



Community + Human Development

49th Year Contract Compliance Training



community + human development

Advance Equity

Reduce Poverty

Build Sustainability



Civic Empowerment

- Equity + Access
- Climate Action
- Volunteerism + Engagement

Human Services

- Homelessness
- Health + Wellbeing
- Recreation + Lifestyle

Neighborhood Development

- Housing
- Community Revitalization
- Quality of Life

Our responsibility is to serve as the catalyst for community partnerships, collaboration + change ensuring **equity, resilience + sustainability** for the most vulnerable El Pasoans by giving voice to the underrepresented, supporting a strong system of human services & investing in El Paso homes, families + neighborhoods.



Annual Grant Cycle

1

Contract Signed & Executed

2

Agency Provides Services

3

Agency Submits Reimbursements & Programmatic Reports

4

Programmatic and Fiscal Monitoring Begins

Contract Completion

Final Reimbursements and Outcomes are submitted

01

Contract Compliance

Contract Compliance Goals:

- Ensure clear and attainable program terms on services to be provided
- Ensure entities comply with local, state, and federal requirements.
- Conduct effective training and education on written policies and procedures.

Contract Components

1. Subrecipient Agreement
2. Attachment A – Program Scope
3. Attachment B – Program Budget
4. Attachment C – 2 CFR Part 200 Contract Requirements
5. Attachment D – Granting Agency Requirements
6. Attachment E – HIPAA Business Associate Agreement
7. Attachment F – Reimbursement Reports
8. Attachment G – Program Certifications
9. Attachment H – Certification Regarding Lobbying
10. Attachment I - FFATA Certifications
11. Other Contract Attachments –
 - A1 - Income Limits Guidelines
 - A2 - Income Eligibility Form
 - A3 - Presumed Benefit Eligibility Certification
 - I - Definition of Homelessness
 - J - HMIS Policies and Procedures
 - K - Documentation of Homelessness



Subrecipient is responsible for **thoroughly reviewing** executed agreement to ensure that all **requirements are met**.

Records Retention

Subrecipient must **retain the following documents**, at minimum, for the duration of the **term period** stipulated in agreement:

- Financial records
- Client eligibility forms
- Documentation of services provided
- HIPAA Business Associate Agreement

CDBG Retention Period: 4 years from the end of your service period.

ESG Retention Period: 5 years from the end of your service period.

HHSP Retention Period: 5 years from the end of your service period

ARPA: 5 years from the end of the end your service period

Insurance Requirements

Commercial Liability insurance, Workers Compensation insurance and Auto Liability insurance policy and endorsement has been provided as a **prerequisite to execute agreement**

- Must carry all required insurance for the **entire duration of term period**
- Insurance must be for **minimum dollar amount** that is required by the City of El Paso
- Must include **30-day notice of cancellation** endorsement.
- List City of El Paso as a Certificate Holder

An amendment will be required for any change to the Subrecipient Agreement that would **significantly alter** the **Program/Project Scope** and/or the **Program Budget**.

Program Scope

- Changes to services carried out through the program.
- Changes to number of clients, households, or units of service if applicable.
- Changes to the service period/period of construction.
- Adding additional attachments or forms not included in the originally executed agreement

Program Budget

- Changes to total grant funding amount (**increase/decrease**).
- Budget transfers where the amount of funds transferred is equal to or **greater than 20%** of the total grant funding amount.
 - Example: Under a \$100,000.00 grant funded agreement, a transfer of \$20,000.00 or greater among existing categories and line items constitutes an amendment. While a transfer of \$19,999.99 or lower would constitute a Budget Revision.
- Adding **new line items or new categories** in the Program Budget.
 - Example: A request to add an additional position that was not otherwise included in the originally executed Program Budget.

Spend Rate

- A spend rate-to-time of service period ratio is required to be **maintained** throughout the service period of your agreement.
- Ensures a successful spend rate and exhaustion of funds granted in accordance with your service period (**September 1st, 2023 to August 31st, 2024**).

Month	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Percentage of Time Passed	8.33%	16.67%	25.0%	33.33	41.67%	50.0%	58.33%	66.67%	75.00%	83.33%	91.67%	100.00%
Required Percentage of Funding Expended	0.00%	6.67%	15.00%	23.33%	31.67%	40.00%	48.33%	56.67%	65.00%	73.33%	81.667%	100.00%



El Paso Helps Collaboration

- El Paso Helps serves as a collaboration of organizations providing support to families in crisis.
- As part of your agreement, you may be asked to **provide additional information** (i.e., client data and documentation) to better assess services that are needed for the community through this initiative.

02

Programmatic Compliance

Programmatic Compliance Goals

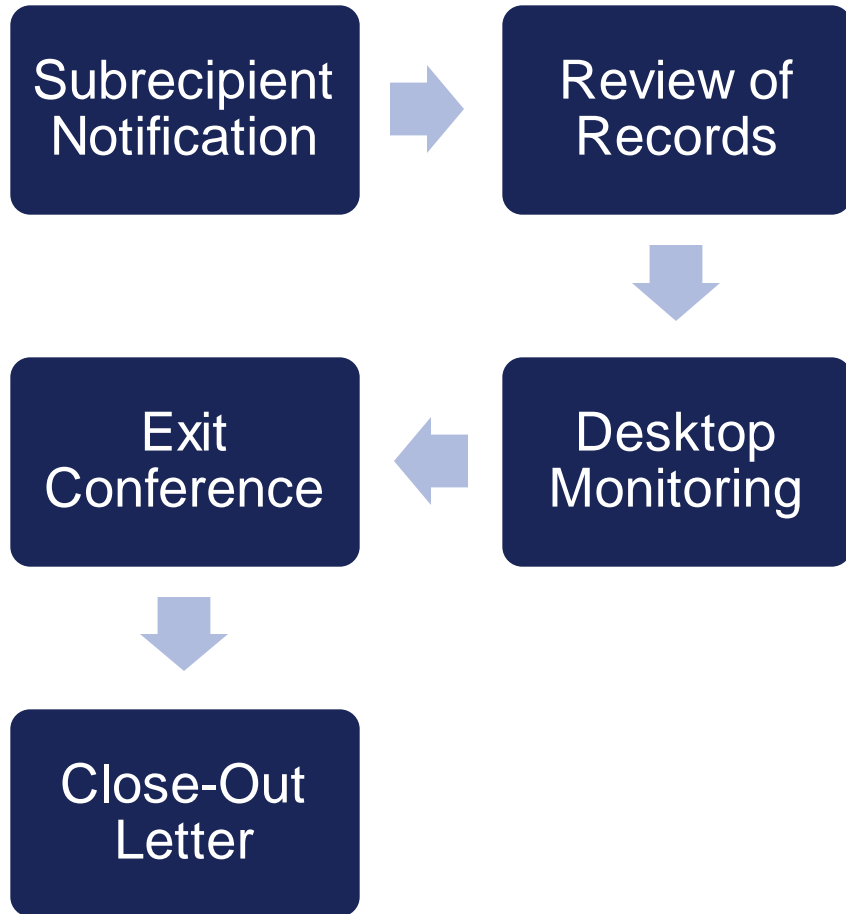
- To ensure entities being monitored achieve performance objectives and budget.
- To ensure entities being monitored comply with all regulations governing administrative, financial and programmatic operations.

Compliance Steps

1. Sub-Recipient Risk Assessment
2. Selection for Monitoring
3. Notification Letter to Sub-Recipient
4. Programmatic Monitoring
5. Final Letter

Risk Assessment

- The City must perform a **financial and programmatic risk assessment** to identify which entities being monitored require an in-depth review.
- Entities that will be classified as **high-risk** will be defined by the following reasons and be monitored within the fiscal year:
 - New grant program for the fiscal year
 - Programs that have high staff turnover, change in goals and direction.
 - Previous compliance or performance issues.
 - Sub-recipients with multiple activities/ programs from multiple funding sources
 - Areas of the sub-recipient's operation where regulations have changed or clarified. (Program's scope)
 - Aspects of the sub-recipient's operations



Concern vs. Finding

Concern

A problem noted by the monitor that has not yet put the sub-recipient out of compliance with the contract but might at some future date. If not properly addressed, it can become a finding.

Finding

A deficiency in the agency's program performance regarding compliance with the contract, HUD regulations, or CD policy for which sanctions or other corrective actions are authorized. Findings are formally noted in the written report, and the agency is given a reasonable period in which to correct the findings.

Note that technical assistance will be required in order to be in compliance

Sub-recipient will have 7 days after the date of the letter from City to submit a written response addressing its findings and/or concerns.

Note that if sub-recipient does not comply in finishing corrective action towards findings and/or concerns, they will be in full breach of contract.

Should current pandemic events continue during the fiscal year, the City may have your program monitoring conducted in one of three methods.



03

FISCAL REPORTING

There are three main elements to fiscal reporting:

- *Financial Reporting Forms*
- *Expenditures Supporting Documents*
- *Cash Match*

Fiscal Report Forms

- Preparer's **name + contact information** must be listed on each reimbursement submission.
- Verify that **all expenses** are properly reported.
- Make sure that all documents are **signed and dated**.

ATTACHMENT 2A: MONTHLY EXPENDITURE REPORT (MER)								
HHSP General Set Aside								
Subrecipient Name:					Program Name:			
Contact Name:					Report Month:			
Contact Phone No:					Contract Period:		September 1, 2020 - August 31, 2021	
Accting Code	Category	Budgeted Amount	Drawn To Date	Available Balance	Total Monthly Expenditures	Non-Program Fund Credit	This Draw Amount	
	Case Management		\$ -	\$ -	\$ -	\$ -	\$ -	
	FA-Homeless Prevention		\$ -	\$ -	\$ -	\$ -	\$ -	
	FA-Homeless Assistance		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL:		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
					Is this report adjusting a prior month?			
					If "Yes", what is the reason for the adjustment request?			
APPROVALS								
Signature of Executive Director or Board President				Date				
Signature of DCHD Accountant				Date				
Signature of DCHD Grant Administrator				Date				

Attachment 2A

Do not reduce the font size on any reporting forms when finalizing for submission.

Fiscal Report Forms

- Benefits and non-personnel expenses must be **itemized**.
- Expense titles must be **identical** to the titles/line items included in the budget attached to your executed agreement.

F1-A SUPPORTING WORKSHEET					
Total Salaries for All Employees					
	Pay Period Ending	Pay Period Ending	Gross Salary	% Charged to Grant	Salary Charged to Grant
					\$ -
			Total		\$ -
Total Salaries for All Employees					
Employee Name	Social Security	Medicare	Total Fringe Benefits	% Charged to Grant	Fringe Benefits Charged to
					\$ -
					\$ -
					\$ -
					\$ -
			Total		\$ -
Total Salaries for All Employees					
Vendor	Invoice No./Date	Ck No.	Invoice Amt	% Charged to Grant	Salary \$ Charged to Grant
					\$ -
					\$ -
					\$ -
					\$ -
			Total		\$ -
Total Salaries for All Employees					
Name	Invoice No./Date	Ck No.	Invoice Amt	% Charged to Grant	Salary Charged to Grant
					\$ -
					\$ -
					\$ -
					\$ -
			Total		\$ -
Total Expenses					\$ -

Attachment F1-A: Supporting Worksheet

Total expenses on Attachment F1-A must reconcile with Attachment F1

Fiscal Report Forms

- Employee names reported on Attachment F4-A **must cross-reference** with all payroll documents.
- Position titles reported on Attachment F4-A must be **identical** to the position titles included in budget that has been attached to executed agreement.
- Attachment F4-A **must be signed and dated** by employee and supervisor.

ATTACHMENT F4-A: EMPLOYEE BI-WEEKLY TIME REPORT																				
Name: _____										Payperiod: 9/1/2016 through 9/14/2016										
Title: _____																				
HOURS TIME SHEET																				
	GRANT TYPE								WORKED HOURS TOTAL	LEAVE TYPE	LEAVE TYPE	LEAVE TYPE	LEAVE TYPE	LEAVE TYPE	LEAVE TYPE	LEAVE TYPE	LEAVE TYPE	LEAVE TYPE	TOTAL LEAVE HOURS	Total Hours
	SICK	VAC	CONF	PERSONAL	LWO	HOLIDAY	ADMIN													
HOURS WORKED	Date																			
	Sunday 9/1/2016																			0
	Monday 9/2/2016																			0
	Tuesday 9/3/2016																			0
	Wednesday 9/4/2016																			0
	Thursday 9/5/2016																			0
	Friday 9/6/2016																			0
	Saturday 9/7/2016																			0
	Sunday 9/8/2016																			0
	Monday 9/9/2016																			0
	Tuesday 9/10/2016																			0
	Wednesday 9/11/2016																			0
	Thursday 9/12/2016																			0
	Friday 9/13/2016																			0
Saturday 9/14/2016																			0	
% of time worked	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Summary Totals										GRANT ALLOCATION								TOTAL HRS	This information is an accurate reflection of the hours worked on the above grant programs for	
1 HOURS WORKED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Employee: _____ Date _____
2 SICK	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	Supervisor: _____ Date _____
3 VAC	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
4 CONF	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
5 PERSONAL	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
6 LWO	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7 HOLIDAY	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
8 ADMIN	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
TOTAL HOURS	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Attachment F4-A: Bi-weekly Time Report

Hours reported on Attachment F4-A must reconcile with Attachment F4

Personnel Reporting Documents

- Include copies of payroll checks or payroll summaries reflecting earnings and benefits
- Over-time wages is unallowable. The hours can be used to determine the allowable percentage charged to the grant but will not be considered in the Total Monthly gross amount
- Medical, Dental, Life, Workers Compensation, etc. must include:
 - Invoice and check copy for each respective insurance type
 - Highlight the portion that reflects the employee's name
 - Invoice copies must reflect coverage period



Credit + Debit Purchases

Credit/debit purchases must include a copy of the credit card statement, bank statement (if applicable), and a copy of invoice/receipt.

- If a personal credit/debit card is used, you must also provide proof of reimbursement to the person making the payment/purchase.

For Sub-recipient reimbursements: sales tax, late payment fees or finance charges are not allowable

Mileage + Insurance

- Mileage logs must include total mileage per trip, destination, dates, and must be signed by employee and supervisor.
- Copy of the driver's license and proof-of-insurance must be provided.

Property, vehicle, and general liability insurance, must include invoice copy, proof of payment, and method of calculation for the amount requested.

For all other expenses, invoice copies and proofs of payment must be submitted
Note that sales tax, late fees and/or interest fees are unallowable.

Rental/Utility Assistance Reporting Documents

- Eviction Notice
 - Must indicate the tenant's name, property rental address, date of notice, months/amounts in arrears, late fees (if applicable), and MUST be signed by the landlord.
- Lease Agreement
 - Must indicate the client's/tenant's name, rental property address, lease term, monthly rental amount, security deposit amount, and MUST be signed by the tenant and landlord.
- Utility
 - Copy of Utility invoice must be submitted. Name and address on invoice must cross reference with the information in the lease agreement.

Indirect Costs

Indirect costs are those that have been **incurred for common or joint objectives after direct costs have been determined and assigned** directly to the grant.

Indirect Cost Method

10% De Minimis Rate

Indirect Cost Allocation Plan

- Subrecipient applying the 10% De Minimis Rate must have submitted a **signed memo from their authorized signatory** stating the agency will be utilizing this method.
- Under this method, subrecipient must have provided an **Indirect Cost Allocation Plan** from the **cognizant agency**.
- The cognizant agency is an **independent government entity or professional consultant**.
- Your Indirect Cost Allocation Plan must state the **Indirect Cost rate/percentage** the agency is allowed to apply.

Approved indirect cost rate documentation must be submitted with each reimbursement

Criteria

- Must be necessary and reasonable for the accomplishment of the project or program and included in the budget.
- Must be allowable
- Cannot be obtained from another Federal award unless that award specifically allows the costs charged to it to be used as matching for another award.
- Cannot be used as matching for more than one project or program.
- Cash match is either the grantee organization's own funds (*general revenue*), cash donations from non-federal third parties (*such as private donors or partner organizations*) or other non-federal grants

Required Documentation

- Cash Match Supporting Worksheet listing all items submitted for cash match (salaries, benefits, non-personnel items, volunteer hours, etc.)
- Payroll match will require time sheets identifying the exact hours reported as cash match and all respective payroll documents
- In-kind volunteer time/cost will require submission of in-house volunteer log sheets, signed by the volunteer and staff supervisor, as well as a Volunteer Job Description
- All supporting documentation must be provided and must follow same compliance criteria as Reimbursement documentation

CASH MATCH MUST BE DOCUMENTED AND VERIFIABLE IN THE RECIPIENT ORGANIZATION'S RECORDS

04

CDBG PUBLIC SERVICES

The City of El Paso has allocated in 49th Year entitlement approximately **\$985K** to CDBG public services programs.

For the ongoing program year, CDBG will support a wide range of public services activities, including, *but not limited to*: **Case Management, Mental Health Care, Resident Empowerment, Food Security and Homeless Services.**

49th Year CDBG Public Services funding has been sub-awarded to 5 community partners to support 5 programs.

Implementation **Process**



Purpose of Outcome Statement

The Department of Community and Human Development requires that subrecipients comply with all requirements and deadlines described in the **Program Scope**.

Outcome Statement

Units of Service
(reported monthly)

- Only activities defined as a Unit of Service in the Program Scope can be reported to DCHD.

Persons Served
(reported monthly)

- Persons served must be **unduplicated**, and for each person served race + ethnicity data must be acquired.

Leverage
(reported at end of year)

- Leverage is a financial or in-kind commitment toward the costs of your project from a non-DCHD.
- Leverage is inclusive of your funding needed to execute the program.

Subrecipient must document and maintain records **in a digital and searchable format** to validate programmatic reporting. DCHD may not necessarily request backup documentation monthly, however, subrecipient will be required to provide this documentation if ever monitored.

Client Eligibility Requirements



Subrecipient must ensure that services under this Agreement are provided to **CDBG-eligible clients only.**

Client Eligibility Requirements

Low Mod Limited Clientele (LMC) Standard Income (Attachment A2)

- Income eligibility shall be verified utilizing the current applicable CDBG Income Limits.
- Income eligibility shall be determined by the sum of the gross income of all family members residing in the household.
- **Acceptable proof of income must be collected and maintained for each client.**

Low Mod Limited Clientele (LMC) Presumed Benefit (Attachment A3)

- Each client must meet the "presumed benefit" criteria under CDBG regulations.

Each client must **reside within the City limits of El Paso, Texas** and provide proof of residence.

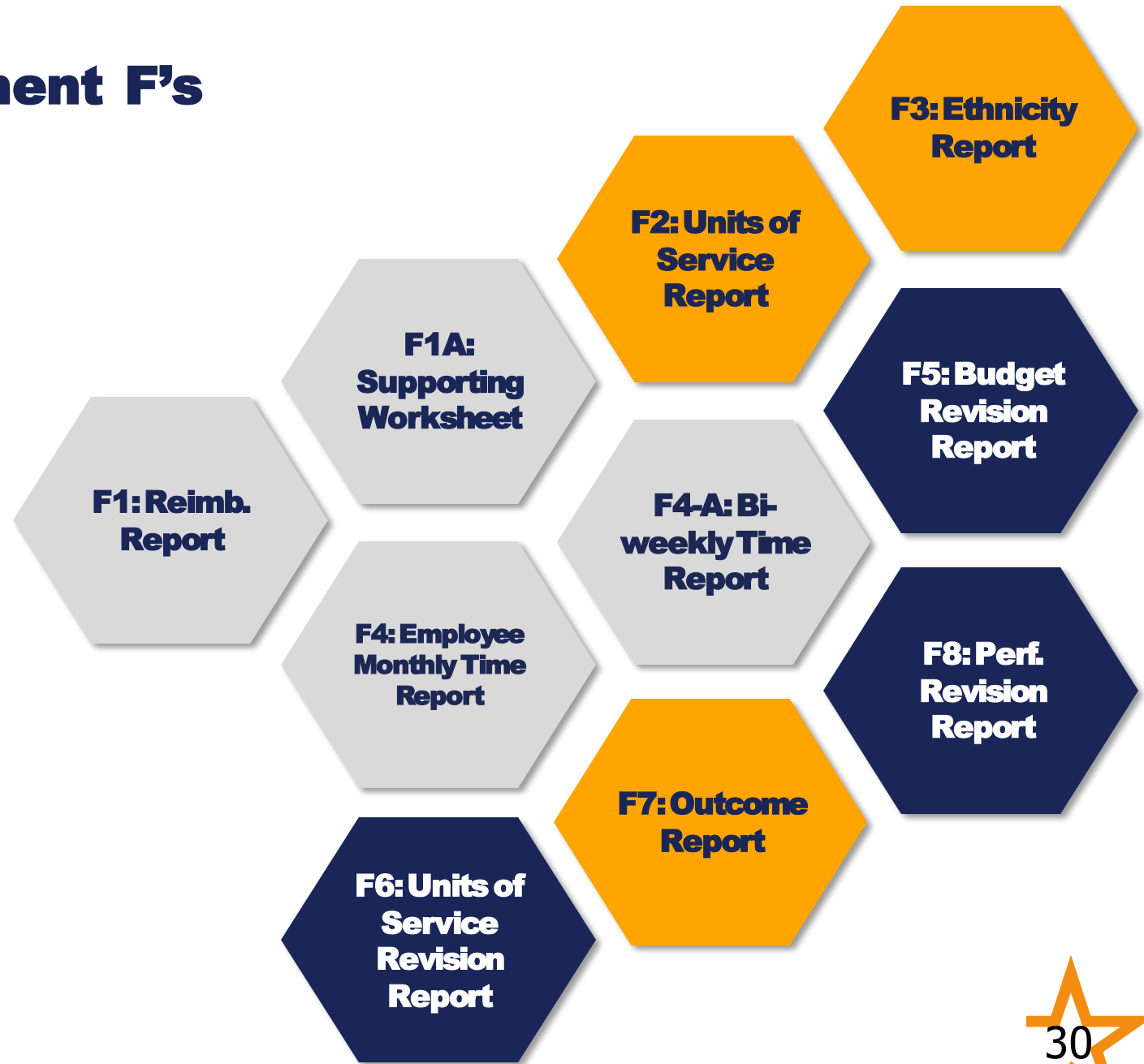
Report Forms

Attachment F's

Monthly reports must be submitted by the **20th of each month**, except for the close-out report which will be provided **September 10, 2024**. Other required reports must be submitted as noted.

Failure to achieve performance targets may result in a proportional reduction of the maximum allowable reimbursement. No additional reimbursements will be given for exceeding performance targets.

If at any time during the program year your expenditures exceed performance, reimbursements may be withheld until the gap between expenditures and performance is closed.



Fiscal Report Forms

F4-A: Bi-weekly Time Report

F1A: Supporting Worksheet

F1: Reimb. Report

F4: Employee Monthly Time Report

Key Requirements:

- Reimbursements can be submitted electronically or in-person.
 - **Exception:** Reimbursement requests over **75 pages** must be submitted in-person.
- Reimbursement requests can only include expenditures that have already been **incurred and paid** by your agency.
- Each reimbursement must be **complete and accurate**.
 - All supporting documentation must be provided to validate your expenses.
 - Amounts included within your reimbursement packet must correspond with one another.
 - Make sure that all documents are signed and dated.

Program Report Forms

Attachment F2 + Attachment F3 must be **emailed** to the **Grant Administrator** **directly and separately** from your reimbursement submission.

Units Directly Applicable Toward Contract		
Type of Unit	Number of Units	Number new persons served <i>this month</i> : (Should match column A on Ethnicity Report)
		Notes
Total for Period		0

Month	Total Persons Assisted (autototals ethnicity A-E:Z)																														
	A	B	C	D	E	*	∞	@	#	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	Aa
SEP	0																														
OCT	0																														
NOV	0																														
DEC	0																														
JAN	0																														
FEB	0																														
MAR	0																														
APR	0																														
MAY	0																														
JUN	0																														
JUL	0																														
AUG	0																														
YTD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Attachment F2: Units of Service Report

Attachment F3: Ethnicity Report

Budget Revision Report

- Attachment F5 must be **emailed** to the **Grant Administrator** **directly and separately** on an as-needed basis.
- Explanation must address **each line item** included in budget revision request.
- Agency must be **cognizant of budget and available balances** to avoid excessive budget revisions submissions.

Attachment F5: Budget Revision Report

DECREASE:			
LINE ITEM TITLE	CURRENT ALLOCATION	REVISED ALLOCATION	DIFFERENCE
			-
			-
			-
			-
			-
			-

INCREASE:			
LINE ITEM TITLE	CURRENT ALLOCATION	REVISED ALLOCATION	DIFFERENCE
			-
			-
			-
			-
			-
			-
Increase minus decrease should equal zero			-

Complete explanation of why this change is needed and was not anticipated in original budget:

Submission of a budget revision request does not necessarily equate to approval. Subrecipient must ensure that each budget revision request has been approved prior to accounting for it in your next reimbursement packet.

Program Report Forms

Attachment F7 must be **emailed** to the **Grant Administrator** **directly and separately** from your final reimbursement submission.

Proposed accomplishments (i.e., units of services and clients), measurements and documentation outlined in the Outcome Statement section in your contract's Program Scope:		
Actual accomplishments(i.e., units of services and clients), measurements and documentation:		
Leveraged funds from your contract scope page 1:		
Proposed amount from Outcome Statement:		
Actual funding expended for project during contract period:		
CD funds:		
Section 108 Loan Guarantee:		
HOME Investment Partnerships Grant:		
Emergency Shelter Grant Funds:		
Housing for People with AIDS Funds:		
Appalachian Regional Commission:		
Other Federal Funds:		
State Funds:		
Local Funds:		
Private Funds:		
Total not including CD funds:		50

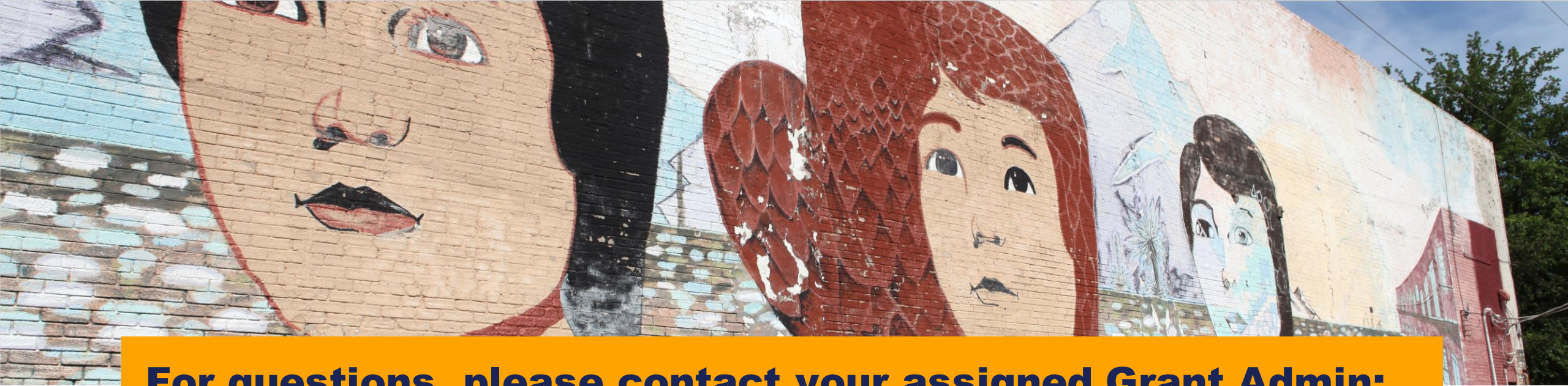
Attachment F7: Outcome Report

All three programmatic Report Forms must correspond with one another.

Description	Original Budget	Budget Transfers	Revised Budget	1 Sep-23	2 Oct-23	3 Nov-23	4 Dec-23	5 Jan-24	6 Feb-24	7 Mar-24	8 Apr-24	9 May-24	10 Jun-24	11 Jul-24	12 Aug-24	Available Balance	YTD Expend.
Salaries	\$80,000.00	(\$200.00)	\$79,800.00													\$79,800.00	\$0.00
Benefits	\$20,000.00	\$200.00	\$20,200.00													\$20,200.00	\$0.00
Total Billed	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00	\$0.00
% of time passed (Contract)				8.33%	16.67%	25.00%	33.33%	41.67%	50.00%	58.33%	66.67%	75.00%	83.33%	91.67%	100.00%		
Required % of funding expended (Contract)				0.0%	6.67%	15.00%	23.33%	31.67%	40.00%	48.33%	56.67%	65.00%	73.33%	81.67%	100.00%		
YTD Billed % (Actual)				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	Total:	0.0%

Actual Units of Service (Monthly)	2000																
YTD Units of Service		0	0	0	0	0	0	0	0	0	0	0	0	0	0	Total:	0
YTD %		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	Total:	0.0%
Performance (Units)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Actual Persons Served (Monthly)	300																
YTD Persons Served		0	0	0	0	0	0	0	0	0	0	0	0	0	0	Total:	0
YTD %		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	Total:	0.0%
Performance (Persons)		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Total Performance		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	Total:	0.0%

Monitoring Program Budget + Performance



For questions, please contact your assigned Grant Admin:

DCHDServices@elpasotexas.gov

Paulina Rubio | RubioPL@elpasotexas.gov

Daniel J. Quiñones | QuinonesDJ@elpasotexas.gov

Daisy Hernandez | HernandezD22@elpasotexas.gov

Emmanuel Topete | TopeteE@elpasotexas.gov



05

Emergency Solutions Grant (ESG)

The City of El Paso was awarded approximately **\$500,389** in 49th Year ESG entitlement funds beginning on September 1, 2023.

Through ESG, DCHD is funding 4 of the eligible components: **Street Outreach, Emergency Shelter, Homelessness Prevention, and Rapid Re-housing.**

49th Year Emergency Solutions Grant (ESG) funding has been sub-awarded to 4 community partners to support 4 programs.

Match Requirement: ESG requires a 100% match.

Contract Overview

The Department of Community and Human Development requires that subrecipients comply with all requirements and deadlines described in the **Program Scope**.

Program Scope

Program Summary

- Describes the activities, contract goals and performance measures to which your program will be held.

Outcome Statement

- Includes the number of **unduplicated clients & households** your agency will serve. More importantly, the impact and benefits to clients.

Beneficiaries & Eligibility

- Persons within the El Paso city limits who meet the Homelessness definition for the service provided.

• ELIGIBILITY REQUIREMENTS

ELIGIBLE USES FOR ESG FUNDS

Street Outreach (SO)

Emergency Shelter (ES)

Homeless Prevention (HP)

Rapid Re-Housing (RRH)

Homeless Management Information
System (HMIS)

Administration

ELIGIBLE PROGRAM PARTICIPANTS A Participant Can Receive Services if they Meet

The Homelessness Definition (SO, ES, RRH)

The At-Risk of Homelessness Definition
AND
Have income below 30% AMI (HP)

See Sec. 103 of the McKinney-Vento Homeless Assistance Act for above definitions



• DOCUMENTATION OF HOMELESSNESS

DOCUMENTATION OF HOMELESSNESS

EMERGENCY SOLUTIONS GRANT
30% Low Income Eligibility Certification

Participant Name: _____ Gender: _____

Disabled? _____ Female Head of Household? _____ Ethnicity? Hispanic or Latino
 Non-Hispanic or Non-Latino

Race? American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Children/Age/Race/Ethnicity: _____

Current Address: Street _____ City _____ State _____ Zip _____
(If less than three months list previous address)

Previous Address: Street _____ City _____ State _____ Zip _____

Referral Source (Name/Agency): _____ Phone #: _____

Client Name (including nicknames or other names used) _____

Current Address _____ City/ State _____ Zip Code _____

Phone Number _____ Email Address _____

Gender: Male _____ Ethnicity: Hispanic _____
(Please Circle One) Female _____ (Please Circle One) Not Hispanic
Gender Variant/ Non-conforming _____
Prefer not to say _____

Is the client disabled? Yes _____ No _____ Is this a Female Headed Household? Yes _____ No _____

Race: (Please circle one)
White _____ American Indian/ Alaskan Native _____
Black/African American _____ American Indian/ Alaskan Native & White _____
Black/African American & White _____ Native Hawaiian/ Pacific Islander _____
Asian _____ Native Hawaiian or Other Pacific Islander _____
Asian & White _____ Other _____
Other Multi- Racial _____

Annual Gross Family Income: Please circle the amount which best describes your annual gross family income. (This includes the combined income of all family members who living in the household. All sources of income must be counted. Income does not include income from employment of children under the age of 18 years.)

0 - \$12,400 \$14,151 - \$15,900 \$17,851 - \$19,100 \$20,501 - \$21,900
\$12,401 - \$14,150 \$15,901 - \$17,650 \$19,101 - \$20,500 \$21,901 - \$23,300

CURRENT LIVING SITUATION (check one)	Documentation Required
Residing in a place not meant for human habitation (street, car, park, abandoned building).	Staff should prepare written information obtained from a third party regarding the person's recent whereabouts. Statement MUST be signed and dated.
Residing in an emergency shelter.	Written verification from emergency shelter that the individual has been residing in the shelter. MUST be signed and dated (preferably on agency letterhead)
Residing in transitional or supportive housing for persons.	Written verification (signed and dated, preferably on agency letterhead) from the housing facility: • Indicating individual has been a resident there, and • Individual's homeless status when he/she entered facility
Been evicted within a week from private dwelling or who have received notices of termination of utility services No subsequent residence has been identified and lacks resources and support network needed to obtain housing.	Documentation of the following: • Income, and • Effort to obtain housing, and • Why, without this assistance, the participant would be on the street, and • Written documentation of formal eviction proceedings or written (dated and signed) statement from family evicting participant. • Notice of termination from the utility provider
Being discharged from a short-term stay in an institution and previously resided on the street or in an emergency shelter.	• Written verification (signed and dated, preferably on agency letterhead) from the institution's staff that the participant has been residing in the institution for 30 days or less, and • Information on the previous living situation. This will ideally be the signed, and dated verification of the individual's homeless status when he/she entered that institution. If this is not possible, follow documentation above for persons residing in places not meant for human habitation OR in emergency shelter, depending upon the prior living situation.
Been discharged from a longer stay in an institution. No subsequent residence has been identified and lacks resources and support network needed to obtain housing.	Documentation of the following: • Income, and • Efforts to obtain housing, and • Why, without the assistance, participant would be living on the street or in an emergency shelter, and • Signed and dated evidence from the institution's staff that the participant was discharged within the week before receiving homeless assistance.
Fleeing domestic violence. No subsequent residence identified and lacks resources and support network needed to obtain housing.	Written, signed, and dated verification from participant that he/she is fleeing a domestic violence situation.

Additional Requirements

Other ESG Requirements

ESG Program Requirements

- City pays on a reimbursement basis.
- **100% Match required**

HMIS Participation

- Participation in the El Paso Homeless Management Information System is required in ESG Agreements
- Coordinating with the HMIS Lead Entity to receive HMIS training within 30 days of execution of ESG agreements

PHIX Reporting

- All agencies receiving funding for homeless services are required to enter performance reporting into the Public Health Information Exchange (PHIX).

All records pertaining to your ESG contract, including financial records, client eligibility forms, documentation of services provided, etc., **shall be maintained for five (5) years after the termination or expiration of the Contract.**

Report Forms

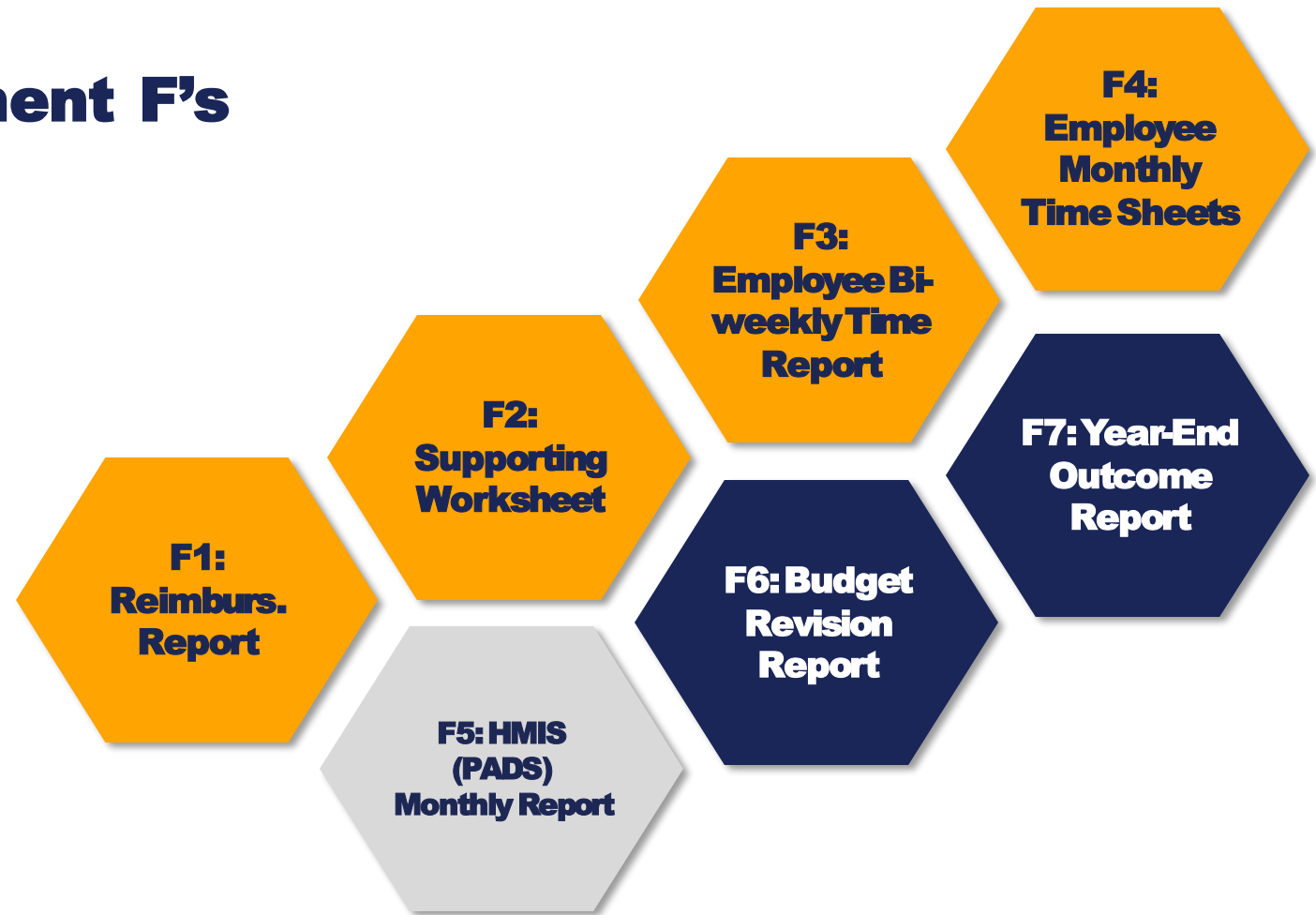
Attachment F's

Monthly reports must be submitted by the **20th of each month**, except for the close-out report which will be provided by **September 10, 2024**. Other required reports must be submitted as noted.

Programmatic forms, including client list, should be emailed to ESG@elpasotexas.gov AND to Grant Administrator for the corresponding program.

If you finish your contract early or have a month with no activity, you still need to submit a monthly report with zeroes (-0-).

If at any time during the program year your expenditures exceed performance, reimbursements may be withheld until the gap between expenditures and performance is closed.



Keep on file:

Attachment G: Documentation of Homelessness Report &
Attachment H: AMI Eligibility Certification (if applicable)

HMIS (PADS) Report

Attachment F5 can be emailed to the Grant Administrator directly

EXAMPLE

Please Download from HMIS and submit on the due date to ESG@elpasotexas.gov

Attachment F5: ESG-Persons Assisted Data Report		XXXXXXXXXX, Inc.																				
		Date Range: 09/01/2019 to 09/30/2019																				
MONTH	Adults	Children	DK/R	Households	Female	Male	DK/R	Under 18	18-24	Over 24	DK/R	Adults	Children	DK/R	Adults	Children	DK/R	Adults	Children	DK/R		
	ALL PERSONS				GENDER			AGE			STREET			EMERGENCY			HP ACTIVITIES			RRH ACTIVITIES		
Oct, 2019	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
YTD Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DK/R == Don't know/refused																						
Subpopulation								PERSONS SERVED WITH SO	PERSONS SERVED WITH ES	PERSONS SERVED WITH HP	PERSONS SERVED WITH RRH	TOTAL SERVED (Unduplicated)										
Veterans								0	0	0	0	0										
Victims of Domestic Violence								0	0	0	0	0										
Elderly								0	0	0	0	0										
HIV/AIDS								0	0	0	0	0										
Chronically Homeless								0	0	0	0	0										
Persons with Disabilities																						
Severely Mentally Ill								0	0	0	0	0										
Chronic Substance Abuse								0	0	0	0	0										
Other Disability								0	0	0	0	0										
Total (Unduplicated)								0	0	0	0	0										
SHELTER UTILIZATION																						
Number of New Units - Rehabbed																						
Number of New Units - Conversion																						
Total Number of bed-nights available								0														
Total Number of bed-nights provided								0														
STREET OUTREACH																						
Street Outreach Contacts								0														

Attachment F5

F6: Budget Revision Report

- Attachment F6 must be **emailed** to the Grant Administrator **directly and separately** on an as-needed basis.
- Explanation must address **each line item** included in budget revision request.
- If subrecipient is funded for more than one ESG component, **budget revisions can only take place within the same component.**
- Agency must be **cognizant of budget and available balances** to avoid excessive budget revisions submissions.

DECREASE:			
LINE ITEM TITLE	CURRENT ALLOCATION	REVISED ALLOCATION	DIFFERENCE
			-
			-
			-
			-
			-

INCREASE:			
LINE ITEM TITLE	CURRENT ALLOCATION	REVISED ALLOCATION	DIFFERENCE
			-
			-
			-
			-
			-
Increase minus decrease should equal zero			-

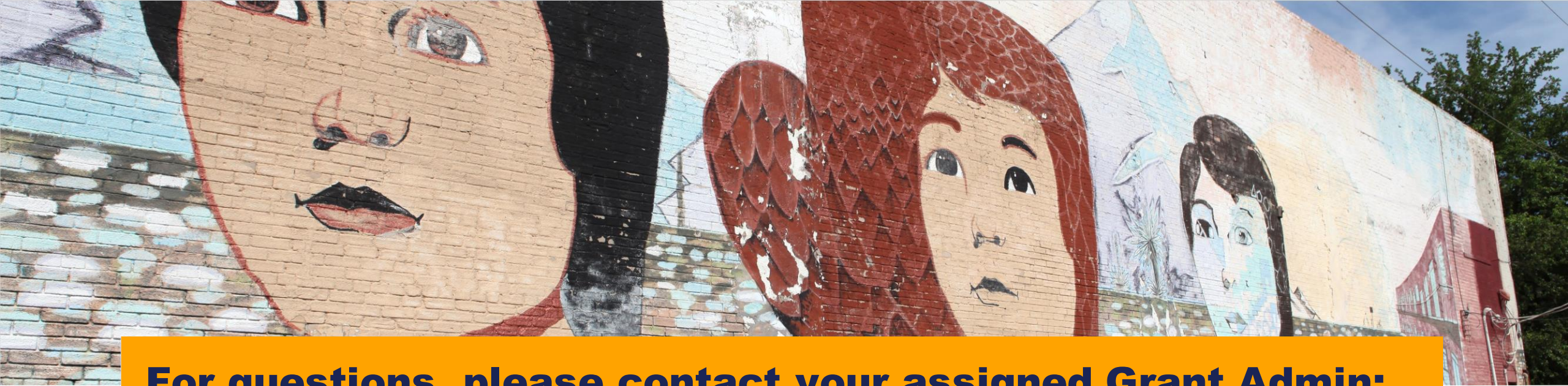
Complete explanation of why this change is needed and was not anticipated in original budget:

Agency Resources

ESG Requirements are outlined in:

- **Your ESG Contract**
- 24 Code of Federal Regulations (CFR) Part 576 (Interim ESG Regulations)
- 24 CFR Parts 91, 582 and 583
- 2 CFR Part 200
- All other regulations referenced in the contract and 24 CFR Part 576





For questions, please contact your assigned Grant Admin:

ESG@elpasotexas.gov

Daniel J. Quiñones | QuinonesDJ@elpasotexas.gov

Daisy Hernandez | HernandezD22@elpasotexas.gov

Emmanuel Topete | TopeteE@elpasotexas.gov



06

Homeless, Housing and Services Program (HHSP) And Ending Homelessness Fund (EHF)

The City of El Paso was awarded in 49th Year entitlement approximately **\$450,040** in HHSP funds and \$64,104 in EHF beginning on September 1, 2023.

Through HHSP and EHF. DCHD is funding 3 of the eligible components, which include: **Homeless Assistance, Homelessness Prevention, and Case Management.**

49th Year Homeless, Housing and Services Program funding has been sub-awarded to 4 community partners to support 5 programs. EHF funding has been sub-awarded to 1 community partners.

Purpose of Outcome Statement

The Department of Community and Human Development requires that subrecipients comply with all requirements and deadlines described in the **Program Scope**.

Outcome Statement

Persons Served
(reported monthly)

Households Served
(reported monthly)

Leverage

- Persons served + household served must be **unduplicated**, and for each person served **demographic data** must be acquired.
- Only **report under components** (i.e., Homelessness Prevention, Homeless Assistance + Case Management) that are included in your agreement.
- Leverage is a financial or in-kind commitment toward the costs of your project from a non-DCHD source.

Subrecipient must document and maintain records **in a digital and searchable format** to validate programmatic reporting. DCHD may not request backup documentation monthly, however, subrecipient will be required to provide this documentation if ever monitored.

Client Eligibility Requirements



Subrecipient must ensure that services under this Agreement are provided to **eligible clients only**.

Client Eligibility Requirements

Initial Eligibility Certification (30% AMI)

Individuals or families whose income at **initial certification** is equal to or lower than **30% of the median income** of the standard metropolitan statistical area for the City of El Paso, Texas

Eligibility Re-Certification (50% AMI)

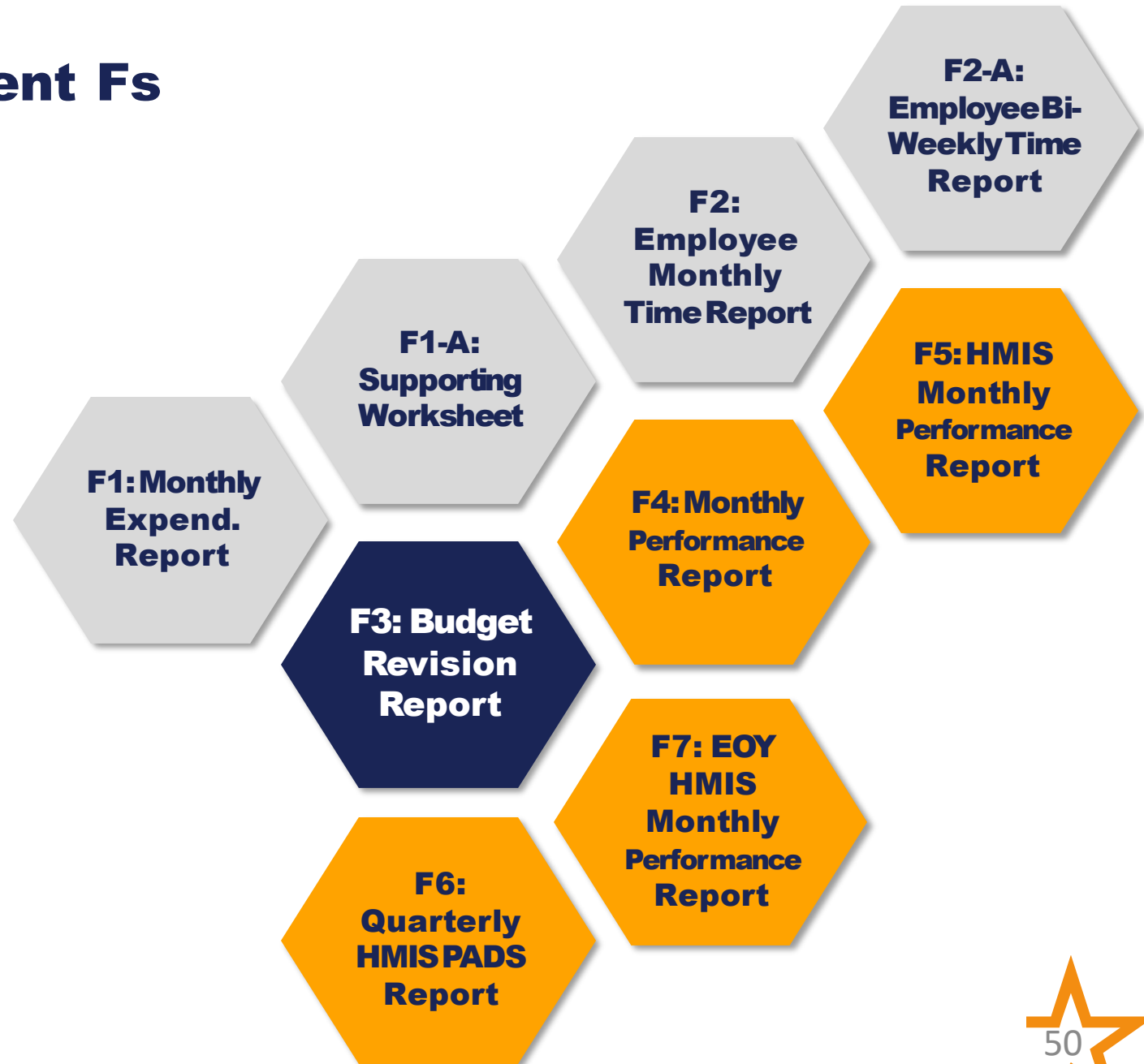
Individuals or families whose income at **re-certification** is equal to or lower than **50% of the median income** of the standard metropolitan statistical area for the City of El Paso, Texas

Acceptable proof of income must be collected and maintained for each client. Each client must reside within the City limits of El Paso, Texas and provide proof of residence.

Report Forms

Attachment Fs

Monthly reports must be submitted by the **15th of each month**, except for the close-out report which will be provided on the **10th of the month that follows the end of the service period**. Other required reports must be submitted as noted.



Fiscal Report Forms

F2-A: Bi-weekly Time Report

F1-A: Supporting Worksheet

F1: Monthly Expend. Report

F2: Employee Monthly Time Report

Key Requirements:

- Reimbursements can be submitted electronically or in-person.
 - **Exception:** Reimbursements requests over **75 pages** must be submitted in-person.
- Reimbursement requests can only include expenditures that have already been **incurred and paid** by your agency.
- Each reimbursement must be **complete and accurate**.
 - All supporting documentation must be provided to validate your expenses.
 - Amounts included within your reimbursement packet must correspond with one another.
 - Make sure that all documents are signed and dated.

Program Report Forms

Attachment F4 + Attachment F5 must be **emailed** to the Grant Administrator **directly and separately** from your reimbursement submission.

- **Persons Entering** must **equal** each **unduplicated demographic** (Race, Ethnicity, Gender and Age)
- **HHSP Entries** must **correspond** with **Components by Persons/Households**
- **Total Components** must **equal** the sum of **Components by Persons/Households**

Total Services		Unduplicated HHSP Entries							
Total Services for Persons Entering	10	Persons Entering	5						
Total Services for HH Entering	4	Households Entering	2						
Unduplicated Race		Unduplicated Ethnicity		Unduplicated Gender		Unduplicated Age			
American Indian/Alaska Native	0	Non-Hispanic/Non-Latino	0	Male	2	Under 18	2		
Asian	0	Hispanic/Latino	5	Female	3	18-24	0		
Black/African-American	0	Ethnicity Unknown	0	Trans Female (MTF)	0	25-61	2		
Native Hawaiian/Pacific Islander	0			Trans Male (FTM)	0	62 and over	1		
White	5			Gender Non-Conforming	0	Age Unknown	0		
Race Unknown	0			Gender Unknown	0				
Total Race	5	Total Ethnicity	5	Total Gender	5	Total Age	5		
HHSP General Set-Aside Reporting									
Unduplicated Special Populations		Activities by Persons		Activities by Households		Outcomes		New Beds	
Persons in at least one special population	0	Essential Services - Homeless Persons	0	Essential Services - Homeless Households	0	Homeless Persons Maintained 3+ Months	0	Shelter Beds Constructed	0
Victims of Domestic Violence	0	Essential Services - At Risk Persons	0	Essential Services - At Risk Households	0	Homeless Households Maintained 3+ Months	0	Shelter Beds Rehabilitated	0
Unaccompanied Children (Under 18)	0	HA Persons	5	HA Households	2	At Risk Persons Maintained 3+ Months	0	Shelter Beds Converted	0
Unaccompanied Youth (18-24)	0	HP Assistance Persons	0	HP Assistance Households	0	At Risk Households Maintained 3+ Months	0	TL Beds Constructed	0
Parenting Children and Youth (24 and under)	0	Persons Using Day/Night Shelter	0	Households Using Day/Night Shelter	0			TL Beds Rehabilitated	0
Children of Parenting Youth (Under 18)	0	Case Management- Homeless Persons	5	Case Management- Homeless Households	2			TL Beds Converted	0
Veterans	0	Case Management- At Risk Persons	0	Case Management- At Risk Households	0				
Does this report correspond with the monthly report in the HMIS? YES OR NO	NO								
2. If you answered No, Please provide an explanation and mention how these discrepancies will be resolved?	The count under Total Services of which are determined by adding: Person entering - Plus- HA Person, And Households Entering - Plus - HA Households, does not match the count on Attachment 2F HMIS MPR due to HMIS does not populate/add the two categories.								



Attachment F4: Monthly Performance Report

If Attachment F4 + Attachment F5 do not reconcile, an explanation must be provided.



Program Report Forms

Attachment F5: HMIS Monthly Performance Report

Attachment F4 + Attachment F5 must be emailed to the Grant Administrator **directly and separately** from your reimbursement submission.

- This report is **generated directly from HMIS**.
- Make sure to complete **agency + program information** at top of report.

Subrecipient or Vendor Name	Agency Name	Reporting Month	June 2021
Contract Number	HHSP	Is this report adjusting a prior month?	No
Contract Term	09/01/2020 - 08/31/2021	If "Yes", what is the reason for the adjustment request?	N/A

HHSP Monthly Performance Report

Total Services		Unduplicated HHSP Entries	
for Persons Entering	for Households Entering	Persons Entering	Households Entering
5	2	5	2

Unduplicated Race		Unduplicated Ethnicity		Unduplicated Gender		Unduplicated Age	
American Indian/Alaska Native	0	Non-Hispanic/Non-Latino	0	Male	2	Under 18	2
Asian	0	Hispanic/Latino	5	Female	3	18-24	0
Black/African-American	0	Ethnicity Unknown	0	Trans Female (MTF)	0	25-61	2
Native Hawaiian/Pacific Islander	0			Trans Male (FTM)	0	62 and over	1
White	5			Gender Non-Conforming	0	Age Unknown	0
Race Unknown	0			Gender Unknown	0		
Total Race	5	Total Ethnicity	5	Total Gender	5	Total Age	5

HHSP General Set-Aside Reporting

Unduplicated Special Populations		Activities by Persons		Activities by Households		Outcomes		New Beds	
Persons in at least one special population	0	Essential Services - Homeless Persons	0	Essential Services - Homeless Households	0	Homeless Persons Maintained 3+ Months		Shelter Beds Constructed	
Victims of Domestic Violence	0	Essential Services - At Risk Persons	0	Essential Services - At Risk Households	0	Homeless Households Maintained 3+ Months		Shelter Beds Rehabilitated	
Unaccompanied Children (Under 18)		HA Persons	5	HA Households	2	At Risk Persons Maintained 3+ Months		Shelter Beds Converted	
Unaccompanied Youth (18-24)		HP Assistance Persons	0	HP Assistance Households	0	At Risk Households Maintained 3+ Months		TL Beds Constructed	
Parenting Children and Youth (24 and under)		Persons Using Day/Night Shelter	0	Households Using Day/Night Shelter	0			TL Beds Rehabilitated	
Children of Parenting Youth (Under 18)		Case Management - Homeless Persons	5	Case Management - Homeless Households	2			TL Beds Converted	
Veterans	0	Case Management - At Risk Persons	0	Case Management - At Risk Households	0				

If Attachment F4 + Attachment F5 do not reconcile, an explanation must be provided.

Program Report Forms

Attachment F7: EOY HMIS Monthly Performance Report

Attachment F7 must be emailed to the Grant Administrator **directly and separately** from your final reimbursement submission.

- This report is **generated directly from HMIS.**

MONTH	Adults	Children	DK/R	Households	Female	Male	DK/R	Under 18	18-24	Over 24	DK/R	Adults	Children	DK/R	Adults	Children	DK/R	Adults	Children	DK/R	Adults	Children	DK/R
	ALL PERSONS SERVED				GENDER			AGE			STREET OUTREACH			EMERGENCY SHELTER			HP ACTIVITIES			RRH ACTIVITIES			
Sep, 2020	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oct, 2020	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nov, 2020	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dec, 2020	5	2	0	5	3	4	0	2	0	5	0	0	0	0	0	0	0	0	0	0	5	2	0
Jan, 2021	13	8	0	10	13	8	0	8	1	12	0	0	0	0	0	0	0	0	0	0	13	8	0
Feb, 2021	4	3	0	4	5	2	0	3	0	4	0	0	0	0	0	0	0	0	0	0	4	3	0
Mar, 2021	11	0	0	9	3	8	0	0	0	11	0	0	0	0	0	0	0	0	0	0	11	0	0
Apr, 2021	10	4	0	10	6	8	0	4	2	8	0	0	0	0	0	0	0	0	0	0	10	4	0
May, 2021	5	2	0	4	2	5	0	2	2	3	0	0	0	0	0	0	0	0	0	0	5	2	0
Jun, 2021	3	2	0	2	3	2	0	2	0	3	0	0	0	0	0	0	0	0	0	0	3	2	0
Jul, 2021	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aug, 2021	6	4	0	5	4	6	0	4	0	6	0	0	0	0	0	0	0	0	0	0	6	4	0
YTD Total	57	25	0	49	39	43	0	25	5	52	0	0	0	0	0	0	0	0	0	0	57	25	0

Attachment F7 must reconcile with your monthly reports. If not, an explanation must be provided.

Budget Revision Report

- Attachment F6 must be emailed to the Grant Administrator **directly and separately** on an as-needed basis.
- Explanation must address **each line item** included in budget revision request.
- Agency must be **cognizant of budget and available balances** to avoid excessive budget revisions submissions.

DECREASE:			
LINE ITEM TITLE	CURRENT ALLOCATION	REVISED ALLOCATION	DIFFERENCE
			-
			-
			-
			-
			-

INCREASE:			
LINE ITEM TITLE	CURRENT ALLOCATION	REVISED ALLOCATION	DIFFERENCE
			-
			-
			-
			-
			-
Increase minus decrease should equal zero			-

Complete explanation of why this change is needed and was not anticipated in original budget:

Attachment F3: Budget Revision Report

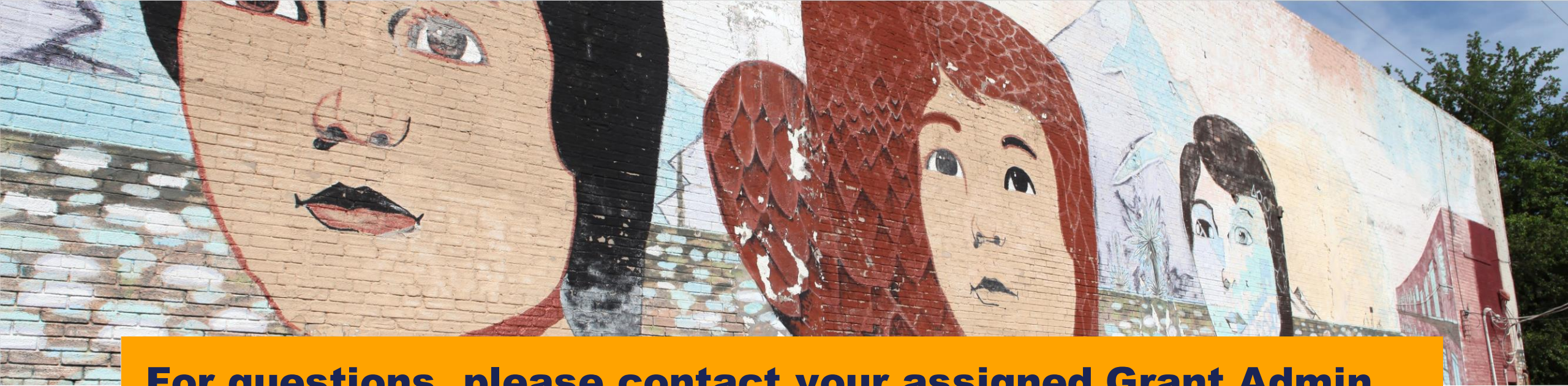
Can only submit budget revision for transfer between line items under the same component.

Submission of a budget revision request does not necessarily equate to approval. Subrecipient must ensure that each budget revision request has been approved prior to accounting for it in your next reimbursement packet.



Description	Original Budget	Budget Transfers	Revised Budget	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Av available Balance	YTD Expend.	
552150 - Case Management Salaries																		
Staff Salaries	\$30,553.00		\$ 30,553.00													\$ 30,553.00	\$0.00	
Fringe Benefits	\$10,323.00		\$ 10,323.00													\$ 10,323.00	\$0.00	
Subtotal	\$40,876.00		\$ 40,876.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,876.00	\$0.00	0%
552154 - FA - Homelessness Prevention																		
Short Term Rental Assistance	\$20,000.00		\$20,000.00													\$20,000.00	\$0.00	
Rental Application Fees	\$1,000.00		\$1,000.00													\$1,000.00	\$0.00	
Security & Utility Deposits	\$1,000.00		\$1,000.00													\$1,000.00	\$0.00	
Last Month's Rent	\$1,000.00		\$1,000.00													\$1,000.00	\$0.00	
Utility Reconnection Fees	\$6,000.00		\$6,000.00													\$6,000.00	\$0.00	
Moving Costs	\$7,500.00		\$7,500.00													\$7,500.00	\$0.00	
Subtotal	\$36,500.00		\$36,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,500.00	\$0.00	0%
552154 - FA - Homelessness Assistance																		
Short Term Rental Assistance	\$4,000.00		\$4,000.00													\$4,000.00	\$0.00	
Rental Application Fees	\$1,000.00		\$1,000.00													\$1,000.00	\$0.00	
Security & Utility Deposits	\$1,000.00		\$1,000.00													\$1,000.00	\$0.00	
Last Month's Rent	\$1,000.00		\$1,000.00													\$1,000.00	\$0.00	
Utility Reconnection Fees	\$1,500.00		\$1,500.00													\$1,500.00	\$0.00	
Utility Payments	\$1,500.00		\$1,500.00													\$1,500.00	\$0.00	
Subtotal	\$10,000.00		\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	0%
YTD Total Billed	\$87,376.00	\$0.00	\$ 87,376.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$87,376.00	\$0.00	
QUARTERLY EXPENDITURES:					\$0.00			\$0.00			\$0.00					Total:	\$0.00	
PERCENTAGE (%)				0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	Overall %		0%
PROJECTED PERSONS SERVED:				5.83	11.67	17.50	23.33	29.17	35.00	40.83	46.67	52.50	58.33	64.17	70.00	Total:	70	
	70			8.3%	16.7%	25.0%	33.3%	41.7%	50.0%	58.3%	66.7%	75.0%	83.3%	91.7%	100.0%	Total:	100%	
PROJECTED HOUSEHOLDS SERVED:				5.83	11.67	17.50	23.33	29.17	35.00	40.83	46.67	52.50	58.33	64.17	70.00	Total:	70	
	70			8.3%	16.7%	25.0%	33.3%	41.7%	50.0%	58.3%	66.7%	75.0%	83.3%	91.7%	100.0%	Total:	100%	
ACTUAL PERSONS SERVED:				0	0	0	0	0	0	0	0	0	0	0	0	Total:	0	
	0			0	0	0	0	0	0	0	0	0	0	0	0	Benchmark:	0	#DIV/0
ACTUAL HOUSEHOLDS SERVED:				0	0	0	0	0	0	0	0	0	0	0	0	Total:	0	
	0			0	0	0	0	0	0	0	0	0	0	0	0	Benchmark:	0	#DIV/0

Monitoring Program Budget + Performance



For questions, please contact your assigned Grant Admin

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Additional Requirements

Monthly Programmatic Monitoring

Other Program Requirements

- Agency to provide **list of clients served** with program reports.
- Grant Administrator will randomly select sample size of **client files to review**.
- Agency to submit client files within 7 days.
 - Redact sensitive information
 - Unique identifiers may be used when necessary
- If no issues are found with the client's eligibility, DCHD will continue to process reimbursement for the month.
- If issues are found, these must be resolved before reimbursement can be processed and payment issued.
- Please be advised that any delay in submission of reports or client files will result in delay of reimbursement payment.

PHIX + El Paso Helps

All **homeless service agencies** receiving City funding are required to:

1. Enter performance reporting into the Public Health Information Exchange (**PHIX**). A training on reporting into the PHIX system will be scheduled for **September**.
2. Participate in **El Paso Helps**, a City-led initiative to increase access to services for all vulnerable populations.

Agency **Performance Factors** Considered in Future Applications

Agency Credit Score

Agency credit scores are generated by evaluating each program and the agency as a whole. These are a few of the factors taken into consideration:

- **Timeliness** of fiscal/programmatic reporting
- **Responsiveness** of the agency to DCHD requests
- Agency **participation** in City-initiated strategic planning
- Agency ability to **fulfill objectives**
- **Compliance** concerns and findings
- Timely **expenditure of funds**
- Among **other factors**

For questions, please contact your assigned Program and Project lead:

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Mission

Deliver exceptional services to support a high quality of life and place for our community

Values

Integrity, **R**espect, **E**xcellence,
Accountability, **P**eople

Vision

Develop a vibrant regional economy, safe and beautiful neighborhoods and exceptional recreational, cultural and educational opportunities powered by a high performing government