

**REIMBURSEMENT GUIDELINES FOR INVOICE  
SUBMISSIONS AGAINST GRANT AWARDS  
AND REQUIRED REPORTS**

Emergency Solutions Grant (ESG), Edward Byrne Memorial  
Justice Assistance Grant (JAG) Program and  
Clark County Outside Agency Grant (OAG) Funds

These guidelines are being provided to your agency to assist you in submitting requests for reimbursement, submitting the required reports, and to provide information relative to your specific funding allocation. These guidelines are comparative to those programs and projects solely funded by Clark County, or for those programs and projects jointly funded by Clark County and another entity with Clark County being the lead agency, thereby being the responsible entity for the administration of the program or project.

I. INITIAL LEGAL DOCUMENT PROCESS

Your agency has been assigned a Grants Coordinator to work with you during the preparation of a Resolution or Interlocal Agreement that governs how the funding allocation is to be utilized, and defining the scope of work. Your assigned Grants Coordinator will process your requests for reimbursement of expenditures and monitor your program or project on a day-to-day basis in accordance with applicable Federal and/or County regulations and office guidelines and procedures in effect during the time that you are funded. Refer to your Resolution/Interlocal Agreement to determine your assigned Grants Coordinator.

1. Your funding allocation is governed by the provisions incorporated in the Resolution or Interlocal Agreement that was approved by the Board of County Commissioners, or by signing the agreement (if it is a cooperative agreement), which formally allocates Federal or County funds to your agency for a specific program or project. Provisions are contained in the Resolution or Interlocal Agreement that defines what is eligible for reimbursement, what is required from your agency, and how the Scope of Work will be performed. The "Expenditures Eligible for Reimbursement" exhibit, attached to the Resolution or Interlocal Agreement, will define those expenditures that were approved as eligible.

2. Your reimbursement request can be processed by Clark County Community Resources Management without unnecessary delays if your agency will take a few minutes to make sure that you are submitting a properly prepared and documented request in accordance with the grant regulations.

3. Reimbursement requests must be in accordance with the Resolution exhibit listing the "Expenditures Eligible for Reimbursement", for the program or project designated. For instance, if funds were allocated for a housing program, you cannot request reimbursement for expenses under a different program.

4. Reimbursement requests must be in accordance with the Resolution exhibit listing the "Expenditures Eligible for Reimbursement", for the line items designated. If funds were allocated for costs related to utilities and rent, requests for reimbursement of salaries or other expenses cannot be accepted without prior authorization. Budget modifications are allowed; however, these MUST be submitted prior and approved before expenses are made.

5. Reimbursement requests must be within the time period stated in the Resolution or Interlocal Agreement which correlates with the grant fiscal year and the County's funding cycle. Therefore, if your funding allocation becomes available starting July 1st of any year, reimbursement could not be requested for expenses incurred during previous months (June, May, etc.). Your funding allocation may also have a time frame within which all funds must be fully expended, which would be stated in the Resolution or Interlocal Agreement. **Invoices must be submitted monthly by the 20<sup>th</sup> of each month, unless approved to do otherwise.** If approved to submit Requests for Reimbursement at the end of the grant program, you must submit invoicing as one lump package, not as multiple invoice submissions through ZoomGrants.

## II. DETERMINATION OF CHARACTERISTICS OF PROGRAM FUNDED

1. Your ESG and JAG funding allocation was initiated by your agency through the application, committee review and recommendation process. The committee recommendations for ESG and JAG were reviewed and approved by the Board of County Commissioners prior to the County's Annual Action Plan being submitted to the U.S. Department of Housing and Urban Development (HUD) and Clark County's application being submitted to the U.S. Department of Justice (DOJ) for approval, as applicable. The Resolution or Interlocal Agreement will be developed from your agency's application initially requesting funding assistance, and the approved County's application which defines the program approved as well as the amount of funding to be allocated. Therefore, any changes requested by an agency after the Board has authorized that the County's application may be submitted to HUD or DOJ, will be considered by Community Resources Management, but may not be approved. The following paragraph provides more specific guidelines regarding such requests.

2. If your agency wishes to change or add to the line items, or change the program or project funded, your agency must seek approval from Community Resources Management. Such approval may require that the Resolution or Interlocal Agreement be amended and be resubmitted for approval to the respective governing board or boards.

3. If your request requires a funding reallocation or reprogramming due to a significant change in the use of the funds from what was previously approved by the governing board, your request may not be approved. The requested change may not be possible, as it may violate the Federal caps imposed upon the County's expenditures for public services, or may not be an eligible use of funds.

4. In some cases, if the change requested poses no significant revision to the eligible expenditures allowed for reimbursement, your agency will be requested to submit a letter stating your request as documentation for the file, and your agency will be allowed to implement the change in billing.

5. If your organization is receiving OAG funds (County general funds), the above-referenced procedures for budget amendments still apply, but amendments to the County's application to HUD or DOJ will not be required.

### III. AGENCY RESPONSIBILITIES-SUBMITTING REIMBURSEMENT REQUESTS

1. A request for a **Reimbursement Checklist** is used to ensure the correct source documentation is included in the reimbursement request. A **Transmittal Invoice, Budget Spreadsheet, General Ledger Report, Payroll Ledger, ESG Match** (if applicable), and the proper source documentation for each reimbursement request are required. Failure to include all documents listed in the checklist will result in the delay of your request for reimbursement until further documentation has been submitted and accepted. We ask that proper source documentation is 1. placed in order, 2. provided in full, and 3. is not missing the required documents bolded above, if so, the entire invoice submission will be sent back in full.

2. The **Transmittal Invoice** must be on agency stationery with agency logo, or otherwise with the mailing address registered with the county. Be sure to include the name of your assigned Grants Coordinator on the line labeled "attention" to. List contact information for the awarded program, that includes name, title, email address, phone number, and organization address in accordance with the provisions of the approved Resolution or Interlocal Agreement. All invoices must include a four to eight (8) character max unique ID. No leading zeros.

3. Include a **Budget Spreadsheet** in Excel, which summarizes the requested amounts and includes the following details: check number, date of check, paid to, purpose, amount of check, amount charged to grant, and the budget category or line item the activity should be charged to (in accordance with the budget in the Resolution or Interlocal Agreement awarding funds to your agency). Number all source documentation to match the budget spreadsheet.

4. The **General Ledger** report displays the transactions for the whole account and is evidence of financial internal controls of an organization. This report must include: date, the account used for the transaction, subtotals and totals. The period covered should correspond with the date range of the reimbursement request.

5. Salary & Fringe reimbursement requests must include a detailed **Payroll Ledger**, spreadsheet if multiple positions are being paid, time records, or earning statements if a detailed Payroll Ledger cannot be provided. The **Payroll Ledger** report displays the full hours and hours charged to the grant, % charged to the grant/labor distribution, earnings, reimbursements and other payments related to salaries and fringe. This report must include: date, description, rate, hours, earnings, reimbursements and other payments, withholdings i.e. Federal Income Tax, Social Security, Medicare, etc., deductions such as health insurance, and net pay allocations and if they were direct deposits. The fringe documentation showing how amounts were derived and other multiple items that are grouped or paid by a percentage, and any other records that will substantiate your claims must be submitted. Non-electronic timesheets must be signed by the employee or supervisor or director/board member. Submit timesheets with ink signatures only, no stamps or electronic signatures will be accepted. Electronic timesheets are acceptable and do not require signatures.

7. Travel is an allowable expense if included in your originally submitted budget. All travel expenditures must follow GSA allowable rates. <https://www.gsa.gov/travel-resources>

Instead of submitting detailed receipts for meals while on travel, the allowable GSA Meals and Incidentals rate may be charged if this is within your originally submitted and approved budget.

6. Submit copies that are clearly legible and that evidence of payment has been submitted for all amounts being presented on your request for reimbursement. Be sure that the full check number or invoice number appears on any copies of checks and billings being submitted. Copies that are too light to read, or copies that have a portion cut off may delay your payment request until further documentation has been submitted and accepted. The proper source documentation should include all-back up documentation to justify amount requested for reimbursement such as detailed receipts from vendor, utility bills, invoices (quotes are not acceptable). Please note we are no longer asking for the back of checks nor full bank statements but this will be checked when you are monitored. All back-up documentation must be in chronological order according to allowable line-item expense and purchase date. **NO CASH purchases will be reimbursed.**

7. Any changes in address, phone numbers, agency or program name, or change in the administrator of the program should be promptly reported to your assigned Grants Coordinator in writing as well as updated in your agency's ZoomGrants account. Also any change in the Executive Director, Administrator of the agency, President, etc. that was involved in the initial application process, should also be promptly reported to your assigned Grants Coordinator as well as updated in your agency's ZoomGrants account.

8. ESG ONLY- Match and source documentation must be submitted in a separate packet.

9. JAG ONLY- Activity Reports must be included for each person whose salary is paid via JAG.

10. Submit all requests for reimbursement/invoices in ZoomGrants by logging into your account, clicking on your approved funded program, and then click on the Financial tab to enter information and upload required documents. If you need more information on how to submit requests for invoices, click [Invoices and Payments - ZoomGrants](#) on the CRM website for a quick detailed tutorial or you can email [Questions@ZoomGrants.com](mailto:Questions@ZoomGrants.com) for assistance.

#### IV. RESPONSIBILITIES OF AGENCY SUBMITTING REQUIRED REPORTS

1. Reports noting your progress on your program's objectives as outlined in your grant request and/or as detailed in the Scope of Services in the Resolution or Interlocal Agreement to grant funds to your agency are required quarterly for most projects (consult the Resolution to Grant Funds). ESG reports are required monthly.

2. Reports required will vary depending on the type of program for which your agency has requested funding.

A. OAG sub recipients are required to submit a year-end report in ZoomGrants detailing information on the unduplicated number of beneficiaries of the funded services on a prescribed Annual Report Form (see the Exhibit C in Resolution). In addition, OAG recipients are required to submit quarterly reports in ZoomGrants which will be addressed in the Resolution or Interlocal Agreement. If funds are fully expended before the end of the grant

year, quarterly reports may not be required. Contact your Grants Coordinator for more information.

B. ESG sub recipients are required to submit a year-end report as well as monthly reports.

C. JAG sub recipients need to contact your Grants Coordinator for more information.

3. All reports submitted should be clearly marked as reports and should not be attached with the reimbursement request billing and backup. Reports may be submitted in ZoomGrants at the same time as a reimbursement request.

The Resolution or Interlocal Agreement contains provisions that identify the specific reports required from your agency. For information on your specific program reporting requirements, please contact your assigned Grants Coordinator.

All 2020/2021 Outside Agency Grant recipients are required to submit Performance Measurement Quarterly Reports in ZoomGrants. For information on how to submit your program performance report click [ZoomGrants - Reports](#) on the CRM website for a quick detailed tutorial or you can email [Questions@ZoomGrants.com](mailto:Questions@ZoomGrants.com) for assistance.

OAG Quarterly Report Due Dates		Due
Q1	July-September	October 15
Q2	October – December	January 15
Q3	January - March	April 15
Q4	April - June	July 15

V. ADMINISTRATION OF PROJECTS AND PROGRAMS FUNDED

1. For your information, funding allocations are provided as a reimbursement to your agency for expenses already incurred and paid for by your agency. Community Resources Management will not advance funds to your agency to cover expenses due and not yet paid.

2. Your agency should call your assigned Grants Coordinator if you have any questions regarding your funding allocation, or the Resolution or Interlocal Agreement provisions.

3. If a submission has to be returned to you for a revision or correction, or your agency receives a request for additional backup documentation, please respond as soon as possible. Your request for payment cannot be processed until all documentation has been received and has been accepted.

4. Your submittal is checked for accuracy, conformance with the Resolution, and completeness, it is submitted for approval by the Community Resources Management Manager and then submitted for drawdown. Drawdowns are processed two to three times a month. It is possible that your agency may not submit your request in time, by the 20<sup>th</sup> of the month to be included in a drawdown just processed, and your request cannot be processed further until the next drawdown has been done. After funds have been drawn down to cover your request, your submittal is processed through the Comptroller's Office and the Treasurer's Office. The Treasurer's office will issue the check to your agency, or direct deposit. Check pick up will not be allowed.

## VI. SUMMARY

These guidelines have been developed to provide guidance and information regarding your approved funding allocation. A request for **Reimbursement Checklist, Transmittal Invoice, and Budget Spreadsheet** template is included for your convenience. Failure to include all documents listed in the checklist may result in the delay of your payment request until further documentation has been submitted and accepted.

### **THESE GUIDELINES ARE PROVIDED BY:**

Shylo Endris, Grants Coordinator  
Clark County Social Service  
Community Resources Management  
1600 Pinto Lane, 2<sup>nd</sup> Floor  
Las Vegas Nevada 89106-4196  
(702) 455-5025 office  
(702) 455-5604 desk  
[Shylo.Endris@ClarkCountyNV.gov](mailto:Shylo.Endris@ClarkCountyNV.gov)

# REQUEST FOR REIMBURSEMENT CHECKLIST

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

4-8 characters only

Name of Organization: \_\_\_\_\_

Program/Project Title: \_\_\_\_\_

- Complete **Request for Reimbursement Checklist**;
- Transmittal Invoice** with a 8 digit unique alpha-numeric invoice number;
- Budget Spreadsheet** that outlines all requested reimbursement amounts;
- Provide a **General Ledger** that lists detailed requested amounts;
- Collect ALL source documentation. This includes detailed receipts, invoices, timesheets (signed), detailed payroll ledger OR earnings statements, proof of payments, etc.;
- Clearly label each piece of evidence with the appropriate line item (These line items are specific to your budget);
- Double check the amounts indicated on the **Budget Spreadsheet** and **General Ledger** are the same;
- Salary & Fringe** requests must include timesheets (signed), a **Budget Spreadsheet** and a detailed **Payroll Ledger**;
- Collect authorized fiscal agent signatures for paperwork if needed.
- ESG Only: Match and all supporting documentation

## **Organize and submit your grant financial records in this order:**

1. Request for Reimbursement Checklist
2. Transmittal Invoice
3. Budget Spreadsheet
4. General Ledger
5. Salary & Fringe (if applicable)
6. Source Documentation



# Transmittal Invoice

(Insert your Agency's logo here)

DATE: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

**4-8 characters only**

TO: CLARK COUNTY SOCIAL SERVICE  
COMMUNITY RESOURCES MANAGEMENT  
1600 PINTO LANE, 2<sup>nd</sup> FLOOR  
LAS VEGAS, NEVADA 89106-4196

ATTENTION TO: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

<b>REQUEST FOR REIMBURSEMENT OF EXPENSES</b>
--

PO NUMBER: \_\_\_\_\_

GRANT NUMBER: \_\_\_\_\_

GRANT FISCAL YEAR: 2020/2021

PROGRAM NAME: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
Authorized Fiscal Agent Signature

\_\_\_\_\_  
Date