


Completing a Docusign Reimbursement Request for Contracts with an Amendment

When completing a Reimbursement Request for amended contracts there are additional steps needed to ensure that the request includes the required information for processing. Follow the example below for changes needed on your reimbursement request for new cost categories, cost category changes, or adjusted budget amounts.



KITSAP COUNTY
REIMBURSEMENT REQUEST

DEPARTMENT OF HUMAN SERVICES
614 Division Street, MS - 23
Port Orchard, WA 98366

Organization: KC Human Services

Contact Person: Cory Derenburger

Address: 645 6th St, Bremerton WA 98337

Email: cderenbu@co.kitsap.wa.us

Phone Number: 360-337-7287

Contract Number: KC - 000-A INVOICE #: 3

Program/Project Title: Example Program
(For this Contract's Funding)

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIODS OF (DATES):
FROM: 4/1/2020 TO: 4/30/2020

4 Cost Category	5 Grant Funding Source (HHGP, AHGP, COVID-19)	6 Budget Awards	New Adjusted Budget (If Contract Amendment) <input checked="" type="checkbox"/>	8 This Request	9 Cum to Date Including This Request	Award Balance
Case Mgmt - Salaries & Benefits	HHGP	2000.00	2000.00	350.00	700.00	1,300.00
Prgm Ops - Salaries & Benefits	AHGP	2000.00	2000.00	400.00	800.00	1,200.00
Prgm Ops - Program Admin Exp	HHGP	500.00	0.00		0.00	0.00
Prgm Ops - Program Indirect	HHGP		500.00	150.00	150.00	350.00
Building O&M - Salaries & Benefits	AHGP	4000.00	4000.00	500.00	1500.00	2,500.00
COVID-19 Response Activities	COVID-19		10000.00	350.00	350.00	9,650.00
-- select --	-- select --					0.00
-- select --	-- select --					0.00
-- select --	-- select --					0.00
-- select --	-- select --					0.00
TOTAL COSTS		8,500.00	18,500.00	1,750.00	3,500.00	15,000.00

Recipient must provide substantiated documents to the extent required in the grant contract, upon demand.

I, THE UNDERSIGNED, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED, THE LABOR PERFORMED AS DESCRIBED HEREIN, AND THAT THE COUNTY IS JUST, DUE AND UNPAID OBLIGATION AGAINST THE COUNTY OF KITSAP AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY SAID CLAIM.

Recipient's Signature: _____
Date: 6/9/2020

Housing and Homelessness Division, Kitsap County Human Services
Date: _____

Before a reimbursement request can be filled the contract or amendment must be fully executed (signed by your agency and approved and signed off by the county). A reimbursement request may be submitted for review before a contract or amendment is signed but will be held and unsigned until the contract or amendment is fully executed.

- 1: Contract Number – include the contract number followed by the amendment letter.
- 2: Invoice number – continue incrementing your invoice number for each request, you do not need to start renumbering with each amendment.
- 3: Date Range – The date ranges provided should not overlap between each subsequent reimbursement requests. Expenses related to new cost categories prior to this date range may be included in your request and summary.

4: Cost Category – You must include all cost categories from your original contract and any additional cost categories added to your program’s budget through amendments. These cost categories relevant to your request can be found in Exhibit B in your contracts. All cost categories in these budgets must be included on each reimbursement request, even if you do not have any request amounts for these cost categories.

5: Grant Funding Source – Select the funding source noted in Exhibit B of your contract for each Cost Category. *If you have been granted COVID-19 grant funding the cost category and fund type are reported together on a single line, the cost category is COVID-19 Response Activities and the fund type is COVID-19. COVID-19 fund type only applies to cost category COVID-19 Response Activities.*

6: Budget Awards – The budget awards must reflect the amounts provided in Exhibit B of your original contract. Ensure that in the Total Costs row that the total original budget amount calculated matches your original total budget from your original contract. If there are cost categories added through an amendment that were not in the original contract, these fields may be left blank (see Budget Awards column for Prgm Ops – Indirect and COVID-19 Response Activities in the example).

7: Adjusted Budget – If you have an amended contract you must include **both** the original contract amounts under Budget Awards, and the amended contract amounts under the New Adjusted Budget.

If you have an amended contract check the checkbox in the column head for New Adjusted Budget.

New Adjusted Budget (If Contract Amendment) <input checked="" type="checkbox"/>
2000.00

The New Adjusted Budget fields will be displayed. Include the adjusted budget amounts from Exhibit B in your contract amendment in these fields. If you have had multiple amendments use the Exhibit B from the most recent fully executed amendment for these New Adjusted Budget amounts. If a cost category type was changed from one cost category to another (for example Prgm Ops – Program Admin Exp to Prgm Ops – Program Indirect in the example) the Adjusted Budget amount for this cost category will be 0.00. Each row with a cost category in the New Adjusted Budget column must have an amount listed. If the cost category was changed or zeroed out, include 0.00 for this amount.

Double-check that the Total Costs calculated at the bottom of the New Adjusted Budget column matches your total amended amount from Exhibit B in your contract.

8: This Request – the request total for the cost category. If you do not have a request amount for a cost category on the request you may either fill the request amount as 0.00 or leave the amount blank.

9: Cum to Date – The cumulative amount requested to date for the contract, including the amounts from this request. Each row with a cost category must be filled. In the example Prgm Ops – Program Admin amount is 0.00 as there have been no expenses for this cost category.

Organization Name:

KC Human Services

Contract #:

KC-000-A

Invoice #:

3

1. Statement of Work Performed:

Provided 24-hour shelter to guests. 7 Guests participated in case management. 3 households successfully exited to permanent housing.

2. Summary of Expenses:

Cost Category	Vendor	Expenditure Date	Amount
CM - Salaries & Benefits	Smith, John	April 2020	350.00
PO - Salaries & Benefits	Dent, Arthur	April 2020	400.00
PO - Program Indirect	KC Human Services - Indirect	4/30/2020	150.00
Bldg O&M - Salaries & Benefits	Gently, Dirk	4/15/2020	150.00
Bldg O&M - Salaries & Benefits	Gently, Dirk	4/30/2020	350.00
COVID-19 Response	Smith, John - overtime	4/30/2020	150.00
COVID-19 Response	Safeway - Food	4/27/2020	100.00
COVID-19 Response	Home Depot - Gloves	4/27/2020	100.00
-- select --			

Summary of Expenses

Statement of Work Performed – Provide a brief description of what the expenses paid for and how they supported the scope of work in the contract.

Summary of Expenses – List each expense separately. If you have an individual bill, invoice, or receipt from a vendor, it should be listed separately. A copy of the bill, invoice, or receipt and proof of payment must be on file at your organization for verification during the periodic site visits. *For COVID-19 grants, a scanned copy of each bill, invoice, or receipt and proof of payment must be submitted before the reimbursement request can be processed.*

Cost Category – List the cost category for each expense (from the cost categories on the Reimbursement Request Form). *For COVID-19 related expenses use the drop-down menu to select “COVID-19 Response” for all expenses related to COVID-19 response activities.*

Vendor – List person, company, or organization to whom the expense was paid.

If you are paying rental assistance, list the landlord to whom the rental assistance was paid and the last name of the client for whom it benefited. If your organization was the landlord, put your organization’s name in the Vendor column and the last name of the client for whom it benefited. (e.g. Housing Agency – Smith, or Glendale Apartments – Jones).

If the expense is for Salaries & Benefits, list the last name of the employee who was paid.

Expenditure Date – List the date that the bill, invoice, or payroll was **paid** (not the date of the bill or invoice).

Amount – Indicate the amount paid to the vendor. In some cases, this may be less than the total of the bill or invoice. If so, indicate this on the bill or invoice that you are keeping on file.

COVID-19 Expenditures and Documentation

The allowable uses for expenses related to COVID-19 is different that AHGP and HHGP funds, so I would encourage you to review <https://www.kitsapgov.com/hs/HOUSINGBLOCK/2020%20COVID-19%20Grant%20Guidelines%2005%2001%202020.pdf>. You will need to email cderenbu@co.kitsap.wa.us with electronic copies of receipts, wage summaries, etc. as backup documentation for COVID-19 related expenses. If existing staff have

expanded hours, their regular hours should be billed toward existing Salaries & Benefits cost categories in your request. New staff and additional hours for existing staff can be billed toward COVID response cost category, your wage summary must distinguish between regular hours and additional hours for existing staff.