27
Tho	128.69	Fam	25.56	Fam	\$154.25
Thor	39.87	Етр			\$39.87
Туе	80.15	Emp/Sp	17.12	Emp/Sp	\$97.27
Vet	39.87	Етр	8.55	Етр	\$48.42
Vilt	39.87	Етр			\$39.87

Total Current Premiums	\$4,446.77		\$631.06		\$5,077.83		
TOTAL	\$4,446.77		\$631.06		\$5,077.83		
Wal	80.15	80.15 Emp/Sp		Emp/Sp	\$97.27		
	Premium	Ins.	Premium	Ins.			
Employee	Dental		Vision		Total Premium		

Indicate employees for which you are seeking reimbursement.



## OCCUPANCY EXPENSES

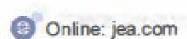




Phone: (904) 665-6000

225 N Pearl St

ZZO IN.	Leal	OL
Jackso	nville.	FL
32202-		





Account #: 0127244200

Amount Due

**New Charges** 

\$11,180.47

Bill Date: 02/04/25 04 Cycle:

\$11,180.47 Do not pay. AutoPay will process vour payment on 02/26/25.

> Electric \$9,286.44

> > Water \$457.72

> > > Sewer

\$1,227.35 migation

\$208.98

Page 1 of 3

#### TOTAL SUMMARY OF CHARGES

Bectric	\$	9,286.44
Water		457.72
Sewer		1,227.35
Irrigation		208.96
Total New Charges	\$	11,180.47
	NAME OF TAXABLE PARTY.	

(A complete bre aidown of charges can be found on the following pages.)

Previous Balance	s	11,211,61
Payment(s) Received		-11,211.61
Balance Before New Charges		0.00
New Charges	\$	11,180.47

Do not pay. AutoPay will process your 11,180.47 payment on 02/26/25.

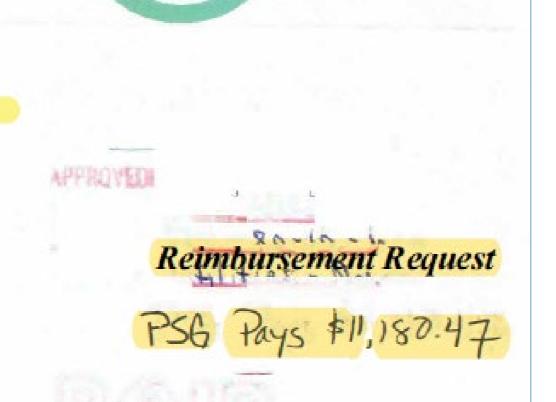
#### MESSAGES



Use power strips as central turn off points when you are finished using electronics.



By turning off the faucet, following irrigation restrictions and checking for leaks, you can help preserve our most valuable natural resource.



PLEASE DETACHAND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

SCAN TO PAY ONLINE Check here for telephone/mail address correction and fill in on reverse side.

Add \$\_\_\_\_to my monthly bilt \$\_\_\_\_for Neighbor to Neighbor and/or \$\_\_\_\_for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

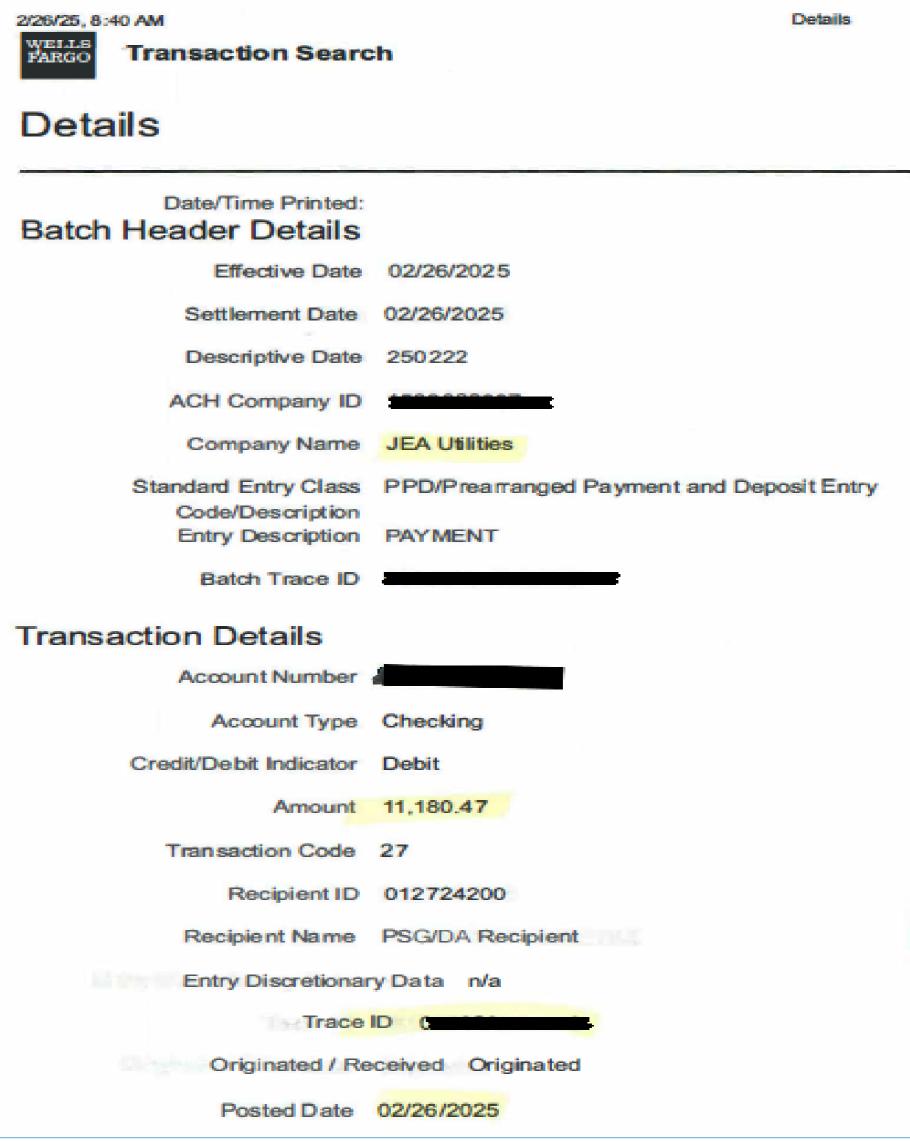
Acct #: 0127244200 Bill Date: 02/04/25 Do not pay. AutoPay will process your payment on 02/26/25. TOTAL AMOUNT PAID \$11,180.47

Additional information on reverse side.

002701 000008489 Ազմիկ-||հայտ||ԱսլՈվը-ընին-ինինինինդիրնդի

PSG/DA RECIPIENT INC JACKSONVILLE FL 32201-4909 The bill amount matches the amount on the bank detail. The amount allocated to the grant is indicated.

#### **Utilities**





### DO NOT...

**Office Supplies** 

Office & Other Supplies

amazon business

Packing slip

For customer support visit Amazon.com/contact-us

Order date: December 20, 2023

Purchase Order #:

Order #: 112-5851797-8999450

Date shipped: December 23, 2023

Ship to:

JACKSONVILLE, FL 32207-9090

United States

#### Shipment details

Item description		Qty	Item price	Item subtotal
Collapsible Foldable Wagon, Beach Cart Large Capac Collapsible Wagon for Sports, Shopping, Camping (B 2)	ity, Heavy Duty Folding Wagon Portable, lack, 1 Year Warrant) (SKU: Folding Wagon	1	\$55.20	\$55.20
Condition: New				
Sold by: ZHEJIANG TOCO HOUSEWARE CO.,LTD Gift message: ""				
	Item subtotal	·····		\$55.20
	Shipping & handling			\$0.00
	Sales tax			\$0.00
	Total		• • • • • • • • • • • • • • • • • • • •	\$55.20

Documentation not sufficient as it does not indicate proof of payment.

This invoice would need to include a bank statement or canceled check to verify.



# DIRECT CLIENT EXPENSES





Receipt

evenibrite

Invoice number 08172DCE-0001 Receipt number 2504-2882 Date paid January 3, 2024

Payment method Visa - 5432

Line item category is indicated on the receipt.

Client Educational Support

Eventbrite

2nd Floor

95 Third Street

San Francisco, California 94103

United States

support@eventbrite.com

\$9.99 paid on January 3, 2024

Thank you for publishing your event with Eventbrite, the world's largest and most trusted all-in-one event ticketing and marketing platform,

Bill to

Florida 32277

United States

Description	Qty	Unit p <b>ri</b> ce	Amount
Eventbrite Flex 100 Organizer Fee for Golden Hands Lunch and Learn - 2024-01-27T14:30:00Z (event: 786781453507)	1	\$9.99	\$9.99

Subtotal \$9.99 Total \$9,99 Amount paid \$9,99

Receipt is paid

Your Eventbrite Flex Organizer Fee doesn't include paid advertising campaigns or Ticketing Fees. Your ad spend will be billed separately. Ticketing fees are paid by ticket buyers unless you choose to cover them.

to collect or new leves on the Organizes Face auch fore are industrial as a contract to the

Organizers located in the United States: Where taxable, Organizer Fees are inclusive of any applicable sales taxes; so no radditional tax will be added to your payment,

Organizers Jocated in Australia, New Zealand, Canada, the EU, and United Kingdom:

Client Tracking form along with Client Educational receipt

#### **Client Education**

#### PSG Programmatic Report\_2024-2025 (EFA)

As of 2025-02-24 10:29:46 Eastern Standard Time/EST • Generated by Tiffany Knight

Jnique Identifier	Contact: First Name	Contact: Last Name	Check #	Paid Date	Paid To Name
otal	Sum				
	Count				

Confidential Information - Do Not Distribute

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Document shows that the data is pulled from the agencies tracking system.

**Client Lodging** 

7/24, 9:16 AM <del>(103:005)10:11</del>	iolioopiiooipopupi OO/toolokui	oor 66 Violencop 166 FTolon - b	. <del>Tavi Cònobal</del>	TROSIT <b>\$</b> DO <b>PEU+OPKOIGQUTO</b>	USA	6 - JACKSONVILL
POG K 0104451	1D II' 1 1' m	Accou	nting Codes :	000		
	,	\$ 320.	95-Client Hotel		Briman, Cuast	
	06/13/2024	Financ	e Approval:		Primary Guest Guest Name	SHEI
Departn	nent: Preservation	Гшац	Approvar.		Address	
					City, State, Zip Code	JACK:
•	- STEPS 01	Services	06/06/2024	Duval	Country	
Case Manager Name	N Unit	Agency Requesting Service	Date Prepared	Service County	Stay Details Check In Date Check Out Date	
SECTION 1: CASE INFO			PLETELY		Sc Date Type G Jun 17, 2024 Exemption	
Case Name for which ser Relation to Case:	vices are being requeste				Jun 18, 2024 Charge Jun 18, 2024 Tax	
		mother			Jun 18, 2024 Tax	
Person for whom service	is being requested:				Jun 18, 2024 Exempti	
Name	<u>ssn</u>	<u>DOB</u>			Jun 18, 2024 Exempti	
•	Confi	dential			Jun 19, 2024 Charge Jun 19, 2024 Tax	
A 11!					Jun 19, 2024 Tax	
All associated children:					Jun 19, 2024 Exempti	ion
Name This shows p	D D A 1	DOB Plac. 7	<u> </u>		Jun 19, 2024 Exempti	on
Sheffield,	Confi	-	with One or Mo with One or Mo			
Specify the case plan task will address, or justify the		To assist the homeless t	<u> </u>			

It will give the family safe lodging temporarily.

1		MOTEL 6 - JACKSO USA	ONVILLE - Jacksonville 32	2244	Date Range: Jun 13, 2024 - Jun 20 Ta	, 2024 x ID :
	(0)			\$ 320.95-	-Client Hotel	
			Guest	t Folio		
			Confirmation Num	ber - 9231AFM737		
	imary Guest		SHEFFI	Additional Guests	My6 My6 Members	
Ad	ldress				BKY334	
	ty, State, Zip Cod ountry	le	JACKSONVILLE FL 32211 US		•	
	ay Details neck In Date		Jun 13, 2024	Company Details	Other Details Bill Number	
Ch	neck Out Date		Jun 20, 2024		Tax Exemption	YES
Re				<u>!</u>	Service of	
S	Date	Туре	Description		Amount	-
G	Jun 17, 2024	Exemption	STATE TAX - CH	HARITY - RELIGIOUS	(\$3.44)	
	Jun 18, 2024	Charge	ROOM RENT		<b>\$</b> 45.85	
	Jun 18, 2024	Tax	COUNTY TAX		\$2.75	
	Jun 18, 2024	Tax	STATE TAX		\$3.44	
	Jun 18, 2024	Exemption		CHARITY - RELIGIOUS	(\$2.75)	
	Jun 18, 2024	Exemption		HARITY - RELIGIOUS	(\$3.44)	
Ц	Jun 19, 2024 Jun 19, 2024	Charge Tax	ROOM RENT COUNTY TAX		\$45.85 \$2.75	
	Jun 19, 2024	Tax	STATE TAX		\$3.44	
	Jun 19, 2024	Exemption		CHARITY - RELIGIOUS	(\$2.75)	
	Jun 19, 2024	Exemption		HARITY - RELIGIOUS	(\$3.44)	
•		•	Summary			1
			Туре		Amount	
			ROOM RENT		\$320.95	
			COUNTY TAX STATE TAX		\$0.00 \$0.00	
- 1			CREDIT CARD		\$0.00	
			Folio Balance		\$0.00	



above task or goal:

Describe how the service will meet the

Client intake form along with proof of client hotel stay.

## DO NOT...



```
C15 I23206 0P260145
                       11-21-23 07:42
 AIRPO7 2.5LTR SVS SECA25
 717996237227
               3X (TA) $67.38 $202.14
               UN115 3
 DISP BEVERAGE SLIM 3GAL
 727875087294 3X (TA) $60.34 $181.02°
               UNITS 3
      UNLIS ENTERED
                                        Client Food receipt does not
     CASES ENTERED
                                        indicate the amount allocated
      ITEMS RUNG UP
                                        to the grant.
      TOTAL RW ITEMS
     UNITS COUNT
 TOTAL UNITS ENTERED
 TOTAL CASES ENTERED
 TOTAL ITEMS RUNG UP
 TOTAL WEIGHED GOGDS (LBS)
TOTAL UNITS COUNT
SUBTOTAL
                             $383,16
     FL Taxy
                                                  Taxes are NOT an allowable
                              $28.74
                                                          expense
                              $383.16
                 TOTAL
                             $411,90
            MASTERCARD:
                             $411.90
GPPROVAL # 087705
REFERENCE# 6241
Mas Fencand
Chip Read - Verified by PIN
Mode: Issuer
AID: A00000000041010
TVR: 0400048000
TSI: E800
ARC. 00
                CHANGE
                               $0.00
      TOTAL UN ACCOUNT
                               $0.00
              BALANCE
                               $0.00
TUTAL PROMOTION SAVINGS
                               30.00
CUUPONS SAVINGS
                               $0.90
```

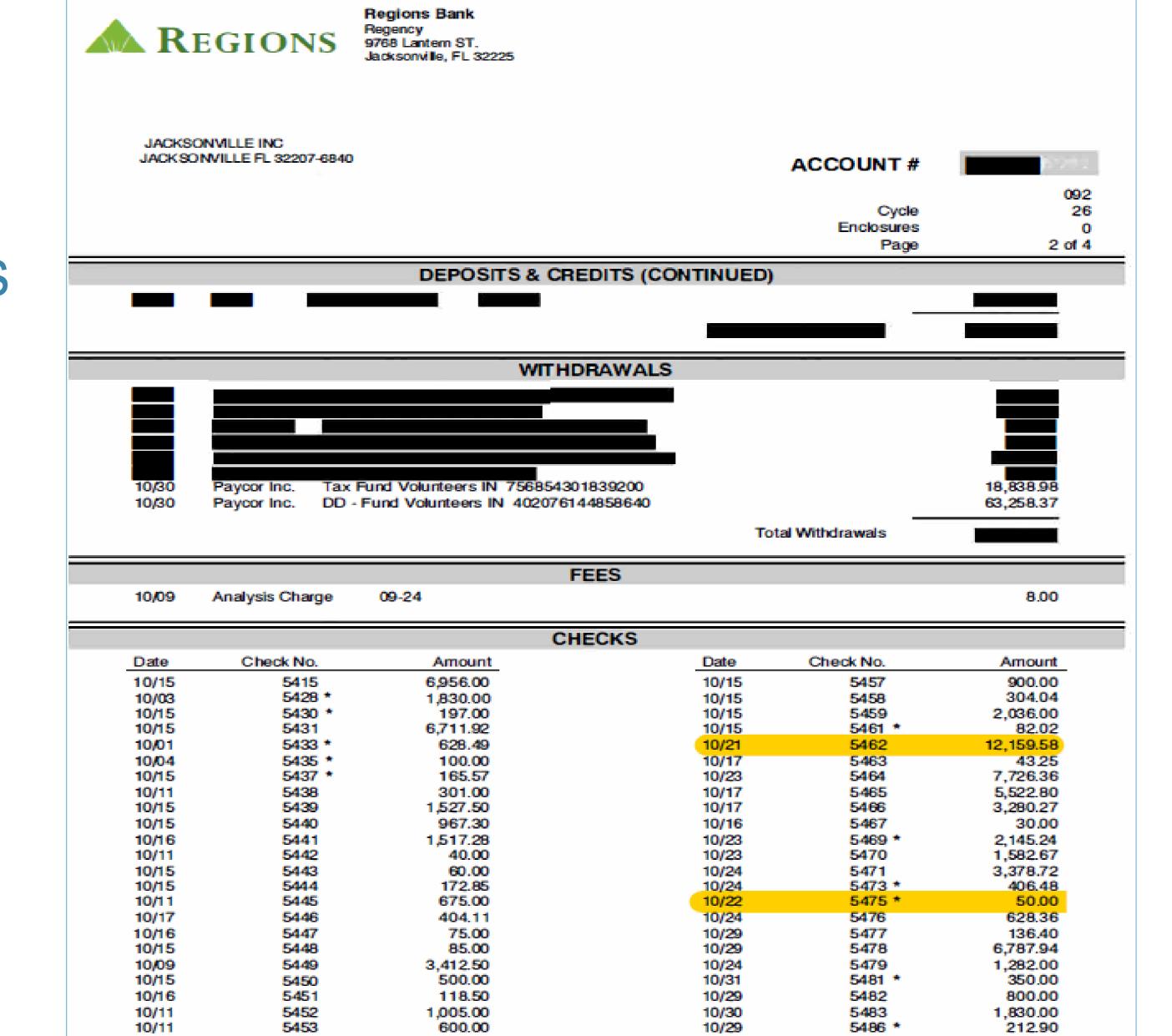
god one in



# OTHER DOCUMENTATION EXAMPLES



#### Redacted Bank Statements



10/29

10/29

10/28

5488 \*

5489

Total Checks

10/11

10/15

10/16 10/28 5453

5454

5455

5456

600.00

941.00

197.00

6,591.04



212.90

1,557.90

\$89,099.09

87.10

### DO...

### **Allocation Charts**

SERVICES, INC. City of Jacksonville-Trauma Services Salaries and Fringe Benefits Worksheet April 1-30, 2024

	ACTUAL	Allowed	Trauma Serv		Fringe	
	SALARY	%	Salary	Benefits		Total
Staff Position						
Licensed Trauma Counselor - (100%)	\$5,275.00	100%	\$5,275.00	\$	1,354.91	\$ 6,629.91
Case Manager - 100%)	\$3,272.27	100%	\$3,272.27	\$	305.23	\$ 3,577.50
Total Salaries for February 2024	\$8,547.27		\$8,547.27	\$	1,660.14	\$10,207.41

FRINGE BENEFITS worksheet	FICA	Health	Dental	Life	Workers Comp	Disability	Total
Licensed Trauma Counselor	391.07	890.00	-	2.24	71.60	-	1,354.91
Case Manager	247.46	-	10.00	1.44	46.33	-	305.23
						-	
Total Cost	638.53	890.00	10.00	3.68	117.93	-	1,660.14

JAX ABC Inc. 1234 River St. Jacksonville, FL

#### PSG Emergency Services - October 2024

Rent	PSG	Allocation
City Group AA Property Management - Smith Rent		950.00
Cushman & Wakefield - Williams Rent		696.67
Total - Rent	\$	1,646.67
Utilities	PSG	Allocation
JEA - B Brown		228.52
Total - Utilities	\$	228.52
Food	PSG	Allocation
Kroger - C. Smith		206.49
Kroger - R Brown		165.84
Kroger - L Pittman		195.63
Kroger - S Kattie		104.24
Kroger - Q Will		145.49
Total - Food	\$	817.69
Office Supplies	PSG	Allocation
Office Depot/Office Max - Office Supplies		33.83
Total - Office Supplies	\$	33.83



## DO NOT...

## Internal Check Requests

Date Requested:	09/17/2024	Check Distribution:  ☑US MAIL □ PICK UP:		
Date Issued:	NEXT RUN			
PLEASE PREPARE A CHI	ECK IN THE AMOUNT	Γ OF: <u>\$ 2,496,62</u>		
CHECK PAYABLE TO: CA ADDRESS: 14904 COLLEC CHICAGO, IL 6	TIONS CENTER DRIVE	Internal check proof of payme	request document and will not	be used to
HAS BEE	N PAID TOWARD THE	S REQUEST	m your expense	es
Client Name:			FUNDING CODE	DEPT. CODE
	Reason fo	r Request and Cost		
Reason for Check Request, l	list additional clients or : NCE FOR DUVAL, CLAY &	FC: STI OFFICES		
Cost: \$ 2,496.62	the way of the same of the sam			
Cost: \$ 2,496.62  REQUESTED BY: APPROVED (if case expens				
Cost: \$ 2,496.62  REQUESTED BY: APPROVED (if case expensely SUPERVISOR APPROVED BY CHIEF EX	e): ECUTIVE OFFICER:			
Cost: \$ 2,496.62	e): ECUTIVE OFFICER:	FOR ACCOUNTING	USE ONLY:	
Cost: \$ 2,496.62  REQUESTED BY:  APPROVED (if case expensely SUPERVISOR  APPROVED BY CHIEF EX	e):  ECUTIVE OFFICER: ing to accounting)	P. P. S.	USE ONLY:	



#### EXPENDITURE OF FUNDS

Each recipient of appropriations made pursuant to this Chapter is responsible for assuring that City funds in its possession are expended as follows:

(1) City funds expended by a recipient shall be in accordance with governing laws and regulations of the State and the City.

(2) Recipients shall expend City funds in accordance with the budget approved by the City Council, Mayor, Public Service Grant Council, Grant Monitor or Cultural Council.



#### EXPENDITURE OF FUNDS

- (3)Appropriation moneys may not be expended for the following purposes:
  - (i)Losses arising from uncollectible accounts and other claims, and related costs...e.g., bad debts, late fees.
  - (ii)Contributions to a contingency reserve or a similar provision for unforeseen events.
  - (iii)Contributions and donations to other groups or organizations...e.g., Memberships, clubs or organizations.



#### **EXPENDITURE OF FUNDS**

- (iv) Costs of amusements, social activities and incidental costs relating thereto, such as meals, beverages, lodgings, rentals, transportation and gratuities, except for such activities and expenditures relating to the Sister Cities Association Program or the Bob Hayes Invitational Track Meet, Inc.
- (v) Costs resulting from violations of or failure to comply with federal, State and local laws and regulations.
- (vi) The salaries and costs of the office of the governor of a state or the chief executive of a political subdivision. These costs are considered a cost of general state or local government.

#### EXPENDITURE OF FUNDS

- (vii) The Salaries and other costs of the legislature or similar local bodies such as County commissioners, City councils and school boards, whether incurred for purpose of legislation or executive direction.
- (viii) Interest on borrowings (however represented), bond discounts, cost of financing and refinancing operations and refinancing operations and legal and professional fees paid in connection therewith.
- (ix) Non-cash Expenses as defined in Section 118.104
- (x) Costs of any audits required under this Chapter



#### EXPENDITURE OF FUNDS

(4) Equipment, property, or tangible personal property with City Grant funding (\$5,000 or more), must be non-consumable and consistent with City capitalization level requirements over Section 122.801(e) Ordinance Code, as amended and a useful life of one year or more and shall be inventoried. The recipient shall maintain property inventory records, acquisition documents and usage records. Upon the expiration of its use for an approved public purpose, the equipment, property, and tangible personal property shall be transferred free and clear of all liens and encumbrances to the City or disposed of as authorized in writing by the City.



### Chapter 118, Part 301

#### **EXPENDITURE OF FUNDS**

(5)Unless otherwise provided in the agreement, the appropriation funds are to be expended during the City's Fiscal year. Any funds which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation at the end of the contract period shall be returned to the City in the form of a negotiable instrument not later than 90 days after the close of the period, except that when a recipient continues to receive an appropriation from the City in the next fiscal year, a limited amount of residual funds may be carried forward from September 30 to October 1, which shall not exceed ten percent of the current appropriation to the recipient or \$500, whichever is greater. The City appropriation for the new fiscal year shall, however, be reduced by the amount of the unencumbered residual funds so carried forward. Any additional unencumbered residual funds shall be returned as provided hereinabove.(b)A grant monitor shall report changes, if any, in the City funds budget to the City Council Auditor's Office annually.



## ADDITIONAL REPORTING



#### MONITORING AND REPORTING

#### Quarterly Programmatic Reports:

For contracts that begin October 1, 2025

• Q1: January 15, 2026

• Q2: April 15, 2026

• Q3: July 15, 2026

• Q4: October 15, 2026

#### Audits/Annual Reports

Must complete ONE based on total amount of dollars received from the City of Jacksonville

- If agency received under \$100,000: <u>Annual</u> Reports due no later than Nov 15<sup>th</sup>
- If agency received over \$100,000: Fiscal Audit is due 120 days after your fiscal year ends, unless agency requires state audit\*.
  - \* Legislation pending 2025-812 for single audits that require an OMB Compliance Supplement.





# QUARTERLY REPORTING GRANTS MANAGEMENT SYSTEM

Quarterly Programmatic Reports (QPR), will now be completed in our new Grants Management System.

Grant Monitor will provide you with an updated user guide, which includes instructions on how to complete your QPR's.



#### ANNUAL REPORT

Program 1	itle:					
Contact Na	ame:			Title:		
Address:				City, State, Zip:		
Phone:			E-mail:		Fax:	
Fiscal Year Beginning:			October 1, 2022	Fiscal Year Ending:	September 30, 2023	
Fiscal Year of Agency:				30-Sep		
PART I: REVENUES			APPROVED BUDGET	ACTUAL RECEIPTS THIS YEAR		REMAINING BALANCE
Public	Service Grant	Funds	\$ -	\$ -		\$ -
Baı	nk Interest ea	rned in past fi	scal year	-		\$ -
PART	II: EXPENDIT	URES				
Line Item Acct #	Check Number	Date	Payee	Purpose	Amount	REMAINING BALANCE
I					δ -	<b>a</b> -

	PART II	: EXPENDIT	URES					
	Line Item	Check					REMAINING	
	Acct #	Number	Date	Payee	Purpose	Amount	BALANCE	
1						\$ -	\$ -	
2						\$ -	\$ -	
3						\$ -	\$ -	
4						\$ -	\$ -	
5						\$ -	\$ -	
6						\$ -	\$ -	
7						\$ -	\$ -	
8						\$ -	\$ -	
9						\$ -	\$ -	
10						\$ -	\$ -	
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21						\$ -	\$ -	
22			+			\$ -	<u> </u>	
23						\$ -	\$ -	
	-		<del> </del>			<del>                                     </del>	=	
24						\$ -		
25	NI. 6					\$ -	\$ -	
	Notes:				TOTALS	\$ -	-	
	please attac	h a copy of yo	our September 3	ate Bank Account, 80th bank statement count reconciliation.	Bank Charges Paid For Fiscal Year	\$ -		
			lease report the ding Public Ser		Account Balance For End	l of Year	-	
F	Rev. 09-9-10					For COJ Use O	nly. Do not comple	
	* Prepared By:				* Approved By:	Approved By:		
	Agency:				Agency:	City of Jacksonville:		
ŀ	Name:				Name:	Name: John Snyder		
	Title:				Title:	Title: Human Services Planner II		
	Date: Signature:				Date: Signature:	Date: Signature:		
	- IODOTHIPO!							

# ANNUAL MONITORING & SITE VISITS



#### ANNUAL MONITORING & SITE VISITS

- > Introductory Site Visit
  - Held within 60 days (PSG) or 30 days (DA) of receiving a fully executed contract
- Mid-Year Monitoring
  - Desk Audit
    - Exhibit B of your contract
    - Conducted mid-contract term
    - Monitoring Tool along with uploaded documents is due in advance of site visit which will be scheduled after all submitted documentation has been reviewed.

# REQUIRED DOCUMENTATION



#### EXPECTATIONS AND TIMELINES



#### **CERTIFICATE OF INSURANCE**

- Insurance requirements are outlined in Exhibit B of your contracts.
- COI must be submitted to your Grant Monitor, who will forward to the City's Risk Management Dept for approval.
  - Payments will not be disbursed until COI is approved.



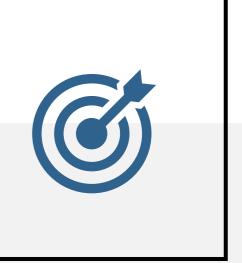
#### HUMAN TRAFFICKING AFFIDAVIT

- A notarized copy of Exhibit E
   "AFFIDAVIT OF COMPLIANCE
   WITH FLORIDA STATUTE
   SECTION 787.06,
   HUMAN TRAFFICKING"
   is required for all contracts.
- A new Exhibit E is required for all contract amendments.



#### **SOLICITATION PERMIT**

- Must be obtained for all Direct Appropriation contracts.
  - Payments will be withheld until the Solicitation Permit is received by the GCCD.



#### **GRANTS MAILBOX**

- Documentation below must be submitted to the Grant Monitor with a copy (cc) to the grants mailbox (grants@coj.net).
  - Insurance Documents
  - Audits/Annual Reports
  - Human trafficking Affidavit
  - Solicitation Permit

#### EXPECTATIONS AND TIMELINES



15<sup>th</sup> of the month

Payment requests
 (invoice/receipts) and financial reports due



#### **Invoice Corrections**

 If invoices are incomplete, agencies are expected to revise and resubmit within 30 days, with a newly dated invoice.



#### **Final Payment Requests**

- Direct Appropriations may vary. See contract for due date.
- PSG: October 31, 2026



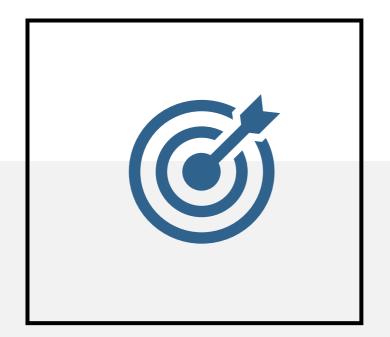
#### **November 15th**

Annual reports are required for agencies receiving under \$100,000 in total city grants. Send to grant monitor with a copy (cc) to grants@coj.net.

Please submit official documents at least one week prior to the due date to allow sufficient time for grant monitor's review before it is submitted to the Council Auditor's Office.

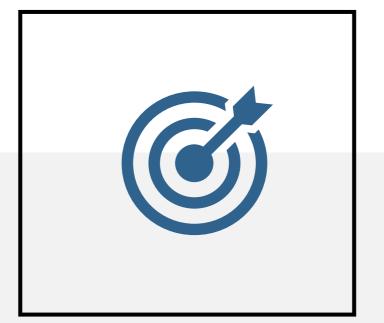


#### EXPECTATIONS AND TIMELINES



120 days after agency FY closes

Audits are due 120 days after agency fiscal year closes, with the exception of State performed audits. Please submit official documents at least one week prior to the due date to allow for grant monitor to review before it is submitted to the Council Auditor's Office.



#### **Budget Amendments**

Budget Amendment must be submitted within the contract period. For grants that expire September 30<sup>th</sup>, must be received and logged in by the Grant Monitor no later than **September 1st**. **Note:** Budget Amendments take at least one month to complete.



#### NON-COMPLIANCE

#### Council Auditor's Non-Compliance List

- ➤ Issued monthly by Council Auditor's Office for failure to provide required documents or breach of contract. If not submitted by due date:
  - All payments are ceased by Accounting
  - Review and processing of invoices will be placed on hold
  - When documents are resubmitted, review will occur in the order it was received
  - Documents submitted on time will be processed first

#### > GCCD Contract Status Update

Issued monthly by GCCD which will be distributed to Mayors Office, City Council and PSG Council, identifying agencies who are out of compliance with contractual requirements. (e.g., late invoice submissions, failure to submit required documents).

#### MONTHLY OFFICE HOURS

We are happy to announce that we will be implementing monthly office hours. Once a month, your Grant Monitor will have an open Teams meeting, where you can join to listen in, ask questions and get clarification on any invoicing or other issues. Your assigned Grant Monitor will be in contact with you regarding scheduling.





Consistent Processes



Ongoing Staff
Training



Internal Audits



Accountability

Our goal is to improve processes and procedures within the Grants and Contract Compliance Division to ensure that our agencies are educated, so that they can be reimbursed in an efficient manner.





# Questions (

