# Mandatory Supporting Documentation Request for Reimbursement (RFR)

**COC Grant Program**

**For all Expenses, please submit** a General Ledger for the appropriate month showing claimed expenses. ***(All expenses should be clearly marked and totaled, matching the amount on the expenditure form)****.*

**Record Keeping:** RTFH will need access to all mandatory supporting documentation of the expenses, should an onsite Monitoring visit be scheduled.

1. **Supporting Documentation:** A series of documentation to support the reimbursements.
2. **Profit and Loss:** Monthly statement of revenue and expenses, with a line item for the expense under the grant.
3. **Housing Quality Standards:** Copies of initial and annual inspections, in compliance with 24 CFR 578.75 should be in the participant file.
4. **Leasing Rental Worksheet:** Shows payments made to the landlord with grant funds. This form should be a tracking form and uploaded with the invoice.

**The documents listed below should be uploaded into ZoomGrants with each RFR**

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| **Personnel Expenses** | |
| **Personnel** | * Timesheets for the specific month of the requested reimbursement. * Payroll records for the month that matches the timesheets. Include pay stubs and the payroll ledger for the employee(s). * Employee benefits will need sufficient documentation to demonstrate the agency’s costs for employee's benefits, and how often. |
| **Leasing and Rental Assistance Expenses** | |
| **Leasing / Rental Assistance** | * A copy of the landlord lease agreement (One time only) * Master Lease (if applicable, one time only) * Occupancy Agreement * Leasing Worksheet * Copy of original invoice and copy of the original check showing payment. |
| **Security Deposit** |
| **Utility Assistance** |
| **Moving Costs** |
| **Equipment** |
| **Communications** |

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| --- | --- |
| **Consultants & Contract Expenses** | |
| **Consultants & Contracts** | * Copy of the original invoice and check showing payment. * Copy of contract/MOU/SOW |
| **Program Operation Expenses** | |
| **Program Delivery Supplies** | * Copy of the original invoice and check showing payment. |
| **Program Operations: Facility, Utilities, and Maintenance** |
| **Telephone, Fax, Internet, Postage & Shipping** |
| **Travel/Mileage (Fuel and Vehicle Expenses)** |
| **Staff Development and Training** |
| **Matching Documentation** | |
| **Identify the source of Match** | * Cash Match/In Kind Match. Must be tracked using the **Match Form** and uploaded with the invoice submissions. |
| **Cash Match** | * Include the same supporting documentation used in the chart above. |
| **In Kind Match** | * An MOU should be in place for any services provided to project participants from a third- party agency. |
| **Ex. Staff Time** | * Include the same supporting documentation used in the chart above under Personnel. |

***Reminder****: If the expenditures are paid for by more than one source (e.g., federal, United Way, private donations), the split costs should be accurately tracked within the recipient’s or sub- recipient’s accounting system.*