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| **HSP Grantee:** **HSP Subgrantee:** **Invoice Date:**  |
| **Disbursement Requests: C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **Date:** |  |
| **□ Required disbursement documentation included****□ Missing required disbursement documentation** |  |  |

| **HSP Required Documentation**Awardees should use this checklist to ensure they are properly verifying expenses for the Homelessness Solutions Program (HSP). Required documentation must support evidence of expenditures in alignment with any disbursement requests submitted to Maryland DHCD. Continuum of Care (CoC) grantees are required to verify expenses and keep copies of all subgrantee expenditure documentation on-site. Documentation will be reviewed during the grantee’s annual monitoring and should also be made available to Department staff upon request. Please refer to the [HSP Policy Guide](http://dhcd.maryland.gov/HomelessServices/Documents/HSP-Policy-Guide.pdf) to understand how funding can be used and when to make disbursement requests. The [HSP Program Eligible Activities Quick Reference](http://dhcd.maryland.gov/HomelessServices/Documents/Appendix-1-HSP-Program-Components-Quick-Reference-Guide.pdf) also provides a list of eligible program activities under HSP.  |
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| **General HSP Eligible Costs** |
| **ApplicableC:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf**  | **In file** | **In file** | **The cost of activities that relates to services rendered under program components. Services include, but not limited to, case management, client engagement, housing search and placement, and housing stability case management.**  |
| **Yes** | **No** |
| **□** **YES****□ NO** | **□** | **□** | **□ Staff Salaries** * **Summary from payroll system that reflects all staff paid for with HSP funds, title, hours worked, amount in pay they received, and percentage of their salary being paid through HSP.**
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| **Outreach** |
| **ApplicableC:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **In file** | **In file** | **The costs of activities designed to meet the immediate needs of****unsheltered homeless people by connecting them with emergency shelter, housing, and/or critical health services.** |
| **Yes** | **No** |
| **□** **YES****□ NO** | **□** | **□** | **□ Essential Services** * **Engagement**
* **Receipts for providing meals, blankets, clothing or toiletries.**
* **Case Management**
* **Copy of outreach worker’s cell phone bill for HSP services.**
* **Transportation**
* **Copy of mileage log for service worker’s travel using personal vehicle to visit program participants.**
* **Copy of mileage log for transporting unsheltered people to emergency shelters.**
* **Receipts for public transportation costs for program participant(s) and/or staff to assist participant(s).**
* **Receipts for tolls and parking applicable to client services provided.**
* **Purchase or lease agreement for vehicle used for transporting program participants.**
* **Receipts for maintenance costs of vehicle used for transporting program participants.**
* **Emergency & Mental Health Services**
* **Receipts for emergency services rendered to program participants.**
* **Special Events**
* **Receipts for supplies associated with Point in Time (PIT) counts and Homeless Resource Day events.**
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| **Emergency Shelter**  |
| **Applicable****C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **In file** | **In file** | **Costs associated with connecting people with immediate access to overnight shelter in order to respond to a crisis, paying for the operating costs of shelters, and for providing essential services.** |
| **Yes C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **No C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** |
| **□ YES****□ NO**  | **□** | **□** | **□ Shelter Operations:** * **Copy of rent/mortgage payments**
* **Copy of utility bills (electricity, gas, water, fuel, cable etc.)**
* **Receipts for facility maintenance (minor/routine repairs, trash removal, snow removal, pest control, etc.)**
* **Receipts for food service and/or delivery**
* **Receipts for essential furniture and/or supplies for shelter residents.**
* **Receipts for emergency hotel/ motel voucher expenses.**

**□ Essential Services:*** **Child Care:**
* **Copy of receipts of providing meals and snacks and coordinating developmental/educational activities.**
* **Training/ Education:**
* **Receipt of training in General Education Development (GED) English as a Second Language (ESL) or any other health, consumer education for client housing placement.**
* **Employment Assistance, Job or Life Skills training:**
* **Copy of job training program, employment assistant program or life skills training receipt or stipend.**
* **Transportation:**
* **Copy of mileage log for service worker’s travel using personal vehicle to visit program participants.**
* **Receipts for public transportation costs for program participant(s) and/or staff to assist participant(s).**
* **Receipts for tolls and parking applicable to client services provided.**
* **Purchase or lease agreement for vehicle used for transporting program participants**
* **Receipts for maintenance costs of vehicle used for transporting program participants**
* **Supportive Services:**
* **Receipts for services rendered to program participants, e.g. Outpatient Health, Mental Health, Substance Abuse Treatment, Legal, or Services for Special Populations.**
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| **Housing Stabilization**  |
| **Applicable****C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **In file** | **In file** | **Costs associated with helping people locate, pay for, and remain in permanent housing, and preventing an individual or family from moving into an emergency shelter or from living in a public or private place not meant for human habitation. Activities and costs are separated by the type of client being served:*** **Rapid Re-Housing (RRH) covers services to individuals and households that are “literally homeless,” meeting the HUD category 1 definition of homelessness.**
* **Homelessness Prevention (HP) is for households who do not meet the category 1 criteria, but are still considered at-risk of homelessness and whose income is below 30% AMI.**
* **Permanent Supportive Housing (PSH) Case Management covers supportive services for low-income persons already living in PSH to help them maintain their housing status.**
 |
| **Yes C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **No****C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** |
| **□ YES****□ NO** | **□** | **□** | **□ Rental Assistance*** **Copy of receipt(s) for short-term to medium-term rental assistance (0 – 24 months).**
* **Copy of receipt(s) for rental arrears.**

**□ Financial Assistance*** **Copy of receipt(s) for rental application fees, security and utility deposit and payments, and/or last month’s rent.**

**□ Service Costs** * **Copy of credit repair receipt for client housing placement.**
* **Copy of receipt for legal assistance.**
* **Copy of receipt for moving costs such as rental truck or temporary storage fees up to three months.**
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| **Homeless Management Information System (HMIS)** |
| **Applicable****C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **In file** | **In file** | **General costs of contributing data to the HMIS designated by the Continuum of Care for the area.**  |
| **Yes****C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **No****C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** |
| **□ YES****□ NO**  | **□** | **□** | **□ Eligible Costs** * **Copy of receipts for purchasing or leasing computers, hardware and software and/or software licensing.**
* **Copy of receipt(s) for technical support.**
* **Proof of leasing space copy and charges for utilities associated with the space.**
* **Copy of timesheet for staff that monitors report and/or review HMIS data.**
* **Receipt of staff travel for HMIS training.**
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| **Administrative Activities** |
| **Applicable****C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **In file** | **In file** | **General management, oversight and coordination of the overall HSP program.**  |
| **YesC:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **NoC:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** |
| **□ YES****□ NO**  | **□** | **□** | **□ Eligible Broad Costs** **1. General management, oversight and coordination*** **Copy of recent paystub or timesheet of staff engaged in overall program coordination / administration.**

**2. HSP Trainings** * **Mileage log or receipt for HSP training travel.**
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|  | ***Additional Notes:***  |