



Grants and Contract Compliance Division

GRANTEE RE-EDUCATION WORKSHOP
March 26, 2025



WHAT WE DO

- Secure and manage Federal, State, and private funding to increase City capacity and provide services to the community's most vulnerable.
- Provide oversight for City Grants, e.g. Public Service Grants, Direct Appropriations.



MEET THE STAFF

Grant Leadership Team

CFO & Finance Director

Anna Brosche – (904) 255-5354
broschea@coj.net

Division Chief

Maribel Hernandez – (904) 255-5356
hernandezm@coj.net

Grant Administrator

Jeneen Hampton – (904) 255-5026
jhampton@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

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

Tiffany Wells – (904) 255-8547
twells1@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 https://library.municode.com/fl/jacksonville/codes/code_of_ordinances), 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 <http://library.municode.com/>, 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 Section 118.104. 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.



https://library.municode.com/fl/jacksonville/codes/code_of_ordinances?nodeId=TITVADPE_CH118CIGR

Chapter 118, Parts 1-5 Cont.

- Part 1 – General Provisions
- Part 2 – Disbursement of City Grants
- Part 3 – Administration of City Grants
- Part 4 – Disallowance of Expenditures
- Part 5 – Liability of Loss of Entitlement or Eligibility for City Grant



INVOICING



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 Contract Manager monthly.
- Your Contract Manager will review your documents and work with agencies on any discrepancies.
- After your Contract Manager **APPROVES** your report, they will send you an email with the approval to submit your invoice to 1Cloud for payment.
- Attach your invoice (ONLY the invoice) in PDF format to: coj1cloudinvoices@coj.net and be sure to CC: your Contract Manager for tracking purposes. Subject Line: Invoice, Agency Name, Month & Year (Ex- Invoice JaxABC Inc 042024). If you have more than one contract in this office you can add the program name(JAXABC Inc, Foodbank 042024). Nothing is required to be in the body of the email.



DO...

- ✓ Submit your invoices on time, per your contract. Invoices are due by the 15th of each month
- ✓ Organize your legible receipts and other backup documents in the order that they are itemized on the Monthly Financial Report
- ✓ Submit paystubs and/or payroll journals on third party letterhead
- ✓ Include a bill, invoice, or receipt and proof of payment for ALL expenses
- ✓ Ensure that you notate legibly on each document indicating amount of the PSG allocation request for specific expense. **NOTE:** This is an addition to the allocation report provided.

DO NOT...

- ✗ Itemize your invoice. The purpose of the Monthly Financial Report is to itemize all expenses. You may submit an allocation list as additional documentation.
- ✗ Include any extraneous documents
- ✗ Include any disallowed expenses such as fees or taxes
- ✗ Submit illegible copies



DO...

AGENCY LETTERHEAD

Date **Nov 12, 2025** (date submitted)

Name of Agency
Address
Jacksonville, FL 322xx

INVOICE

Invoice # **12345-25-Oct1** (MUST begin with invoice #)
Date(s) of Service: **October 2024**
PO # **12345-25**

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, 2025	PSG-ABC Program	\$13,960.77
	TOTAL	\$13,960.77

Please ensure the invoice has the date submitted, agency name and address, invoice number (MUST begin with the PO number), PO number and dates of service. The invoice should NOT be itemized, that is what the monthly financial report is for.



DO NOT... AGENCY LETTERHEAD

Date **Jan 12, 2025** Late submission. October invoice is due Nov 15th.

Name of Agency
Address
Jacksonville, FL 322xx

INVOICE

Invoice # **45-25-Oct1** ←
Date(s) of Service: **November 2024**
PO # **12345-25** ↗

Invoice number is incorrect. Should begin with the PO

Dates of service
are incorrect

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

Dates of Service	TYPE of Service/ Description	Amount Billed
October 2024	Compensation	\$15,000
October 2024	Benefits	\$2,700
October 2024	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.

Monthly Financial Report



This document is incomplete without a signature from the agency representative

COJ PUBLIC SERVICE GRANT PROGRAM
MONTHLY FINANCIAL REPORT
Fiscal Year 2024/2025

Name of Agency:ABC Jax Inc.

Program Title:Emergency Services

Month Beginning:October 1, 2025Month Ending:October 30, 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	\$ 80,000.00	\$ 99,650.00	\$ 13,960.77	\$ 13,960.77	\$ 66,039.23

PART II: EXPENDITURES	APPROVED BUDGET	REVISED APPROVED BUDGET	ACTUAL EXPENDITURES THIS MONTH	TOTAL EXPENDITURES YEAR-TO-DATE	REMAINING BALANCE
Compensation (1200)					
Program Director	\$ 5,000.00	\$ 5,000.00	\$ 175.00	\$ 175.00	\$ 4,825.00
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits					
FICA and Med Tax (2101)	\$ 2,700.00	\$ 1,500.00	\$ 182.33	\$ 182.33	\$ 1,317.67
Health Insurance (2304)	\$ 9,000.00	\$ 9,000.00	\$ 611.07	\$ 611.07	\$ 8,388.93
Retirement	\$ -	\$ -	\$ -	\$ -	\$ -
Dental	\$ 750.00	\$ 750.00	\$ 800.00	\$ 800.00	\$ (50.00)
Life Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Worker's Compensation	\$ 500.00	\$ 400.00	\$ 20.96	\$ 20.96	\$ 379.04
Unemployment	\$ -	\$ -	\$ -	\$ -	\$ -
Other (LT Disability)	\$ -	\$ -	\$ -	\$ -	\$ -
Occupancy Expenses					
Rent Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities	\$ 20,000.00	\$ 20,000.00	\$ 11,840.47	\$ 11,840.47	\$ 8,159.53
Insurance Property & General Liability	\$ -	\$ -	\$ -	\$ -	\$ -
Computers & Software	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Training	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Advertising	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Purchase	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Fees & Services (not audit)	\$ 7,550.00	\$ 8,000.00	\$ -	\$ -	\$ 8,000.00
Direct Client Expenses (08301)					
Client Education	\$ 20,000.00	\$ 25,000.00	\$ 9.99	\$ 9.99	\$ 24,990.01
Client Motel	\$ 35,000.00	\$ 30,000.00	\$ 320.95	\$ 320.95	\$ 29,679.05
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ 100,500.00	\$ 99,650.00	\$ 13,960.77	\$ 13,960.77	\$ 85,689.23

Awardee Use Only.

For COJ Use Only. Do not Complete.

Prepared By:
Agency: ABC Jax Inc.
Name: A Brew
Title: Program Manager
Date: 11/10/2026
Signature:

Reviewed By:
City of Jacksonville
Name:
Title: Human Services Planner III
Date:
Signature:

Reviewed By:
City of Jacksonville
Name:
Title: Human Services Planner Supervisor
Date:
Signature:

*This request is submitted pursuant to Section 837.06, Florida Statutes

You can not exceed the budgeted amount of a line item.

COMPENSATION



DO...

DO NOT...


Pay Stubs

CO. FILE DEPT. CLOCK VCHR. NO.
SBINC 6848 92392 938850 1

FEDERAL EXPRESS CORPORATION
PAYROLL SERVICES
30 Fed Ex Pkwy, 2nd FL Horiz
Collerville, TN 38017
(855)339-6992

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

Earnings Statement



Social Security Number: ***-**-****
Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1 State: 1

JANN S. JOHNSON

Earnings

	rate	hours	this period	Year to date
Regular	68.27	80.00	5,461.60	92,847.60

Gross Pay

\$5,461.60

92,847.60

Deduction

Federal Income Tax	-1,008.48	17,144.16
Social Security Tax	-338.22	756.54
Medicare Tax	-79.99	346.22
State Tax	-49.55	835.55
State SDI	00.00	815.30

Net Pay

\$3,585.26

\$60,949.82

Checking Dep.

-3,585.26

Net Check

\$0.00

Other Benefits and Information

this period

total to date

Total hours worked

80

Important Notes

BASIS OF PAY: SALARY
MODE OF PAY: BI WEEKLY

Net Pay

\$3,585.26

\$60,949.82

Checking Dep.

-3,585.26

Net Check

\$0.00

* Excluded from federal taxable wages

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

FEDERAL EXPRESS CORPORATION
PAYROLL SERVICES
30 Fed Ex Pkwy, 2nd FL Horiz
Collerville, TN 38017
(855)339-6992

Advice Number: 00000938850
Pay date: 09/01/2023

Account Information

account	number	transit	ABA	amount
JOHNSON	Xxxxxxx	xxxx	xxxx	\$3,585.26

IS NOT A CHECK

©2000 ADP, LLC

This statement does not indicate a third party vendor, which indicates it could have been manipulated. This would NOT be an acceptable proof of payment

Program Director
PSG payment request amount=\$175.00

Grants & Contract Compliance Division

DO...

DO NOT...

Code	Description	JC	L1	L2	L3	L4	Hours/ Units	Amount Earned	Description	Employer Liability	Taxes Withheld	Code	Description	Deductions Withheld	Employer Liability	Net Pay
Dep Date 11/14/2024 - D013707																
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	0.83	22.50	Federal Income	0.00	220.53	WC	Work Comp Liab	0.00	3.16	
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	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	3.88	5.83	Federal Medicare	0.00	34.56	WC	Work Comp Liab	0.00	2.98	
SH	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	
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	8.00	216.00				WC	Work Comp Liab	0.00	2.91	
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	0.88	23.85				WC	Work Comp Liab	0.00	2.86	
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	3.75	101.25				WC	Work Comp Liab	0.00	3.06	
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	3.75	5.63				ALIF	Agency Paid Lif	0.00	0.19	
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	7.48	202.05				ALIF	Agency Paid Lif	0.00	0.93	
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	7.48	14.97								
PLT	Personal Leave	LPN	GCS	DETOX	DETOX	STOCK	12.00	324.00								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	0.25	6.75								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	3.98	107.55								
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	3.98	5.98								
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	7.47	14.93								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	7.47	201.60								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	0.17	4.50								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	3.88	104.85								
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	3.88	5.83								
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	7.47	14.93								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	7.47	201.60								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	0.42	11.25								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	3.88	104.85								
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	3.88	5.82								
R	Regular	LPN	GCS	DETOX	DETOX	STOCK	8.00	216.00								
SH	Shift Different	LPN	GCS	DETOX	DETOX	STOCK	8.00	16.00								
Earnings							142.5	2,383.37	Taxes	0.00	402.86	Deductions		0.00	22.08	1,980.51

Fica & Med Total=
34.56+147.77
182.33

WC=20.96

Grant Total = \$2,838.37

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

© 2008 DATIS Payroll Processing, Inc.

Payroll Journal MUST have payroll vendor name/logo indicated! This is to ensure you are not using an internal register.

Page 1

DEPARTMENT	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOL DEDS.	NET PAY
01-020 Kitchen -PSG	Reg / O/T 444.62	Hours 3 & 4 7,433.96	Earn 3 & 4 7,433.96	Earn 5 14.17% of CO	Federal: 440.67 FIT 456.55 SS 107.24 MED	State/Local: STATE SUI SDI LOCAL
NET CASH: 6,385.24						5,875.20
ANALYSIS DEPT: 01-020						552.10
Memo Analysis:						
N- X ELIG/C 7,433.96						
M-PTO 117.36						
Total 7,551.32						
Deduction Analysis						
CK1 CK1 4,786.28						
DEN DEN 22.93						
EMF EEFUND 4.00						
LTD LTD 5.36						
SV1 SV1 1,046.66						
VIS VISION 9.75						
Total 5,875.20						
Cafeteria 125						
Deduction Analysis						
DEN - DNT 22.93						
LTD - CFD 5.36						
VIS - VIS 9.75						
Total 38.06						
State Analysis:						
STATE TAX STATE WAGES BY STATE						
FL 440.87						
Total 440.87						
Federal Taxable Analysis and						
Employer Unemployment Liability						
TAXABLE PCT TAX						
Federal 7,395.90 .60 440.87						
FUTA .60						
Social Security-EE 7,395.90 6.20 458.55						
Social Security-ER 7,395.90 6.20 458.55						
Medicare-EE 7,395.90 1.45 107.24						
Medicare-ER 7,395.90 1.45 107.24						
Medicare Surtax-EE .90						
State Taxable Analysis and						
Employer Unemployment Liability						
TAXABLE PCT TAX						
FL SUI 1,930.00 .3400 6.56						
Total 1,930.00 6.56						
01-030	48.00	980.00	980.00	35.17 FIT	STATE	851.39
Dept Children & Family				59.52 SS	SUI	
				1.83% of CO	SDI	
				13.92 MED	LOCAL	

Payroll journal will be rejected for the following reasons:

- Even though this is submitted on vendor letterhead, notations are not included to determine reimbursement request amount.
- No breakdown of benefits or total included
- No employee indicated, initials would suffice.

ADP Payroll Summary

GOOD

Company Code: HHK

Batch: 4055-030 Period Ending: 09/01/2024 Week 37

Service Center: 000 Run Date: 09/13/2024 Page 1

GOOD




BENEFITS



DO...

Health Benefits



In the pursuit of health®

JACKSONVILLE FL 32207-6840

Invoice Due Date 11/01/2024	Invoice # 77368394	Invoiced Amount \$6,787.94	Invoice Date 10/18/2024	Billing Period 11/01/2024-12/01/2024
Org Id	Group	Division 001		

BILLING SUMMARY

Original Totals

TOTAL BILLED AMOUNT

ON-BILL ADJUSTMENTS

AMOUNT DUE

\$6,787.94

\$0.00


\$6,787.94

Total amount due on the bill, matched the total amount paid on the proof of payment.

				H42116761	SUB		ALL COPAY PLAN 16253-R8	SINGLE	\$647.08
				H29367812	SUB		ALL COPAY PLAN 16253-R8	SINGLE	\$512.53
				H58727639	SUB		ALL COPAY PLAN 16253-R8	SINGLE	\$1,163.34
				H57010365	SUB		ALL COPAY PLAN 16253-R8	SINGLE	\$1,222.13
OFFICE MANAGER	COJ WEST JAX	\$611.07							
MARY W				H28776205				Subscriber Total	\$1,323.97
				H28776205			ALL COPAY PLAN 16253-R8	Product Total	\$1,323.97

PSG payment request amount indicated for employee





JACKSONVILLE FL 32207

Regions Bank
10245 Centurian Park Way, Ste 200
Jacksonville, FL 32256
63-466/631

5478

10/22/2024

PAY TO THE ORDER OF
Florida Blue

\$ **6,787.94

Six thousand seven hundred eighty-seven and 94/100 DOLLARS

Florida Blue
P.O. Box 660299
Dallas, TX 75266-0299

MEMO

JACKSONVILLE INC
10/22/2024

Florida Blue

5478

Date 10/18/2024	Type Bill	Reference 77368394	Original Amount 6,787.94	Balance Due 6,787.94	Payment 6,787.94
Check Amount					

Regions Bank (Opera

10/22/2024

JACKSONVILLE INC

Florida Blue

5478

Date 10/18/2024	Type Bill	Reference 77368394	Original Amount 6,787.94	Balance Due 6,787.94	Payment 6,787.94
Check Amount					

PAYMENT RECORD

Regions Bank (Opera

6,787.94

Amount on the bill, reflects the payment record from the bank.

This is a payment record from the bank, showing what the check paid. The amount paid, matches the amount of the bill to follow.

DO NOT...

Dental Benefit



Billing Statement

For Period 06/01/24 to 06/30/24
Statement Date: 05/17/24

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 No. Ins.	Adds.	Terms.	Current No. Ins.	Current Premiums	Premium 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

Planholder Reference

JACKSONVILLE
Group ID: 00
Division ID: 0000
RHO:
RGD: 8
AVR: C

Questions?

Log on to
www.GuardianAnytime.com
Check or make changes to
members' eligibility, view and pay
bills and more.
Log on or register in two minutes
at www.GuardianAnytime.com



Due Date: 06/01/24
Payment Due: \$5,029.41

Please do not write on payment coupon.
If you have changes, please submit them
via Guardian Anytime or submit on
Change Report.
For fast and easy payment, submit via
www.guardiananytime.com, or detach

Payment Coupon



Current Premiums (cont'd.)

Employee	Dental		Vision		Total Premium
	Premium	Ins.	Premium	Ins.	
Mix	39.87	Emp	8.55	Emp	\$48.42
Mor	39.87	Emp	8.55	Emp	\$48.42
Mune	80.15	Emp/Sp	8.55	Emp	\$88.70
Mut	39.87	Emp	8.55	Emp	\$48.42
Par	80.99	Emp/Ch	8.55	Emp	\$89.54
Penn	39.87	Emp			\$39.87
Pere	128.69	Fam	25.56	Fam	\$154.25
Pit	39.87	Emp			\$39.87
Rag	80.15	Emp/Sp			\$80.15
Rod	128.69	Fam			\$128.69
Sma	80.99	Emp/Ch	8.55	Emp	\$89.54
Ste	39.87	Emp	8.55	Emp	\$48.42
Sut	39.87	Emp	8.55	Emp	\$48.42
Tal	39.87	Emp	8.55	Emp	\$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	Emp			\$39.87
Tye	80.15	Emp/Sp	17.12	Emp/Sp	\$97.27
Vet	39.87	Emp	8.55	Emp	\$48.42
Vlt	39.87	Emp			\$39.87

Employee	Dental		Vision		Total Premium
	Premium	Ins.	Premium	Ins.	
Wal	80.15	Emp/Sp	17.12	Emp/Sp	\$97.27
TOTAL	\$4,446.77		\$631.06		\$5,077.83
Total Current Premiums	\$4,446.77		\$631.06		\$5,077.83

Indicate employees for which you are seeking reimbursement.



OCCUPANCY EXPENSES



DO...

Utilities



225 N. Pearl St.
Jacksonville, FL
32202-4513

Phone: (904) 665-6000 Online: jea.com

PSG/DA RECIPIENT INC

Account #: 0127244200

Bill Date: 02/04/25

Cycle: 04

Amount Due

\$11,180.47

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

TOTAL SUMMARY OF CHARGES

Electric	\$	9,286.44
Water		457.72
Sewer		1,227.35
Irrigation		208.96
Total New Charges	\$	11,180.47

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

Previous Balance	\$	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 payment on 02/26/25.

\$11,180.47

Electric

\$9,286.44

Water

\$457.72

Sewer

\$1,227.35

Irrigation

\$208.96

Total New Charges \$11,180.47

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 DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side.

SCAN TO PAY ONLINE

☐ Check here for telephone/mail address correction and fill in on reverse side.

☐ Add \$_____ to my monthly bill: \$_____ 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

002701 000008489

PSG/DA RECIPIENT INC
PO BOX 0000
JACKSONVILLE FL 32201-4909

Reimbursement Request

PSG Pays \$11,180.47

PAID

2/26/25, 8:40 AM

Details

WELLS FARGO

Transaction Search

Details

Date/Time Printed:

Batch Header Details

Effective Date

02/26/2025

Settlement Date

02/26/2025

Descriptive Date

250222

ACH Company ID

Company Name

JEA Utilities

Standard Entry Class

PPD/Prearranged Payment and Deposit Entry

Code/Description

Entry Description

PAYMENT

Batch Trace ID

Transaction Details

Account Number

Account Type

Checking

Credit/Debit Indicator

Debit

Amount

11,180.47

Transaction Code

27

Recipient ID

012724200

Recipient Name

PSG/DA Recipient

Entry Discretionary Data

n/a

Trace ID

Originated / Received

Originated

Posted Date

02/26/2025

The bill amount matches the amount on the bank detail.
The amount allocated to the grant is indicated.

DO NOT...

Office Supplies



Office & Other Supplies

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 Capacity, Heavy Duty Folding Wagon Portable, Collapsible Wagon for Sports, Shopping, Camping (Black, 1 Year Warranty) (SKU: Folding Wagon 2)	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 prove proof of payment.



DIRECT CLIENT EXPENSES



Receipt

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
95 Third Street
2nd Floor
San Francisco, California 94103
United States
support@eventbrite.com

Bill to
Florida 32277
United States

\$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.

Description	Qty	Unit price	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.

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

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

If Event is to collect or pay taxes on the Organizer's fee, such fees are inclusive of any _____.



PSG Programmatic Report_2024-2025 (EFA)

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

Unique Identifier	Contact: First Name	Contact: Last Name	Check #	Paid Date	Paid To Name
Total	Sum				
	Count				

Confidential Information - Do Not Distribute

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

Client Tracking form along with Client Educational receipt

Grants & Contract Compliance Division

DO...

6/17/24, 9:16 AM

Accounting Codes : - - - 000
\$ 320.95-Client Hotel
Finance Approval :
06/13/2024
Department: Preservation

	- STEPS 01	Services	06/06/2024	Duval
Case Manager Name	N Unit	Agency Requesting Service	Date Prepared	Service County

SECTION 1: CASE INFORMATION MUST BE FILLED OUT COMPLETELY

Case Name for which services are being requested:

Sheffie

Relation to Case:

mother

Person for whom service is being requested:

Name

SSN

DOB

Confidential

All associated children:

Name

This shows proof of client being served.

SSN

DOB

Plac. Type

Sheffi

Confidential

/ /

Living with One or More Parent

Sheffield,

/

Living with One or More Parent

Specify the case plan task that the service will address, or justify the service:

To assist the homeless family with a hotel stay.

Describe how the service will meet the above task or goal:

It will give the family safe lodging temporarily.



MOTEL 6 - JACKSONVILLE - Jacksonville 32244
USA

Date Range: Jun 13, 2024 - Jun 20, 2024
Tax ID :

\$ 320.95-Client Hotel

Guest Folio

Confirmation Number - 9231AFM737

Primary Guest

Guest Name

Address

City, State, Zip Code

Country

Additional Guests

My6

My6 Members

BKY334

Stay Details

Check In Date

Check Out Date

Company Details

Name

Service of

Other Details

Bill Number

Tax Exemption

YES

Date	Type	Description	Amount
Jun 17, 2024	Exemption	STATE TAX - CHARITY - RELIGIOUS	(\$3.44)
Jun 18, 2024	Charge	ROOM RENT	\$45.85
Jun 18, 2024	Tax	COUNTY TAX	\$2.75
Jun 18, 2024	Tax	STATE TAX	\$3.44
Jun 18, 2024	Exemption	COUNTY TAX - CHARITY - RELIGIOUS	(\$2.75)
Jun 18, 2024	Exemption	STATE TAX - CHARITY - RELIGIOUS	(\$3.44)
Jun 19, 2024	Charge	ROOM RENT	\$45.85
Jun 19, 2024	Tax	COUNTY TAX	\$2.75
Jun 19, 2024	Tax	STATE TAX	\$3.44
Jun 19, 2024	Exemption	COUNTY TAX - CHARITY - RELIGIOUS	(\$2.75)
Jun 19, 2024	Exemption	STATE TAX - CHARITY - RELIGIOUS	(\$3.44)

Summary	
Type	Amount
ROOM RENT	\$320.95
COUNTY TAX	\$0.00
STATE TAX	\$0.00
CREDIT CARD	\$320.95
Folio Balance	\$0.00

This receipt shows dates of service, charges and amount paid, and indicates on the actual receipt that this is an expense for the Client Hotel line item.



Client intake form along with proof of client hotel stay.

DO NOT...



C15 I23206 0P260145 11-21-23 07:42

AIRPOT 2.5LTR S/S SECA25
117596237227 3X (TA) \$67.38 \$202.14
UNITS 3

DTSP BEVERAGE SLIM 360L
727875087294 3X (TA) \$60.34 \$181.02
UNITS 3

UNITS ENTERED 6
CASES ENTERED 0
ITEMS RUNG UP 6

TOTAL RW ITEMS 0
UNITS COUNT 6

TOTAL UNITS ENTERED 6
TOTAL CASES ENTERED 0
TOTAL ITEMS RUNG UP 6
TOTAL WEIGHED GOODS (LBS) 0

TOTAL UNITS COUNT 6
SUBTOTAL 6 \$383.16
FL Tax \$28.74
TOTAL TAX \$28.74
TOTAL TAXABLE \$383.16
TOTAL \$411.90
MASTERCARD \$411.90

APPROVAL # 087705
REFERENCE# 6241
Mastercard
Chip Read - Verified by PIN
Mode: Issuer
AID: A0000000041010
IVR: 0400048000
IAD: 0110A00000322000000000000000000000
TSI: E800
ARC 00

CHANGE \$0.00
TOTAL UN ACCOUNT \$0.00
BALANCE \$0.00
TOTAL PROMOTION SAVINGS \$0.00
COUPONS SAVINGS \$0.00

Client Food receipt does not indicate the amount allocated to the grant.

Taxes are NOT an allowable expense




OTHER DOCUMENTATION EXAMPLES



DO...

Redacted Bank Statements





Regions Bank

Regency

9768 Lantern ST.

Jacksonville, FL 32225

JACKSONVILLE INC

JACKSONVILLE FL 32207-6840

ACCOUNT #

092

Cycle

26

Enclosures

0

Page

2 of 4

DEPOSITS & CREDITS (CONTINUED)

<

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

Allocation charts such as these, assists your Grant Monitor in processing your invoice more efficiently; however, it is still required that you notate all reimbursements on submitted documentation.



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
	\$ 2,726.71

DO NOT...

Internal Check Requests



INC. CHECK REQUEST			
Date Requested: 09/17/2024		Check Distribution: <input checked="" type="checkbox"/> US MAIL <input type="checkbox"/> PICK UP:	
Date Issued: NEXT RUN			
PLEASE PREPARE A CHECK IN THE AMOUNT OF: \$ 2,496.62			
CHECK PAYABLE TO: CANON FINANCIAL SERVICES			
ADDRESS: 14904 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0149			
Internal check request documents are not proof of payment and will not be used to help confirm your expense			
HAS BEEN PAID TOWARD THIS REQUEST			
Client Name		FUNDING CODE	DEPT. CODE
Reason for Request and Cost			
Reason for Check Request, list additional clients or FC: COPIER LEASE AND MAINTENANCE FOR DUVAL, CLAY & STJ OFFICES			
Cost: \$ 2,496.62			
REQUESTED BY:			
APPROVED (if case expense): BY SUPERVISOR			
APPROVED BY CHIEF EXECUTIVE OFFICER: (must be signed before sending to accounting)			
ATTACH THE ORIGINAL INVOICE AND ONE (1) COPY WITH CHECK REQUEST		FOR ACCOUNTING USE ONLY: CASH ACCOUNT: CHARGE ACCOUNT: SEE BREAKDOWN BELOW Invoice No.: 35031479	

Chapter 118, Parts 301

DISALLOWABLE EXPENSES

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.



Chapter 118, Parts 301

DISALLOWABLE EXPENSES

(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.

(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.



Chapter 118, Parts 301

DISALLOWABLE EXPENSES

- (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.
- (vii) The salaries and other costs of the Legislature or similar local governmental bodies such as County commissioners, City councils and school boards, whether incurred for purposes of legislation or executive direction.
- (viii) Interest on borrowings (however represented), bond discounts, cost of financing 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



Chapter 118, Parts 301

DISALLOWABLE EXPENSES

(4) Equipment, property, or tangible personal property purchased with City Grant funding, 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.

(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. *If funds are left over in your account, they revert to COJ. This is also why expenses incurred after September can't be reimbursed. Think of your contract as an 11-month contract.*



MONITORING AND REPORTING

Quarterly reports:

For contracts that begin October 1, 2024

- Q1: January 15, 2025
- Q2: April 15, 2025
- Q3: July 15, 2025
- Q4: October 7, 2025

Audits/Annual Reports

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

- If agency received under \$100,000: **Annual Report** due Nov 15th
- If agency received over \$100,000: **Fiscal Audit** is due 120 days after your fiscal year ends.



EXPECTATIONS AND TIMELINES



15th 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

May vary

See contract for due date.

PSG: October 7, 2025



November 15th

Annual reports, (required for
agencies receiving under \$100,000
in total city grants). Send to grant
monitor with a copy 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 (required for agencies receiving over \$100,000 in total city grants) w/cover letter, if applicable. Send to grant monitor with a copy to grants@coj.net. 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

Must be submitted within the contract period.

For grants that expire September 30th, must be received and logged in by the Grant Monitor no later than September 30, 2025.



30 days prior notice

Recipient shall submit any request for change of service delivery site or the Services in writing and for the City's review and approval at least 30 days prior to such changes. Failure to so properly notify the City is a breach of this Agreement and grounds for termination under Section XVIII



Reversion of Assets > \$2K

Recipient shall transfer to the City any City Funds or other assets acquired by City Funds on hand, and any accounts receivable attributed to the use of City Funds, at such time when the City no longer does business with Recipient for the purposes described in Exhibit A.



NON-COMPLIANCE LIST

- Issued 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 resubmitted, review will occur in the order it was received
 - Documents submitted on time will be processed first



ANNUAL MONITORING & SITE VISITS



ANNUAL MONITORING & SITE VISITS

- Introductory Site Visit
 - Held within 90 days of receiving a fully executed contract

- Mid-Year Monitoring
 - Desk Audit
 - Conducted mid-contract term
 - Monitoring Tool along with uploaded documents will be due first
 - Site Visit will follow the review of documents





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 reimbursed in a timely and efficient manner.”



INTRODUCTION OF NEW GRANT MANAGEMENT SYSTEM

[Home](#)[Funding Opportunities](#)[My Applications](#)[Quarterly Programmatic Report](#)

GRANTS AND CONTRACT COMPLIANCE DIVISION

WELCOME

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

HOW TO APPLY

Begin your journey by completing the grant application online. Provide detailed information about your project, how funds will be used, and the intended impact on the community.

[APPLY FOR GRANTS](#)

OUR MISSION:


- **Provide** quality contract management, oversight and training to strategically increase and diversify the pool of prospective grant recipients.
- **Administer** funding in order to serve the most vulnerable persons and strive to decrease violent crimes.
- **Ensure** compliance while serving as subject matter experts monitoring the life cycle of grants.





UPCOMING EDUCATION OPPORTUNITIES

- PSG Mandatory Application Workshops
 - May 15, 2025 @10:00 a.m.
 - May 20, 2025 @1:00 p.m.
- PSG Information Session
 - April 28, 2025 @ 4:00 p.m.





Calling all Jacksonville Nonprofits!



PRE-REGISTER
SCAN ME

The City of Jacksonville Public Service Grant Council invites all Jacksonville-based nonprofit organizations to attend a

PUBLIC SERVICE GRANTS INFORMATION SESSION

Every year, Public Service Grants provide millions of dollars in funding for programs that help Jacksonville's most vulnerable adults and families. Last year, \$7.2 million was awarded to non-profit organizations across Duval County.

**Monday
April 28, 2025
4-6PM**

**Impact Church
9501 Arlington Expressway
Suite 245
Jacksonville FL 32225**

Learn More About:

- The grant application process and timeline
- How to prepare your organization to apply
- Success tips for applicants and grantees
- Other grant opportunities

Free and open to the public!
Attend in person or visit the Nonprofit Gateway at nonprofits.jacksonville.gov for livestream information.

Pre-register for updates & faster check-in: form.jotform.com/250377826536162

FOR MORE INFORMATION CONTACT: (904) 255-8206 OR EMAIL GRANTS@COJ.NET

Accommodations for persons with disabilities are available upon request. Please contact Disabled Services at VM 255-5466, TTY 255-5475, or email your request to KaraT@coj.net.



Questions

