Grants and Contract Compliance Division



FY 26/27 MANDATORY GRANTEE WORKSHOP

OCTOBER 27, 2026
&
OCTOBER 29, 2026

HOUSEKEEPING

- Please enter your name and agency in the Q&A for attendance tracking as such: **Name + Agency**
- 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

Leadership Team

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

Division Chief
Maribel Figueroa – (904) 255-5356
figueroam@coj.net

CFO & Finance Director
Anna Brosche – (904) 255-5354
broschea@coj.net

Contract Specialist Team

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

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

Christina Gonzalez – (904) 255-8115
Cgonzalez@coj.net

CONTRACT STATUS

All contracts are currently moving through the contract execution process. Please be patient with GCCD staff as we move diligently to get all contracts executed in a timely manner. Your Contract Specialist will contact you when your contract has been fully executed. The following is the contract execution process:

Final Rankings Approved → Draft PO Created → Legal Request to Draft Contract

→ Contract Prepped/Executed through Docusign → Contract Sent to Agency

→ OGC Form Approval → CFO Approval → Mayor's Office Approval

→ Corporation Secretary Approval/Seal → **CONTRACT EXECUTED!!!**

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; Audits & Annual Reports
- Part 3 – Administration of City Grants
- Part 4 – Disallowance of Expenditures
- Part 5 – Liability of Loss of Entitlement or Eligibility for City Grant

COMPLIANCE ITEMS

- Grantee Orientation Workshop
- Certificate of Insurance
- F.S. 287.139 Certification (DEI)
- Human Trafficking Affidavit
- 501c3 Verification (Direct Appropriations Only)
- Charitable Solicitation Permit (Direct Appropriations Only)

Florida's New DEI Law:
Overview for City Grant Recipients

287.139 F.S. CERTIFICATION (DEI)

CITY OF JACKSONVILLE • GRANTS & CONTRACT COMPLIANCE

Florida's New DEI Law: Overview for City Grant Recipients

Grant Orientation Workshop: Statutory standards, mandatory certifications, and operational guidance under Florida SB 1134.

Fall Grant Recipient Orientation

Effective Date: January 1, 2027

OVERVIEW FOR GRANTEES & CONTRACTORS

What is Florida SB 1134?

Fla. Stat. §§ 125.595, 166.04971, & 287.139

New Statewide Law

Passed earlier this year, this Florida law prohibits cities and counties from funding or promoting Diversity, Equity, and Inclusion (DEI) initiatives.

Applies to City Funding

Because your organization receives City funds, these restrictions apply directly to how those municipal grant dollars are budgeted and spent.

Standard Compliance Certification

Under § 287.139, every recipient must certify that it will not use City funds to require anyone to ascribe to, study, or be instructed using DEI materials.

Why We Are Preparing Now

The law allows any resident to challenge City-funded programs directly in court starting January 1. We are preparing now to protect your funding.

STATUTORY STANDARDS

How the Law Defines DEI

Three Operative Categories

1. Workforce Composition

Influencing hiring or promotion with reference to identity (targets, interview preferences, diversity statements).

Federal EEO hiring compliance unaffected.

2. Preferential Benefits

Stipends, awards, mentorships, scholarships, grants, or services restricted to specific identity groups.

Applies to staff & the public served.

3. Identity Programming

Training or activities where identity characteristics serve as the organizing principle—not just mentioned in passing.

Content & design determine coverage.

Six Restricted Characteristics: Race, color, sex, ethnicity, gender identity, or sexual orientation.

What the Law Prohibits vs. What It Protects

Prohibited Uses of City Funds

No Identity Exclusivity: Services, sub-grants, or stipends restricted to specific demographic groups.

No Mandatory DEI Study: Requiring anyone to ascribe to, study, or be instructed using DEI materials.

No Promotion of DEI: Promoting DEI initiatives or operating dedicated DEI offices with City funds.

Allowed & Protected Safe Harbors

Equal Opportunity Laws: Informing people of rights under state & federal civil rights laws.

Activities Required by Law: Title VI, Title VII, and all ADA accommodations.

Single-Sex Nonprofit Programs: Homeless programs and trauma/at-risk youth counseling.

Domestic Violence Shelters: Emergency shelters for victims and their dependents.

Official Holidays: MLK Day, Juneteenth, Holocaust Remembrance, and designated observances.

Blended Funding Streams: These restrictions are tied strictly to the use of City funds. If a program is supported by a mix of City and private/other funding, consult your City grants liaison on separating funds.

IMPLEMENTATION & COMPLIANCE ROUTING

Action Steps for Your Agency & Key Contacts

1 Audit Funded Programs

Review services, activities, and training paid for with City funds against the 3 prongs.

2 Check Rules & Outreach

Verify participant eligibility rules, scoring criteria, and marketing for City-funded programs.

3 Sign Pre-Award Form

Execute standard § 287.139 certification before contracts or grants are renewed for 2027.

Questions can be emailed to:

Larry Finkelstein
Grants Compliance Officer
lfinkelstein@coj.net • (904) 255-8239

287.139 Florida Statute Certification

IMPORTANT NOTE

The City can provide grant recipients with general information about the law. However, we cannot give legal advice.

CERTIFICATION OF COMPLIANCE
WITH FLORIDA STATUTE SECTION 287.139, PROHIBITION AGAINST USING DIVERSITY, EQUITY, AND INCLUSION MATERIAL

Pursuant to Section 287.139, Florida Statutes, as a condition precedent to the award of any contract or grant by the City of Jacksonville, I certify to the City of Jacksonville that _____ (Company) does not and will not use county or municipal funds in requiring its employees, contractors, volunteers, vendors, or agents to ascribe to, study, or be instructed using materials related to diversity, equity, and inclusion as defined in Sections 125.595(1) and 166.04971(1), Florida Statutes.

_____
Signature

_____
Name

_____
Title

_____
Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [_] physical presence or [__] online notarization, this ____ day of _____, 20___, by _____ as _____ of _____, a _____, on behalf of said company. Said individual [___] is personally known to me or [__] has produced _____ as identification.

(SEAL)

_____
Name: _____
NOTARY PUBLIC, State of Florida
Serial Number (if any) _____
My Commission Expires: _____

INVOICING

INVOICING GUIDELINES

- Invoices are due on the 15th of each month.
- 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?

Invoices will be paid within 45 business days of receiving a complete invoice packet.

- Invoice not submitted by due date
- Not following invoice procedures
- Lack of proper documentation and/or receipts
- Lack of compliance items (e.g. Insurance/COI, Human Trafficking Affidavit)
- Agency on Non-Compliance List

STEPS TO SUBMIT AN INVOICE FOR PAYMENT

Step 1: Submit your invoice packet, via email to your assigned Contract Specialist.

- Agency Invoice
- Monthly Financial Report (MFR) completed and signed
- Itemized allocation chart organized to align with your MFR
- Supporting documentation organized to align with your MFR

STEPS TO SUBMIT AN INVOICE FOR PAYMENT

Step 2: Contract Specialist confirms receipt and reviews your documents

- Respond to questions in a timely manner.
- Provide required revisions or additional documentation in a timely manner.
- Invoices are reviewed in the order received.
- Your Contract Specialist will email you with an approval

STEPS TO SUBMIT AN INVOICE FOR PAYMENT

Step 3: Submit your approved invoice to 1Cloud for payment

- Attach invoice **ONLY** in PDF format
- Submit to coj1cloudinvoices@coj.net and cc: your Contract Specialist
- **Subject Line:** Invoice, Agency Name, Month
- No content is required in the body of the email

DO NOT SUBMIT TO 1CLOUD WITHOUT PRIOR APPROVAL

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 in the Monthly Financial Report
- ✓ Paystubs and/or payroll journals must be submitted 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/DA allocation request for specific expense. **NOTE**: An allocation report is required for all invoices.

DO NOT…

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

DO…

AGENCY LOGO

Date **Jan 12, 20XX**

Name of Agency
Address
Jacksonville, FL 322xx

INVOICE
Invoice # **12345-FY-Oct1**
Date(s) of Service: **October 20XX**
Program Name: **XXX**
PO/ Contract # **12345-FY**

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
	TOTAL	**$37,700**

SAMPLE INVOICE

Please ensure your invoice has the following:

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

DO NOT…

AGENCY LETTERHEAD

Date **Jan 12, 20XX** ← Late submission. October invoice is due Nov 15th.

Name of Agency
Address
Jacksonville, FL 322xx

INVOICE
Invoice # **45-25-Oct1** ← Invoice number is incorrect. Should begin with the PO
Date(s) of Service: **November 20XX** ← Dates of service are incorrect
PO # **12345-FY**

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 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.

Monthly Financial Report

CITY OF JACKSONVILLE GRANTS PROGRAM
MONTHLY FINANCIAL REPORT
Fiscal Year 2026/2027

Name of Agency: ABCD Inc.
Program Title: Emergency Services

Month Beginning: October 1, 2026 **Month Ending:** October 31, 2026

PART I: SUMMARY OF REVENUE	APPROVED BUDGET	REVISED APPROVED BUDGET	ACTUAL RECEIPTS THIS MONTH	TOTAL RECEIPTS YEAR-TO-DATE	REMAINING BALANCE
COJ Grant Funds Received	$ 77,800.00	$ -	$ 2,200.00	$ 2,200.00	$ 75,600.00

PART II: EXPENDITURES	APPROVED BUDGET	REVISED APPROVED BUDGET	ACTUAL EXPENDITURES THIS MONTH	TOTAL EXPENDITURES YEAR-TO-DATE	REMAINING BALANCE
Compensation (1200)					
Program Director	$ 50,000.00	$ -	$ 800.00	$ 800.00	$ 49,200.00
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -
Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$ 27,000.00	$ -	$ 500.00	$ 500.00	$ 26,500.00
Health Insurance - 02304	$ 800.00	$ -	$ 900.00	$ 900.00	$ (100.00)
Retirement-02201	$ -	$ -	$ -	$ -	$ -
Dental - 02301	$ -	$ -	$ -	$ -	$ -
Life Insurance - 02303	$ -	$ -	$ -	$ -	$ -
Workers Compensation - 02401	$ -	$ -	$ -	$ -	$ -
Unemployment Taxes - 02501	$ -	$ -	$ -	$ -	$ -
Other Benefits	$ -	$ -	$ -	$ -	$ -
Occupancy Expenses					
Rent Occupancy - 04408	$ -	$ -	$ -	$ -	$ -
Telephone - 04181	$ -	$ -	$ -	$ -	$ -
Utilities - 04301	$ -	$ -	$ -	$ -	$ -
Insurance Property & General Liability - 04502	$ -	$ -	$ -	$ -	$ -
Printing and Advertising - 04801	$ -	$ -	$ -	$ -	$ -
Staff Training - 05401	$ -	$ -	$ -	$ -	$ -
Professional Fees & Services (not audit) -03410	$ -	$ -	$ -	$ -	$ -
Vehicle Fuel & Maintenance - 04216	$ -	$ -	$ -	$ -	$ -
Other -Office Equipment (< $5,000)	$ -	$ -	$ -	$ -	$ -
Other -	$ -	$ -	$ -	$ -	$ -
Direct Client Expenses (08301)					
Client Rent	$ -			$ -	$ -
Client Utilities	$ -	$ -	$ -	$ -	$ -
Client Other:	$ -	$ -	$ -	$ -	$ -
Client Other	$ -	$ -	$ -	$ -	$ -
Client Other	$ -	$ -	$ -	$ -	$ -
TOTALS	$ 77,800.00	$ -	$ 2,200.00	$ 2,200.00	$ 75,600.00

Awardee Use Only.	For COJ Use Only. Do not Complete.	
Prepared By:	Reviewed By:	Reviewed By:
Agency:	City of Jacksonville	City of Jacksonville
Name:	Name:	Name:
Title:	Title: Grant & Contract Specialist	Title:
Date:	Date:	Date:
Signature:	Signature:	Signature:

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

You cannot exceed the budgeted amount of any line item.

This document is incomplete without a signature from the agency representative

By signing this report, you are understanding that the request is submitted pursuant of Section 837.06, FL Statutes.
Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

DO…

Allocation Charts

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

Staff Position	ACTUAL SALARY	Allowed %	Trauma Serv Salary	Fringe Benefits	Total
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

$ 2,726.71

COMPENSATION

DO…

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

Earnings Statement

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

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	Year to date
Regular	68.27	80.00	5,461.60	92,847.60
Gross Pay			**$5,461.60**	92,847.60

Other Benefits and Information	this period	total to date
Total hours worked	80	

Important Notes
BASIS OF PAY: SALARY
MODE OF PAY: BI WEEKLY

Deduction		
Federal Income Tax	-1,008.48	17,144.16
Social Security Tax	-338.[illegible]	7756.54
Medicare Tax	-79.[illegible]	1346.22
State Tax	-49.[illegible]5	835.55
State SDI	.00.[illegible]0	815.30
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

SAMPLE

©2000 ADP, LLC

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

it to the account of	account number	transit	ABA	amount
JOHNSON	Xxxxxxx	xxxx	xxxx	$3,585.26

IS NOT A CHECK

DO NOT…

Pay Stubs

Earnings Statement — Smity, S

Company: - SERVICES OF NORTH FLORIDA INC
JACKSONVILLE FL 32207 (904) 265-8105

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

Emp #:
Dept: 031 - Grants C4
Pay Basis: Hourly

	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 Leave	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)			0.00	0.00
Medicare			23.72	496.46
Social Security			101.42	2122.79
Deductions				
401K %			151.36	2884.39
401K Loan Payment			29.39	146.95
Dental			50.51	959.69
Employee Vol Life			0.00	14.40
Lincoln Short Term Disability			0.00	286.08
Medical 45 HMO			0.00	2351.64
Medical 73 HMO			195.97	1371.79
Vision			9.62	145.94
Net Pay			**1329.98**	**28287.52**

Voucher No. 599778328DD

Net Pay Distribution

Direct Deposit Net Check	179.98	11037.52 A/C:4102
Direct Dep. Distribution 1	500.00	7700.00 A/C:4110
Direct Dep. Distribution 2	100.00	1750.00 A/C:6459
Direct Dep. Distribution 3	50.00	800.00 A/C:1527
Direct Dep. Distribution 4	500.00	7000.00 A/C:6195

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Employer 401 Contribution	56.76	1172.04	*Company Match	
Administrative Leave Hours **		200.00	3.00	197.00
Bereavement Hours **		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 Hours **		0.00	8.00	-8.00

This document would not be accepted because it is not from a third party vendor

DO…

Code	Description	JC	L1	L2	L3	L4	Hours/ Units	Amount Earned	Description	Employer Liability	Taxes Withheld	Code	Description	Deductions Withheld	Employer Liability
						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 Medicar	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							
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		142.15	2,383.37	Taxes	0.00	402.86	Deductions		0.00	22.08

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~~

© 2008 DATIS Payroll Processing, Inc.

Payroll Journal MUST have payroll vendor name/logo indicated!

DO NOT…

DEPARTMENT	HOURS Reg / O/T	Hours 3 & 4	EARNINGS Reg / O/T	Earn 3 & 4	Earn 5	GROSS	STATUTORY DEDUCTIONS Federal	State/Local	VOL DEDS.	NET PAY
01-020 Kitchen -PSG	444.62		7,433.96			7,433.96	440.87 FIT	STATE	5,875.20	552.10
						14.17% of CO	458.55 SS	SUI		
							107.24 MED	SDI		
								LOCAL		

ANALYSIS DEPT: **01-020** NET CASH: 6,385.24

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	5.38
SV1	SV1	1,046.86
VIS	VISION	9.75
Total		**5,875.20**

State Analysis:	STATE TAX	STATE WAGES	FIT BY STATE
FL			440.87
Total			**440.87**

Federal Taxable Analysis and Employer Unemployment Liability

	TAXABLE	PCT	TAX
Federal	7,395.90		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**

Cafeteria 125 Deduction Analysis

DEN - DNT	22.93
LTD - CFD	5.38
VIS - VIS	9.75
Total	**38.06**

01-030 Dept Children & Family	48.00	960.00	960.00	35.17 FIT	STATE	851.39	
			1.83% of CO	59.52 SS	SUI		
				13.92 MED	SDI		
					LOCAL		

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.

ADP Payroll Summary

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~~CLARA MUNTZ MCCRAY~~

Company Code: HHK

~~Batch: 4899-030~~ Period Ending: 09/01/2024 Week 37

~~Service Center: 030~~ Pay Date: 09/13/2024 Page 1

BENEFITS

Florida Blue
In the pursuit of health

JACKSONVILLE FL 32207-6840

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

BILLING SUMMARY

Original Totals

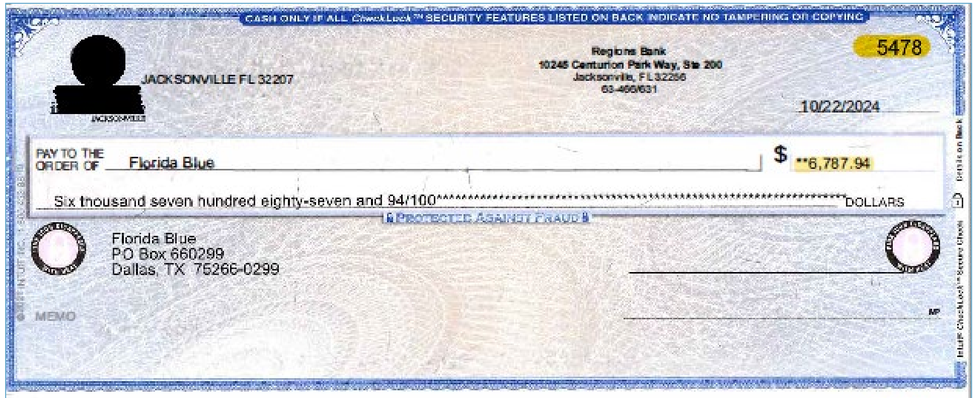
TOTAL BILLED AMOUNT	$6,787.94
ON-BILL ADJUSTMENTS	$0.00
AMOUNT DUE	$6,787.94

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

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

							Total
				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



5478

JACKSONVILLE INC
10/22/2024 Florida Blue

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

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

Regions Bank (Opera 6,787.94

JACKSONVILLE INC 5478
10/22/2024 Florida Blue

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

PAYMENT RECORD

Regions Bank (Opera 6,787.94

DO NOT…

Guardian

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:
RGO: 8
A/R: 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

PAID

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.guardianananytime.com, or detach

Payment Coupon

Guardian

▲ Please detach and return with payment

■ Page 1 of 4 ■ QC ■ Group ID 00 ■ Division ID ■ Customer Response Unit Ph: 800-627-4200

Guardian

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
Vilt	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

Page 1 of 3

JEA

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

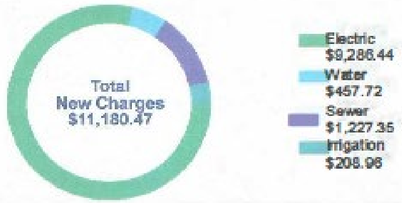
Amount Due
$11,180.47
Do not pay. AutoPay will process your payment on 02/26/25.

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



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.

APPROVED

Reimbursement Request

PSG Pays $11,180.47

PAID

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED. Additional information on reverse side.

JEA

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

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	[redacted]
Company Name	JEA Utilities
Standard Entry Class Code/Description	PPD/Prearranged Payment and Deposit Entry
Entry Description	PAYMENT
Batch Trace ID	[redacted]

Transaction Details

Account Number	[redacted]
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	[redacted]
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

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:
[redacted]
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 Warrant) (SKU: Folding Wagon 2) Condition: New Sold by: ZHEJIANG TOCO HOUSEWARE CO.,LTD Gift message: ""	1	$55.20	$55.20

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

eventbrite

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
[redacted]
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 Eventb[illegible] to collect or pay taxes on the Organizer Fees, such fees are inclusive of [illegible]

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				

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

Client Tracking form along with Client Educational receipt

DO…

Client Lodging

6/17/24, 9:18 AM [redacted]

[redacted]
06/13/2024
Department: Preservation

Accounting Codes : - - - 000
$ 320.95-Client Hotel
Finance Approval :

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

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 / SSN / DOB / Plac. Type	This shows proof of client being served.
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		Additional Guests	My6
Guest Name	SHEFFI		My6 Members
Address			BKY334
City, State, Zip Code	JACKSONVILLE FL 32211		
Country	US		

Stay Details		Company Details	Other Details	
Check In Date	Jun 13, 2024	Name	Bill Number	
Check Out Date	Jun 20, 2024		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 OP260145 11-21-23 07:42

AIRPOT 2.5LTR S/S SECA25
717996237227 3X (TA) $67.38 $202.14
UNITS 3
DISP BEVERAGE SLTH 3GAL
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: A0000000410
IVR: 0400048000
IAD: 0110A0000322C000000000000000000
TSI: E800
ARC 00

CHANGE $0.00
TOTAL ON 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

DO…

sam's club
904-928-0017
04/13/26 10:31 3465 08116 090 9094

Reginald 101-**** **** **** *669 9

2 @ 8.78
848813 2402 KAJ BTF 17.56 O
913896 FIJI WATER F 21.98 O
2 @ 12.78
990001144 YL RD TRT CF 25.56 O
2 @ 13.98
990450772 MM 42CT CHIF 27.96 O
2 @ 11.98
I 161688 NOTT'S 90CTF 23.96 O
2 @ 2.00-
* INST SV NOTT'S 90CTF 4.00-O
2 @ 7.98
6567 ZH WATER 48F 15.96 O

SUBTOTAL 128.98
TOTAL 128.98

DEBIT TEND 128.98
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
128.98 TOTAL PURCHASE
US DEBIT- 1442 I 0
REF # 0EQ00206618
NETWORK ID. 0000 APPR. CODE 735139
AID A0000000980840
TERMINAL # 58002520
*No Signature Required
04/13/26 10:31:04

Additional Savings This Trip:
Sam's Instant Savings 4.00
ITEMS SOLD 11
TC# 8045 6617 2849 1158 9255 0

Yay! You earned $2.58 Sam's Cash with Plus. Check all earnings and savings at SamsClub.com/Account

sam's club
904-928-0017
04/13/26 10:33 4457 08116 090 9090

Reginald 101-**** **** **** *669 9

2 @ 9.98
980332092 NCHO CHS SCF 19.96 O

SUBTOTAL 19.96
TOTAL 19.96

DEBIT TEND 19.96
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
19.96 TOTAL PURCHASE
US DEBIT- 1442 I 0
REF # 810398037091
NETWORK ID. 0000 APPR. CODE 920504
AID A0000000980840
TERMINAL # 58005167
*No Signature Required
04/13/26 10:33:51

ITEMS SOLD 2
TC# 0897 7456 9632 2293 5139

Yay! You earned $0.40 Sam's Cash with Plus. Check all earnings and savings at SamsClub.com/Account

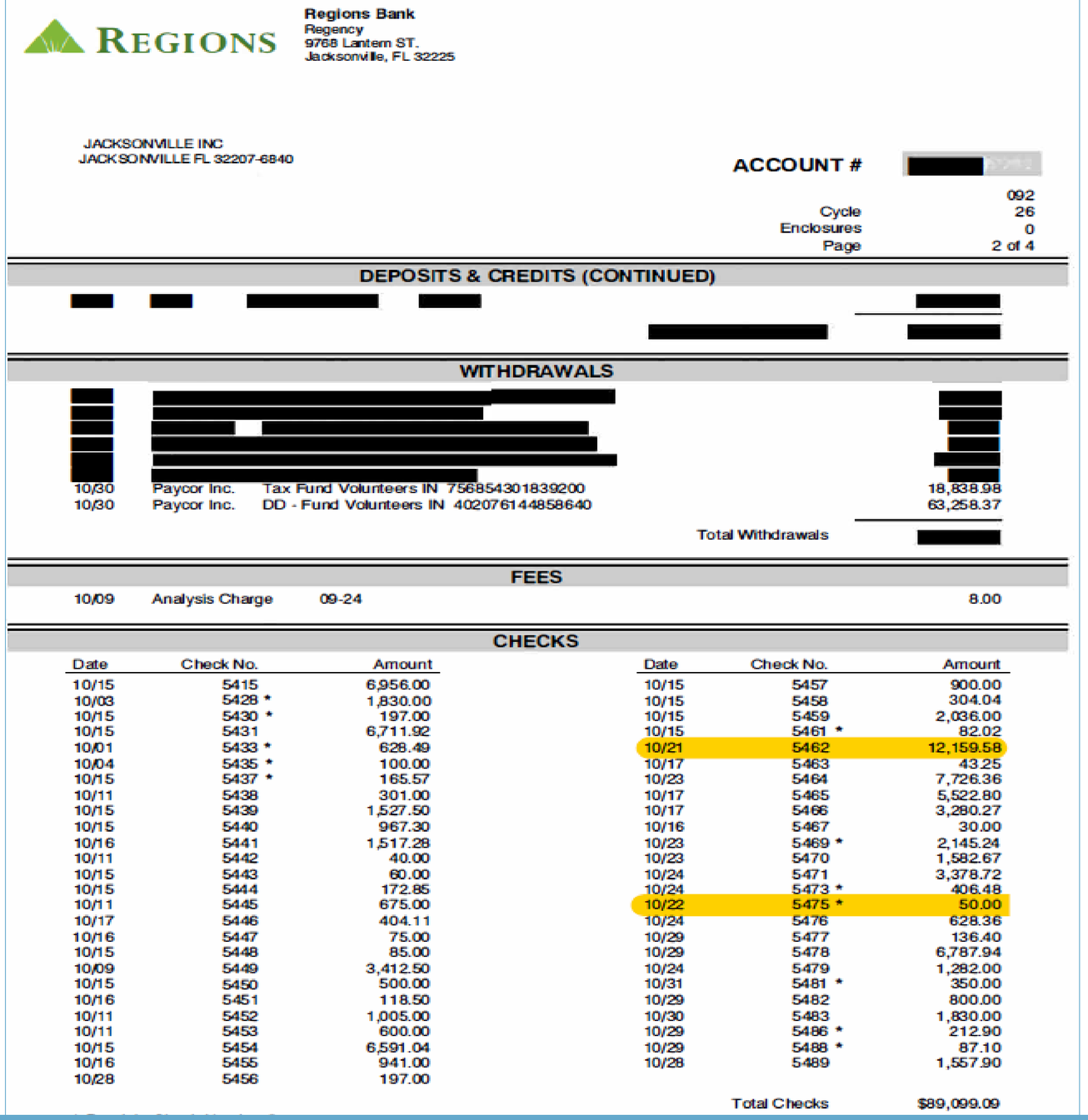
PSG - reimbursement of $148.94 requested

Food/Snacks

OTHER PROOF OF PAYMENT

DO...

Redacted Bank Statements



REGIONS

Regions Bank
Regency
9768 Lantern ST.
Jacksonville, FL 32225

JACKSONVILLE INC
JACKSONVILLE FL 32207-6840

ACCOUNT # [redacted]

092
Cycle 26
Enclosures 0
Page 2 of 4

DEPOSITS & CREDITS (CONTINUED)

[redacted]

WITHDRAWALS

[redacted]

10/30 Paycor Inc. Tax Fund Volunteers IN 756854301839200 18,838.98
10/30 Paycor Inc. DD - Fund Volunteers IN 402076144858640 63,258.37

Total Withdrawals [redacted]

FEES

10/09 Analysis Charge 09-24 8.00

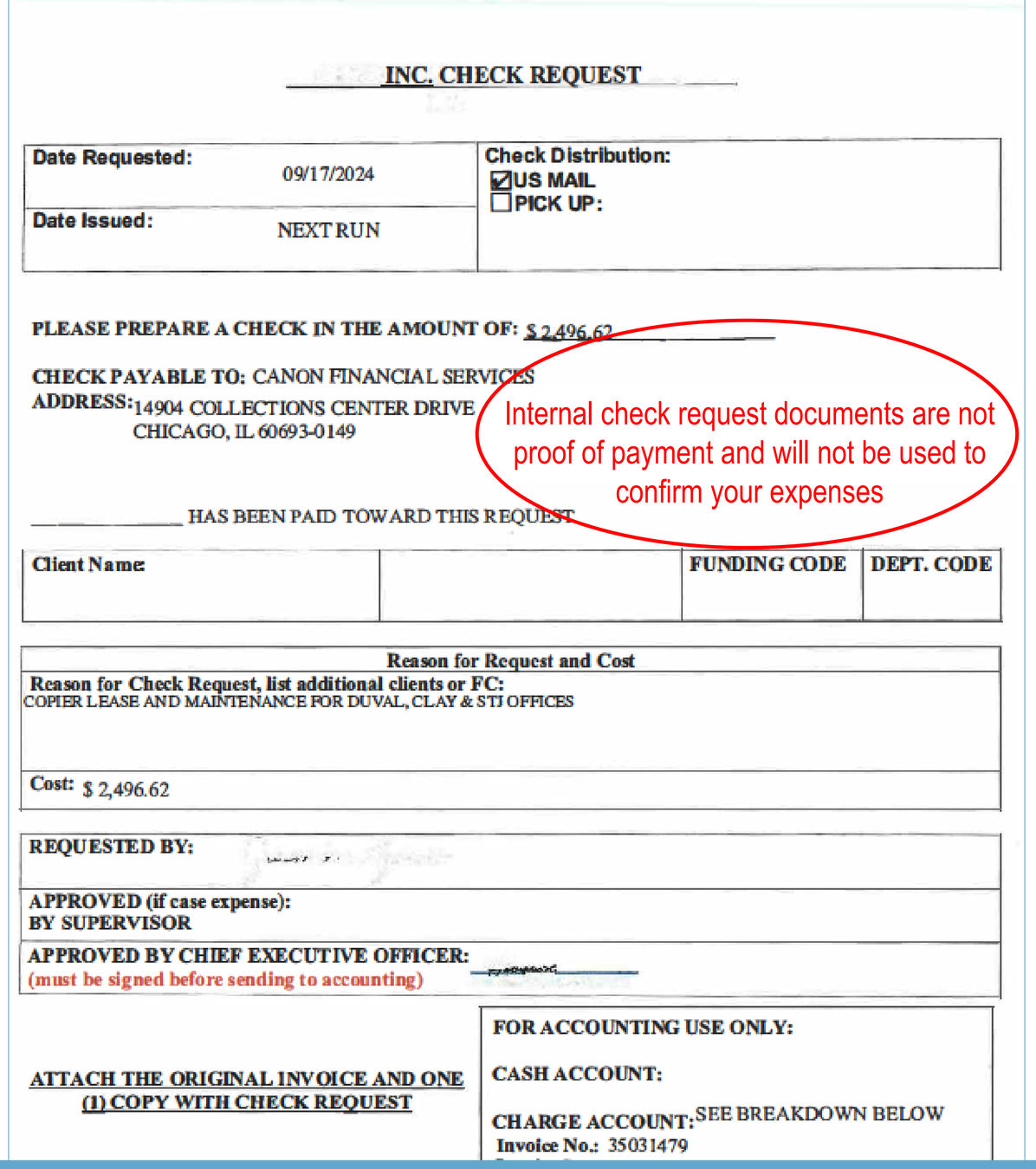
CHECKS

Date	Check No.	Amount
10/15	5415	6,956.00
10/03	5428 *	1,830.00
10/15	5430 *	197.00
10/15	5431	6,711.92
10/01	5433 *	628.49
10/04	5435 *	100.00
10/15	5437 *	165.57
10/11	5438	301.00
10/15	5439	1,527.50
10/15	5440	967.30
10/16	5441	1,517.28
10/11	5442	40.00
10/15	5443	60.00
10/15	5444	172.85
10/11	5445	675.00
10/17	5446	404.11
10/16	5447	75.00
10/15	5448	85.00
10/09	5449	3,412.50
10/15	5450	500.00
10/16	5451	118.50
10/11	5452	1,005.00
10/11	5453	600.00
10/15	5454	6,591.04
10/16	5455	941.00
10/28	5456	197.00
10/15	5457	900.00
10/15	5458	304.04
10/15	5459	2,036.00
10/15	5461 *	82.02
10/21	5462	12,159.58
10/17	5463	43.25
10/23	5464	7,726.36
10/17	5465	5,522.80
10/17	5466	3,280.27
10/16	5467	30.00
10/23	5469 *	2,145.24
10/23	5470	1,582.67
10/24	5471	3,378.72
10/24	5473 *	406.48
10/22	5475 *	50.00
10/24	5476	628.36
10/29	5477	136.40
10/29	5478	6,787.94
10/24	5479	1,282.00
10/31	5481 *	350.00
10/29	5482	800.00
10/30	5483	1,830.00
10/29	5486 *	212.90
10/29	5488 *	87.10
10/28	5489	1,557.90

Total Checks $89,099.09

DO NOT…

Internal Check Requests



INC. CHECK REQUEST

Date Requested:	09/17/2024	Check Distribution: ☑ US MAIL ☐ 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 confirm your expenses

_____ 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, Part 301

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.

PART 3. - ADMINISTRATION OF CITY GRANTS | Code of Ordinances | Jacksonville, FL | Municode Library

Chapter 118, Part 301

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.

PART 3. - ADMINISTRATION OF CITY GRANTS | Code of Ordinances | Jacksonville, FL | Municode Library

Chapter 118, Part 301

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

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Chapter 118, Part 301

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.

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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 Contract Specialist shall report changes, if any, in the City funds budget to the City Council Auditor's Office annually.

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BUDGET AMENDMENTS

BUDGET AMENDMENTS

- **Budget Amendments must be requested 90 days prior to the close of the contract → July 1, 2027**
- Budget Amendment requests require the following
  - Letter on agency letter head explaining the request, amounts to be moved and effective date
  - GCCD Budget Amendment Request Form
- Budget Amendment requests within 10% of each budgeted line item, can be approved by GCCD.
- Budget Amendment requests that are over 10% of a budgeted line item (+ or -) must be presented to PSG Council or City Council for approval.
- ALL Budget Amendments require a contract amendment!

MONITORING & REPORTING

QUARTERLY PROGRAMMATIC REPORTING

- For contracts that begin October 1, 2026,
  - Q1: January 15, 2027
  - Q2: April 15, 2027
  - Q3: July 15, 2027
  - Q4: October 15, 2027
- Quarterly Programmatic Reports (QPR), will be completed in our Grants Management System.
- Once your contract is fully executed, your Contract Specialist will provide you with an updated user guide, which includes instructions on how to complete your QPR's.
- QPR submissions will also be discussed during your Introductory Site Visit

ANNUAL REPORTS VS. AUDITS

- Must complete ONE based on total amount of dollars received from the City of Jacksonville
- If agency received under $100,000: Annual Reports due no later than Nov 15th
- If agency received $100,000 or more combined: Fiscal Audit is due 120 days after your fiscal year ends, unless agency requires state audit.
  - Single audits that require an OMB Compliance Supplement will be due 120 days after the release of the OMB Supplement.
  - Single audits that require the FL state audit will be due 9 months after the agency fiscal year ends.

CC: grants@coj.net on all annual report and audit submissions!

ANNUAL REPORT

Program Title:			
Contact Name:		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	$ -	$ -		$ -
Bank Interest earned in past fiscal year		$ -		$ -

PART II: EXPENDITURES

	Line Item Acct #	Check Number	Date	Payee	Purpose	Amount	REMAINING BALANCE
1						$ -	$ -

PART II: EXPENDITURES

	Line Item Acct #	Check Number	Date	Payee	Purpose	Amount	REMAINING BALANCE
1						$ -	$ -
2						$ -	$ -
3						$ -	$ -
4						$ -	$ -
5						$ -	$ -
6						$ -	$ -
7						$ -	$ -
8						$ -	$ -
9						$ -	$ -
0						$ -	$ -
1						$ -	$ -
2						$ -	$ -
3						$ -	$ -
4						$ -	$ -
5						$ -	$ -
6						$ -	$ -
7						$ -	$ -
8						$ -	$ -
9						$ -	$ -
0						$ -	$ -
1						$ -	$ -
2						$ -	$ -
3						$ -	$ -
4						$ -	$ -
5						$ -	$ -

Notes:

TOTALS $ - $ -

1. If you are required to maintain a Separate Bank Account, please attach a copy of your September 30th bank statement and a copy of the corresponding bank account reconciliation.

Bank Charges Paid For Fiscal Year $ -

Account Balance For End of Year $ -

2. On a separate page, please report the amount and description of any outstanding Public Service Grant obligations.

Rev. 09-9-10

* Prepared By:	* Approved By:	For COJ Use Only. Do not complete
Agency:	Agency:	Approved By: City of Jacksonville:
Name:	Name:	Name:
Title:	Title:	Title: Grant & Contract Specialist
Date:	Date:	Date:
Signature:	Signature:	Signature:

* I certify that the above information is true and complete and that funds received were disbursed in accordance with Chapter 118 of the City of Jacksonville Municipal Code and pursuant to Section 837.06, Florida Statutes

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. Introductions will be made and contract details such as due dates and reviewing of the budget will be discussed.

- **Mid-Year Monitoring**
  - Desk Audit
    - 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 C of your contracts.
- COI must be submitted to your Contract Specialist, who will forward to the City's Risk Management Dept for approval.
- Payments will not be disbursed until COI is approved.



HUMAN TRAFFICKING AFFIDAVIT & DEI CERTIFICATE

- Notarized copies of the **HUMAN TRAFFICKING AFFIDAVIT & DEI CERTIFICATE** is required for all contracts.

- A new Exhibit D is required for all contract amendments.



SOLICITATION PERMIT & 501c3 LETTER

- Must be obtained for all Direct Appropriation contracts.

- Payments will be withheld until the Solicitation Permit and 501c3 are received by the GCCD.



GRANTS MAILBOX

- Documentation below must be submitted to the Contract Specialist with a copy (cc) to the grants mailbox (grants@coj.net).

- Insurance Documents
- Audits/Annual Reports
- Human trafficking Affidavit
- Solicitation Permit

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

- Direct Appropriations may vary. See contract for due date.
- ***PSG: October 29, 2027***



November 15th

- Annual reports are required for agencies receiving under $100,000 in total city grants. Send to Contract Specialist 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 Contract Specialist's review before it is submitted to the Council Auditor's Office.

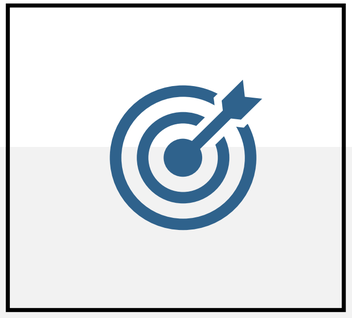
EXPECTATIONS AND TIMELINES



120 days after agency FY closes

Audits are due 120 days after agency fiscal year closes, *with the exception* of State performed audits and federal OMB.

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



Budget Amendments

Budget Amendment must be submitted 90 days prior to the end of the contract period.

For grants that expire September 30th, must be received and logged in by the Contract Specialist no later than **July 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 Quarterly Regulatory Report**
  - Issued quarterly 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, lack of timely responses to contractual issues).

BREACH OF CONTRACT

- **The following items/issues can cause a breach in contract**
  - Failure to provide compliance items (COI, 501c3 verification, Charitable Solicitation Permit, Human Trafficking Affidavit &/or DEI Certification)
  - Failure to provide proper backup documentation for reimbursement
  - Change in services outlined in the contract
  - Failure to provide audit or annual report

MONTHLY OFFICE HOURS

Once a month, your Contract Specialist 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 Contract Specialist 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

grants@coj.net