



**Department of
Homeless Services**

**Human Service Providers
Fiscal Manual**

JULY 2011

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I. INTRODUCTION

The mission of the Department of Homeless Services is to overcome homelessness in New York City. DHS prevents homelessness wherever possible and provides short-term emergency shelter and re-housing support whenever needed. These goals are best achieved through partnerships with those we serve, public agencies, and the business and non-profit communities.

The purpose of this manual is to provide guidance to Not-For-Profit Human Services Providers who have contracts with the Department of Homeless Services and Providers who are submitting proposals. The manual contains procedural information, forms and instructions to assist providers in the submission of required documents.

Section II of this manual outlines the budget procedure, instructions for completing the line item budget and samples of all forms. This section provides information to assist in preparing the line item budget; budget modifications during the year and the year-end close-out.

Section III of this manual outlines the payment process, instructions on start-up payments, and advances and monthly billing. Since the payment process differs for types of program, this section provides information for each.

This manual will be revised or updated as information changes. If further clarification is needed on any information included in this document, please email the Budget Office at amtse@dhs.nyc.gov.

Fiscal Year

The City fiscal year runs from July 1, - June 30. The budgets reflect costs for this time period.

II. BUDGET PROCEDURES

1. Annual Reviews

Once a year DHS human services providers are given the opportunity to work with DHS Program Analysts and the DHS Office of Budget to prepare a revised contract budget for the following fiscal year. DHS initiates the process with a notice to its providers a few months prior to the start of the fiscal year. The purpose of the annual budget review is to allow providers to make adjustments to each budget line in order to bring it into closer alignment with actual expenses on an annual basis, thereby reducing the need for modifications throughout the year and to ensure that both the provider and DHS are operating with the same formally approved budget. DHS' Office of Budget and the designated program area representatives review the proposed budget and work with each provider on their budget for the new fiscal year. (Note: separate guidelines exist for SRO programs.)

A few months prior to the new fiscal year, DHS sends a notice to providers with current budget information attached. This notice will initiate the annual budget review process. Within the time frame specified by DHS, providers must submit the following forms as applicable (all of which are available on diskette or CD in Excel):

Attachment #1:	Budget Summary Form
Attachment #2A:	Line Item Budget Form - A
Attachment #2B:	Line Item Budget Form - B
Attachment #3:	Budget Modification and Report Form
Attachment #3A:	Budget Mod Line Item Budget Form - A
Attachment #4:	Fringe Benefits
Attachment #5:	Debt Service/Start-up Amortization
Attachment #6:	Allocation Methodology (includes Allocation Guidelines)
Attachment #7:	Justification for Changes Exceeding \$10,000 or 10%
Attachment #8:	Agency Administrative Overhead - Details
Attachment #8A:	Agency Administrative Overhead - Explanation
Attachment #9:	Medical Budget
Attachment #10:	Revenue Form
Attachment #11:	Audit Fee Methodology
Attachment #12:	Consultant Project Information
Attachment #13:	Insurance Form

The annual review submission must include the proposed budget in two different, but inter-linked, formats: line-item and summary.

- 1) All submissions must include Line Item Budget Form - A (Attachment #2A). If the program has multiple funding sources, the submission must also include Line Item Budget Form - B (Attachment #2B). The Line-Item Budget Form (both A and B) consists of several categories broken down into specific line items for both PS and OTPS (e.g. in the category Professional Costs, there are line-items for "Accounting and Legal," "Audit," "Consultants," and "Medical"). This is a standardized line-item format to be used by all providers; please read the instructions accompanying the form carefully. If a line-item in the Line Item Budget Form is not applicable to the program,

place a zero in that line. If a line-item applicable to your program is not included in the budget format, combine your item with one of the existing line items, e.g. Consultants (Temporary Agency). **Do not add any new line items.**

If a contract is funded through more than one funding source, complete Line-Item Budget Form - B, adding a column for each source and allocating the dollars for each appropriately. The line-item allocations should reflect actual expenditure projections for the new fiscal year and the bottom-line should not exceed the current bottom-line amount. (New needs which require additional funding should not be included in the annual review, but submitted under separate cover - see Section 3, below).

- 2) The Budget Summary Form lists all categories in both PS and OTPS, as taken from the Line-Item Budget Form.
 - After the Budget Summary Form is completed, it must be signed by the provider's authorized financial representative in the title at the top section. Two copies of the completed Line-Item Budget Form(s), the Budget Summary Form (with the authorized representative's original signature, not a photocopy), and the attachments together with the computer disk or CD, should be sent to the DHS Program Analyst.
 - The Program Analyst and Budget staff will review the proposed budget in conjunction with other DHS Program representatives, as appropriate. After the proposed budget package has been reviewed by DHS and signed off, Budget Staff will prepare a letter identifying any deficiencies and/or requiring additional information for signature by the appropriate Assistant Commissioner in the program area. Once signed, the letter and the approved Budget Summary Form will be returned to Budget Staff for forwarding to the provider for action.
 - After signing the bottom portion of the form in the section called "Approvals," the provider will forward the approved Budget Summary Form containing the original signatures to DHS Budget, along with any additional information requested in the letter; the signed form and any other information requested will be kept on file. (If the Budget Summary Form is not returned to DHS within 10 work days, DHS assumes that the budget has been approved). DHS Budget will send a copy of the approved budget to the DHS Finance Office, and one copy to the Program Analyst.

Note: If there are no changes in the budget for the upcoming fiscal year, the provider must still complete all the forms for the annual review. This will ensure that both DHS and the provider have a record of the provider's most recent approved budget. Any questions about the annual review forms should be referred to the provider's Program Analyst. All initial contact between DHS and the provider concerning budget matters should be through the Program Analyst, although subsequent technical discussions may occur between the provider and the Budget office.

2. Reports / Budget Modifications

The purpose of the following procedure is to give providers greater flexibility by allowing them to make certain modifications to their budgets without the prior approval of DHS; to ensure that all modifications are based on a standard line-item format; and to ensure that all budget modifications are documented and result in an officially revised budget, which is accepted and signed by the provider and DHS.

All changes to budgets are to be submitted on a categorical basis (collapsed line item categories). This revision in procedure eliminates considerable detailed reporting of changes and, in some cases, prior DHS approval of changes. However, this revision of budget modification policy does not in any way obviate the need for contract agencies to maintain adequately detailed and auditable line-item budgets and contract records. All budget submissions to DHS, both Reports and Budget Modifications (as described below) must include the line-item version (Line Item Budget Form - A, and B if there are different funding streams) as part of the submission package.

Please note that modifications cannot be made between funding streams: ESG, City Council, DOHMH, and DHS (Non-Grant).

2.1 Types of Submissions

The Budget Modification and Report Form (Attachment #3) is a dual-purpose form covering Reports (which do not require DHS approval) and Budget Modifications (which require DHS approval). Each submission on the Budget Modification and Report Form must be either a Report or Budget Modification, but not both.

2.2 Reports

A Report involves changes to the budget that do not require prior DHS approval. In general, DHS approval will not be required if cumulative changes, both increases and decreases, over the course of the fiscal year, to individual categories in the original contract budget remain under the designated thresholds detailed below (see Section 3). For budgets where cumulative changes remain below the established thresholds, an agency will be required to submit Attachment #3 Budget Modification and Report Form, and Attachment #3A, Budget Mod Line Item Budget Form – A and B if there are different funding streams and all applicable attachments as necessary, to DHS as a Report advising of, but not requesting approval of, changes made. The following forms must be attached, as appropriate. A cover letter should accompany the forms clearly stating that the changes involved remain under established thresholds and do not require DHS prior approval.

(**Note:** the Budget Summary Form is not required to be submitted). All forms are available on diskette or CD in Excel.

Attachment #2B:	Line Item Budget Form - B
Attachment #3:	Budget Modification and Report Form
Attachment #3A:	Budget Mod Line Item Budget Form - A

Attachment #4:	Fringe Benefits
Attachment #5:	Debt Service/Start-up Amortization
Attachment #6:	Allocation Methodology (includes Allocation Guidelines)
Attachment #7:	Justification for Changes Exceeding \$10,000 or 10%
Attachment #8:	Agency Administrative Overhead - Details
Attachment #8A:	Agency Administrative Overhead - Explanation
Attachment #9:	Medical Budget
Attachment #10:	Revenue Form
Attachment #11:	Audit Fee Methodology
Attachment #12:	Consultant Project Information
Attachment #13:	Insurance Form

The report will become effective when DHS returns a signed copy.

2.3 Budget Modifications

A Budget Modification involves changes to the budget that do require prior DHS approval. In general, DHS approval will be required if cumulative changes, both increases and decreases, over the course of the fiscal year to individual categories in the original contract budget exceed the designated thresholds detailed below (see Section 3). An agency anticipating, or actually incurring, fiscal year budget changes exceeding any of the specified thresholds must submit Attachment #3 Budget Modification and Report Form and Attachment #3A, Budget Mod Line Item Budget Form - A and B if there are different funding streams requesting DHS approval of the Budget Modification covering those changes. DHS will expeditiously notify the agency in writing whether the proposed Budget Modification has been approved, disapproved or deferred for further clarification. The following forms must be attached, as appropriate. A letter explaining the need for the change(s) should also be included. (Note: the Budget Summary Form is not required to be submitted). All forms are available on diskette or CD in Excel.

Attachment #2B:	Line Item Budget Form - B
Attachment #3:	Budget Modification and Report Form
Attachment #3A:	Budget Mod Line Item Budget Form - A
Attachment #4:	Fringe Benefits
Attachment #5:	Debt Service/Start-up Amortization
Attachment #6:	Allocation Methodology (includes Allocation Guidelines)
Attachment #7:	Justification for Changes Exceeding \$10,000 or 10%
Attachment #8:	Agency Administrative Overhead - Details
Attachment #8A:	Agency Administrative Overhead - Explanation
Attachment #9:	Medical Budget
Attachment #10:	Revenue Form
Attachment #11:	Audit Fee Methodology
Attachment #12:	Consultant Project Information
Attachment #13:	Insurance Form

Budget Modifications should not result in a shortfall in a critical area of operations or in a deviation from the scope of services specified in the contract. Deviations from or changes to the scope of services must be approved by DHS prior to implementation.

DHS reserves the right to revoke the provider's ability to make Budget Modifications for any amount without prior approval from DHS. In such circumstances, DHS will notify the provider in writing explaining the reasons for revocation. The provider may appeal this decision to the Commissioner of DHS.

3. Thresholds for Reports/Budget Modifications

For all thresholds listed below, the following guidelines must apply: 1) threshold standards refer to categories, not individual line-items; 2) the dollar/percentage change must be calculated against the original annual budget approved as part of the annual review; c) the dollar/percentage change must be cumulative, that is the change being currently proposed must be added to any previous changes already implemented before comparing to the threshold standards; d) the thresholds refer to both increases and decreases (cumulative) from the original approved budget.

3.1 Personnel Services (PS)

The PS threshold requiring submission of a Budget Modification for DHS approval is:

- An increase or decrease of more than 10% in any PS category or \$10,000.

A concise explanation of the factors that necessitated these changes must be attached to the Budget Modification and Report Form. If the change from the original category amount exceeds 10% or \$10,000, a justification is required. Attachment 7, Justification for Changes Exceeding \$10,000 or 10%, must be submitted with the Budget modification and Report Form. However, categorical changes that exceed +/-10% of the original category where the total category amount is equal to or less than \$5,000 do not need to be justified.

It should be noted that all agencies are required to comply with City policy regarding salary increases. Further, any reduction in FTEs does not mean an automatic reduction in service commitment. In addition, any staff changes made must be in conformance with certification requirements and standards of good care.

3.2 Fringe Benefits

The fringe benefit threshold requiring submission of a Budget Modification for DHS approval is:

- The greater of +/- 10% of the original budget amount or \$10,000. If the change from the original category amount exceeds +/- 10% or \$10,000, a justification is required. However, categorical changes that exceed +/- 10% of the original category where the **total category amount** is equal to or less than \$5,000 do not need to be justified.

Include Attachment #4 (Fringe Benefits) with the submission.

3.3 Other Than Personnel Services (OTPS)

For OTPS the threshold requiring submission of a Budget Modification for DHS approval is:

- The greater of +/- 10% of the original category amount or \$10,000. If the change from the original category amount exceeds +/- 10% or \$10,000, a justification is required. However, categorical changes that exceed +/- 10% of the original category where the total category amount is equal to or less than \$5,000 do not need to be justified. An explanation of the necessity for the changes must be attached; complete Attachment 7, Justification for Changes Exceeding \$10,000 or 10%.

3.4 Required Budget Modifications

The following budget changes, regardless of the amount of the change, are Budget Modifications and must be approved by DHS prior to implementation:

- a. An increase to the annual salary of the shelter/program director.
- b. A change in the amount of time allocated in the contract for the parent organization's executive director, chief operating officer, chief fiscal officer and/or chief program officer.
- c. Increases in the percentage rate of fringe benefits or administrative overhead.
- d. Adding funds to a previously not-funded line or reducing a line to zero dollars.
- e. Increases or decreases in rent or debt service.
- f. Increases or decreases in the total bottom-line amount of the budget (after DHS has approved a new need).
- g. Increases or decreases in the number of beds/units that are covered by the budget.
- h. Increase or decrease in revenue.
- i. Any changes within the ESG, DOHMH, or City Council category.

4. Completing the Budget Modification and Report Form

4.1 Personnel Services (PS)

On the Budget Modification and Report Form, amounts for the left-hand column under

"Original Budget" are to be taken from the original, approved Budget Summary Form for the fiscal year. Figures in the right hand columns under "Current Modification Requested" should reflect new/revised budget amounts and new/revised FTEs, with the percentage increase or decrease over the "Original Budget" indicated. Figures in the middle columns under "Last Approved Modification" should reflect the last report or modification that DHS approved. All percentage and dollar variances, increases or decreases, should reflect cumulative changes over the original budget.

If an agency has received a PS contract amendment during the fiscal year, the amended amounts should be included in the "Original Budget" column of the next Budget Modification and Report Form submitted to DHS.

4.2 Other Than Personnel Services (OTPS)

As with PS, the "Original Budget" in the left-hand column should reflect budgeted amounts from the original approved Budget Summary Form for the fiscal year. The middle column, "Last Approved Modification," should reflect the amount DHS approved in the last report or modification. The right hand column, "Current Modification Requested," should reflect the new/revised budget figures with the dollar increase or decrease and the percentage increase or decrease indicated.

If an agency has received an OTPS contract amendment during the fiscal year, the amended amounts should be included in the "Original Budget" column of the next Budget Modification and Report Form submitted to DHS.

Please note that you cannot move liquidated ESG expenses to the non-grant category. You can move liquidated non-grant expenses into ESG if you first obtain DHS approval. If you have questions, please contact Bernice McCallum at (212) 361-7431.

5. Timetable for Submissions

Reports and Budget Modifications can be submitted at any time during the fiscal year with a maximum of four (4) submissions per year plus an additional submission for a Performance Incentive Modification for non-shelter programs. A budget mod must be submitted for all funded new needs, along with the approved new need form.

Budget Modifications requiring DHS approval must be submitted 30 days in advance of the proposed effective change date. Budget Modifications submitted to revise year end budgeted amounts must be submitted within a timeframe that allows for the 30 day approval period required by DHS. Reports must be submitted no later than 14 days after the effective date or proposed effective change date. The DHS Office of Finance will not make payments against a revised budget without either a Budget Modification or Report reflecting such changes (see the Human Services Payment Procedures).

DHS does not guarantee after the fact approval of any major budget/contract changes. If a provider has an emergency situation requiring a modification in the budget, a written request should be faxed to the Program Analyst detailing the nature of the emergency and the cost.

The request should note the area from which the funds will be reduced. The Program Analyst will expedite processing of this request. Providers have requested using this procedure as the fiscal year ends, and they may do so. However, a formal Budget Modification must be submitted following the verbal approval of such a request. If DHS' examination of the Budget Modification determines that in fact the funding categories were insufficient, DHS will modify or deny the requested change.

6. New Needs

A new need is a request to increase the contract's total funding, or bottom-line. New needs can be submitted to DHS for approval at any time using the Human Service Providers New Need Request Form. A new needs request should be submitted to the program analyst and must be accompanied by a letter clearly identifying the justifications for the request. New needs will be reviewed on a first come basis and prioritized based on criticality and availability of funds. Highest priority will be given to the emergency needs (such as health and safety and/or regulatory compliance issues). DHS will respond to the provider in writing within 45 days of receiving each new needs request.

A budget mod must be submitted for all funded new needs.

*HUMAN SERVICE PROVIDERS
NEW NEED REQUEST FORM*

BACKGROUND

In order to ensure proper tracking of new needs requests submitted by human service providers, DHS has created a new need request form. The provider should complete the first section and mail the computer disk and a hard copy to the program analyst.

NATURE OF THE REQUEST (SECTION I)

Provider to complete:

Enter your name, the facility, and contact information. Enter the funds requested, which may differ in the current year and the outyears, along with an explanation of how you calculated the dollars needed (for example, average salary).

As importantly, if not more so, it is crucial to justify why you are requesting the money. Specifically, state why you want to implement the new need (for example, State mandate, better services, leaky roof) and what will occur should you not receive funding (for example, State fines, longer stays by clients, water leaking into rooms). DHS has limited available funding, so let us know why your need is a top priority. Please attach additional pages so we can review a comprehensive justification.

ACKNOWLEDGEMENT OF RECEIPT (SECTION II)

DHS Programs to complete within 14 days of receiving the form:

The Program Analyst will note when the form was received and sign this section. A photocopy will be sent to the provider.

Note to providers: If you have not received an acknowledgement within three weeks of mailing DHS the form, please call your Program Analyst to confirm receipt.

DHS PROGRAMMATIC RECOMMENDATION

DHS Programs to complete within 30 days of receiving the form:

Programs will state the decision and the reason and obtain the necessary signatures. If more information from the provider is required, the recommendation is "On Hold."

If the recommendation is "Approve," Programs will forward the computer disk and the hard copy to Budget.

If the recommendation is "On Hold" or "Disapprove," Programs will not forward the request to Budget. Instead, it will keep the original for its records and send a photocopy to the provider.

DHS BUDGET RECOMMENDATION

Budget to complete within 15 days of receiving the form, only for requests approved by Programs:

Budget will complete the amount requested, amount funded, and the budget/object code. If Budget funds an amount that differs from the request, it will include an explanation of the variance. For all recommendations, Budget will return a photocopy of the completed form to Programs, which will notify the provider and take any other applicable actions.

If the recommendation is "Funds Available," Programs will begin any necessary contract amendment processes.

If the recommendation is "Request Approved but Funds Currently Unavailable," Programs will notify the provider of the decision. If funds are available later in the fiscal year, Budget will send a revised form to Programs, which will inform the provider and initiate any contract amendments that are necessary.

If the recommendation is "Funds Unavailable," there are no funds available for the remainder of the fiscal year. The provider may resubmit the request during the following fiscal year.

If the recommendation is "Other," Budget will specify what actions Programs should take.

**HUMAN SERVICE PROVIDERS
DHS ANNUAL REVIEW
INSTRUCTIONS FOR COMPLETING ATTACHMENTS #1 - #13**

The annual review forms and the Budget Modification and Report Form are available on disks in Excel. The Budget Summary Form (for the annual review) is linked to the Line Item Budget Form - A. The Budget Modification and Report Summary Form is linked to the Budget Mod Line Item Budget Form - A. Complete the Line Item Budget Form - A first, and then the Budget Summary Form or the Budget Modification and Report Summary Form will automatically be updated.

Any questions regarding completion of the various attachments should be referred to the program analyst.

**ATTACHMENT #1
BUDGET SUMMARY FORM**

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
BUDGET SUMMARY FORM**

Agency/Provider	_____	Contract No	_____
Program/Facility	_____	Fiscal Year	_____
Term of Contract	_____	Date	_____
Agency Representative	_____	Title	_____
Agency Telephone	_____	Agency E-mail	_____

I PERSONNEL SERVICES (PS)	ORIGINAL BUDGET	FTE'S
Administration	\$0	0.00
Counseling	\$0	0.00
Child Care (Tier IIs only)	\$0	0.00
Recreation	\$0	0.00
Direct Care	\$0	0.00
Security	\$0	0.00
Maintenance	\$0	0.00
MVO	\$0	0.00
Kitchen	\$0	0.00
TOTAL PERSONNEL SERVICES	\$0	0.0
II FRINGE BENEFITS	#DIV/0!	\$0
III TOTAL PS	\$0	
IV OTHER THAN PERSONNEL SERVICE		
Office Equipment	\$0	
Client Supplies/Furniture	\$0	
Client Transportation	\$0	
Client Stipends	\$0	
Utilities	\$0	
Office Expenses	\$0	
Professional Costs	\$0	
Maintenance/Repair	\$0	
Mechanical System Contracts	\$0	
Food	\$0	
Contracted Security	\$0	
Vehicle Expenses	\$0	
TOTAL OTPS	\$0	
V TOTAL PS & OTPS (III + IV)	\$0	
VI ADMINISTRATIVE OVERHEAD	FY 12 #DIV/0!	\$0
VII RENT	\$0	
VIII TOTAL (without Debt Service) (V + VI + VII)	\$0	
IX START UP	\$0	
X DEBT SERVICE AMORTIZATION	\$0	
XI AMENDMENTS (I.E., PIP, NEW NEED, ETC.)	\$0	
XII GROSS AMOUNT (VIII + IX + X + XI)	\$0	
XIII ACCRUALS (Max 5% of Net Funding - DHS Funding)	#DIV/0!	\$0
XIV REVENUE	\$0	
XV DHS FUNDING (XII - XIII - XIV)	\$0	
FUNDING TYPE		
DHS DIRECT	\$0	
PIP	\$0	
ESG	\$0	
MH	\$0	
TOTAL FUNDING	\$0	

NOTE: If the Budget Summary Form is not returned with all original signatures within ten (10) days of receipt, DHS will assume your approval of the Annual Review.

APPROVALS:

DHS Program Representative

Date

DHS Budget

Date

Provider

Date

The Budget Summary Form is the principle document for the annual review process. It summarizes the line-item budget versions contained in Attachments #2A. The information will automatically be carried forward from Attachment #2A.

Top Section

Agency/Provider:

See below. DHS diskette will automatically bring data from the Line-Item Budget Form - A onto the Budget Summary Form.

Program/Facility:

See below. DHS diskette will automatically bring data from the Line-Item Budget Form - A onto the Budget Summary Form.

Contract No.:

See below. The current contract number. If you do not have this information, contact your program analyst.

Fiscal Year:

See below. The City's fiscal year - i.e., FY12 for the period July 1, 2011 - June 30, 2012.

Term of contract:

The current term of the contract. If you do not have this information, contact your program analyst.

Date:

Date the form is being submitted.

Agency Representative:

Authorized agency representative responsible for the content of the submission. Please initial hard copies at the top of the page to indicate the form is the official annual review submission.

Title:

Title of the agency representative, telephone number and e-mail address.

Budget Section

The subtotals for each category on the line-item budget (Attachment #2A) must equal the categories on the Budget Summary Form. On the diskette, these numbers will automatically appear (the Budget Summary Form is attached to the line-item version of Attachment #2A).

Funding Type

This section should be completed in accordance with the breakout of the bottom-line budget in the Attachment A sent by DHS to initiate the annual review process.

Approvals

To indicate approval, DHS Programs and DHS Budget will sign in this section. An annual review

budget is not official until both DHS Programs and Budget have signed the Budget Summary Form, sends it to the Provider, who in turn signs and returns to DHS. Providers have 10 days to review the approved budget and submit signed budget forms to their Program Analyst. After 10 days all budgets will be deemed final even if a signed copy is not sent back to DHS.

CONTRACT BUDGET DEFINITIONS (TERMS IN BUDGET SUMMARY FORM)

(Definitions below also apply to Attachments #2A and #2B)

Gross Amount (Line XII) means the budgeted aggregate amount of Personal Services (PS) and Other Than Personal Services (OTPS), as specified in the Budget Summary Form and Line Item Budget Form, and is the maximum dollar amount of contract services that may be defrayed for the current Fiscal Year.

Accruals (Line XIII) means that dollar amount by which the Agency/Provider must under spend the Gross amount. The maximum allowable Accrual is 5% of the DHS Funding amount.

Revenue (Line XIV) means all fees and other payments received by the Agency for the provision of DHS services. Revenue shall include, but not be limited to: a) fees for services paid by clients; b) fees for services paid on behalf of clients by other individuals, corporations (including insurance companies), Federal, State and Local governments; and c) other income realized in the operation of a program funded under this Fiscal Year.

To the extent funding realized through other sources, i.e., grants, fund raising activities, is applied to the DHS line item budget to enhance individual lines, the aggregate of such enhancements will be indicated as Revenue and offset DHS expenses. The Agency will complete Attachment #10 specifying the source of the proposed revenue enhancements. During the course of the year, any changes to the revenue enhancements reported in the approved budget would be made through the budget modification process and include an updated Revenue form, Attachment #10.

Agencies that receive funding from other sources are required to report this funding if it is applied to the DHS line item budget and impacts the Gross Amount (Line XII). Dollar amounts indicated for Revenue are considered Agency responsibility and not DHS. DHS reimbursement is limited to the maximum amount indicated on Line XV – DHS Funding.

DHS Funding (Line XV) means the gross cost less Accruals and less Revenue, and is the maximum amount the Department and the Agency together will contribute toward the cost of providing Contract Services during the Fiscal Year.

ATTACHMENT #2A
LINE ITEM BUDGET FORM - A

DHS BUDGET

P:\Userapps\LINEITEM\FY12 Family Annual review\FY12 Annual Review Disk Contents\FY12 Annual review Budget Forms\FY12 Tier II Annual Review Forms_Families.xls\Insurance Addendum
07/18/11

ATTACHMENT #2A

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
LINE ITEM BUDGET FORM - A
Page 1 - PS

Program/Facility: 0
Address: _____
Provider: 0
Program/Facility Type: _____
Number of Clients/Families: enter # in cell B15
Date: 01/00/00

PS

	FY 11 Annual Budget			FY 12 Annual Budget			\$ Variance	% Variance	Justification Needed?
	FTE'S	Salary	Total	FTE'S	Salary	Total			
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Administration	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Counseling	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Child Care (Tier IIs only)	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Recreation	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Direct Care	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Security	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Maintenance	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal MVO	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Subtotal Kitchen	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Subtotal PS	0.0	\$0	\$0	0.0	\$0	\$0	\$0	#DIV/0!	
Fringe	#DIV/0!		\$0	#DIV/0!		\$0	\$0	#DIV/0!	#DIV/0!
TOTAL PS			\$0			\$0	\$0	#DIV/0!	

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
LINE ITEM BUDGET FORM - A
Page 2 - OTPS

Program/Facility: 0
Date: 01/00/00

OTPS

	FY 11 Annual Budget	FY 12 Annual Budget	\$ Variance	% Variance	Justification Needed?
Office Equipment Purchase/Replacement/Lease	\$0	\$0	\$0	#DIV/0!	
Office Furniture Replacement and Purchase	\$0	\$0	\$0	#DIV/0!	
Copier	\$0	\$0	\$0	#DIV/0!	
Fax	\$0	\$0	\$0	#DIV/0!	
Computer	\$0	\$0	\$0	#DIV/0!	
Subtotal Office Equipment	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Laundry and Replacement Linen	\$0	\$0	\$0	#DIV/0!	
Client Furniture (Purchase and Replacement)	\$0	\$0	\$0	#DIV/0!	
Client Supplies	\$0	\$0	\$0	#DIV/0!	
Program Supplies	\$0	\$0	\$0	#DIV/0!	
Subtotal Client Supplies/Furniture	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Client Transportation	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Client Stipends	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Telephone	\$0	\$0	\$0	#DIV/0!	
Electricity	\$0	\$0	\$0	#DIV/0!	
Oil/Gas	\$0	\$0	\$0	#DIV/0!	
Water/Sewer	\$0	\$0	\$0	#DIV/0!	
Subtotal Utilities	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Office Supplies	\$0	\$0	\$0	#DIV/0!	
Postage	\$0	\$0	\$0	#DIV/0!	
Insurance	\$0	\$0	\$0	#DIV/0!	
Recruitment and Advertising	\$0	\$0	\$0	#DIV/0!	
Staff Training	\$0	\$0	\$0	#DIV/0!	
Staff Transportation	\$0	\$0	\$0	#DIV/0!	
Subtotal Office Expenses	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Accounting and Legal	\$0	\$0	\$0	#DIV/0!	
A-133 Audit Fees	\$0	\$0	\$0	#DIV/0!	
Consultants	\$0	\$0	\$0	#DIV/0!	
Medical	\$0	\$0	\$0	#DIV/0!	
Subtotal Professional Costs	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Maintenance Equipment Replacement	\$0	\$0	\$0	#DIV/0!	
Office Equipment Repair	\$0	\$0	\$0	#DIV/0!	
Miscellaneous Repairs (Directly Paid)	\$0	\$0	\$0	#DIV/0!	
Miscellaneous Repairs (Contracted)	\$0	\$0	\$0	#DIV/0!	
Maintenance Supplies	\$0	\$0	\$0	#DIV/0!	
Janitorial Supplies	\$0	\$0	\$0	#DIV/0!	
Subtotal Maintenance/Repair	\$0	\$0	\$0	#DIV/0!	#DIV/0!
HVAC/Boiler System Maintenance	\$0	\$0	\$0	#DIV/0!	
Emergency Generator Maintenance	\$0	\$0	\$0	#DIV/0!	
Fire Detection/Suppression/Central Station	\$0	\$0	\$0	#DIV/0!	
Extermination Contract	\$0	\$0	\$0	#DIV/0!	
Elevator Maintenance	\$0	\$0	\$0	#DIV/0!	
Subtotal Mechanical System Contracts	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Food	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Contracted Security	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Vehicle Rental/Lease	\$0	\$0	\$0	#DIV/0!	
Vehicle Insurance	\$0	\$0	\$0	#DIV/0!	
Gasoline	\$0	\$0	\$0	#DIV/0!	
Vehicle Maintenance and Repair	\$0	\$0	\$0	#DIV/0!	
Subtotal Vehicle Expenses	\$0	\$0	\$0	#DIV/0!	#DIV/0!
TOTAL OTPS	\$0	\$0	\$0	#DIV/0!	
TOTAL PS, & OTPS	\$0	\$0	\$0	#DIV/0!	
Administrative Overhead (Attachment #8A)	#DIV/0!	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Rent	\$0	\$0	\$0	#DIV/0!	#DIV/0!
AMENDMENTS (I.E., PIP, NEW NEED, ETC.)	\$0	\$0	\$0	#DIV/0!	
TOTAL (without Debt Service) OPERATING BUDGET	\$0	\$0	\$0	#DIV/0!	
Start Up	\$0	\$0	\$0	#DIV/0!	
Debt Service Amortization	\$0	\$0	\$0	#DIV/0!	
GROSS AMOUNT	\$0	\$0	\$0	#DIV/0!	
ACCRUALS (Max 5% of DHS Funding)	\$0	\$0	\$0	#DIV/0!	
REVENUE (See Attachment #10)	\$0	\$0	\$0	#DIV/0!	
DHS FUNDING	\$0	\$0	\$0	#DIV/0!	
Family Per Diem at 95%	#DIV/0!	#DIV/0!			

Attachment #2A must be completed for all Annual Reviews, Reports and Budget Modifications. Please note that for Annual Reviews for programs with multiple funding sources, Attachment #2B must also be completed (see below). Instructions for how to report budget items relating to the Family Performance Investment Program (PIP) are included as a separate attachment in the Annual Review Package. Please review this information.

For the FY 12 Annual Review, the provider must complete the columns for FY 11 Annual Budget and the FY 12 Annual Budget. The FY 11 Annual Budget column refers to the provider budget approved by DHS in the FY 11 Annual Review. The FY 12 Annual Budget column refers to the provider's proposed budget. A formula in the Excel spreadsheet will compute the variance columns (increase for each line-item between the FY 11 and the FY 12 Budgets). Additionally, the computer will print that a justification is required next to any categories that change by at least 10% and are more than \$5,000 or more than \$10,000 regardless of the percent from FY 11 to FY 12.

Please complete the following information:

Header

Facility/Program: The name of the contracted site or program.

Address: The address of the above program.

Provider: The name of the provider or not-for-profit organization.

Facility/Program Type: Examples: Adult Shelter, SRO, Tier II Family Shelter.

Number of Clients/Families: Enter the capacity number indicated on the Attachment A.

Personnel Services

FTE's/Salary/Total:

The three columns are defined below. Indicate with a zero (0) any that do not apply to your program.

FTE's: The number of full-time equivalent positions in each title. For example, if the standard work week is 35 hours and the employee works 52 weeks then the FTE's equals 1. However, if the employee works less than the standard work week then the FTE will be less than 1.

Salary: Annual salary without fringe. If there is a range of salaries within a title, you may list each employee's actual salary on a different line or list the average salary on one line.

Total: FTE's x Salary.

Position Titles and Categories

Please note providers cannot add and/or change the PS Categories; within a category providers may combine all individuals in one title and indicate an average salary for the title as long as the actual salaries paid do not exceed the total reported for that title.

Administration:

Managerial and support staff dedicated 100% to site specific location, e.g., site director, accountant, clerical, secretarial, administrative assistant, and any other administrative staff who are charged to DHS' contract and are not part of administrative overhead.

Counseling:

Employees who carry a caseload such as: social workers, caseworkers, case managers, housing specialists, psychiatrist, nurse, certified alcoholism counselor, substance abuse counselor, vocational rehab counselor etc.

Child Care (Tier IIs only):

Family child care program staff as approved by the State.

Recreation:

For example, recreation director, recreation aide, recreation specialist, recreation coordinator, recreation worker.

Direct Care:

For example, program aide, shift supervisor, house manager and other direct care type workers.

Security:

For example, security officer, family monitor, security supervisor, director of security, crisis intervention specialists, and desk/information clerks.

Maintenance:

Individuals responsible for the maintenance of the site, including supervisory personnel.

Motor Vehicle Operators (MVO):

Drivers.

Kitchen:

Individuals responsible for meal preparation or distribution; for example, chefs, kitchen aides, cooks.

Fringe:

All providers must complete Attachment #4. Fringe benefits up to 26% are allowed without additional justification. For fringe benefits greater than 26% you must include a detailed justification with documentation which must be approved by DHS. The totals from Attachment #4 will automatically carry over to Attachment #2A.

Other Than Personnel Services (OTPS)

The OTPS section is divided into categories. The computer calculates a subtotal for each category.

If a line-item in the budget format is not applicable to your program, place a zero in that line. If a line-item applicable to your program is not included in the budget format, combine it with one of the existing line-items. **Do not add new line items to any categories.** If your previous year's annual review included non-standard line items, please allocate them to one of the existing standard categories. Annual Reviews submitted with non-standard line items will be returned to the provider for correction.

Below are definitions of some OTPS items that may not be self-explanatory:

- a) Client Supplies: Emergencies, personal hygiene, etc.
- b) Program Supplies: Recreation, education, workshops, trips, special events.
- c) Office Equipment Purchase: Small office machines.
- d) Office Furniture Replacement: Desks, chairs, and other pieces of furniture for staff.
- e) Miscellaneous Repairs: Repairs such as replacing a door, window, toilet, etc. If shelter employees perform the work it is direct; if non-employees are paid, it is contracted.
- f) Maintenance Equipment Replacement: Equipment such as ladders, saws, power tools.
- g) Maintenance Supplies: Consumables such as nails, plaster, paint, wood.
- h) Janitorial Supplies: Cleaning supplies, distinct from maintenance supplies.
- i) HVAC/Boiler Systems Maintenance: Heating, air-conditioning, hot water, ventilation systems.
- j) Food: Contracted food, emergency food, snacks, bottled water.

Audit Fees

In prior years, approved budgets may have included an Audit line for provider agencies to employ an independent certified public accountant or licensed public accountant to examine fiscal records. With the implementation of DHS' program to audit all human services contracts through agreements with CPA firms, DHS is no longer allowing providers to budget for financial statement audits as a direct program cost. These costs may be included in the administrative overhead budget line, as an indirect cost. Only the A-133 audit of federal funds, which is mandated by the federal government can be budgeted for and claimed as a direct program cost.

This budget procedure should not be interpreted as a directive to decrease any oversight (financial or programmatic) of DHS funded programs that provider agencies deem necessary to ensure

compliance with contractual requirements and applicable rules and regulations. Rather, the new procedure is intended to clarify the appropriate budget categories for audit fees.

Beginning with the city Fiscal Year 2003 (07/01/2002 to 06/30/2003), the Audit line is reserved for the federally mandated audits under Federal OMB Circular A-133. Provider agencies receiving federal funds through their DHS contracts may be subject to this federal audit requirement depending on the total federal expenditures of the provider agency.

Federal A-133 audits are only required when provider agencies spend \$500,000 or more a year in federal awards. For the FY 2012 budget, the federal audit requirement is based on actual federal expenditures during FY 2011. Provider agencies that have federal expenditures meeting this threshold are to use the Audit line in the FY 2012 annual review. If federal funds are received from more than one source (DHS and other government (city, state, and/or federal agencies), the annual review must include the methodology utilized to allocate the total audit fee to DHS and the other funding sources. (See instructions for Attachment #11 – Audit Fee Methodology)

Additional Audit Requirements

DHS Audit Services has reporting requirements not only to the Assistant Commissioner of Budget and Audit and to the Deputy Commissioner, Fiscal Operations, but also to external agencies such as the NYC Comptroller's Office and the Mayor's Office of Operations.

These are the following requirements:

1. Reporting on the Federal Single Audit.
2. Reporting on the current implementation status of audits conducted by external agencies.
3. Completion of the NYC Comptroller's Directive 1 checklist with explanations for responses that are No and Partial.
4. Conducting internal audits of DHS providers.
5. Conducting audits of DHS internal divisions.
6. Oversight and approval of contracted audits of DHS providers.

Administrative Overhead

Please indicate the dollar amount of overhead, FTEs as well as the % of total budget represented by overhead. The overhead rate may not exceed 8.5%. If you are requesting funding for administrative overhead, also complete Attachment #8.

ATTACHMENT #2B

LINE ITEM BUDGET FORM - B (For Annual Reviews, Reports and Budget Modifications with Multiple Funding Sources.) NOTE: this attachment has been eliminated for family providers.

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW

LINE ITEM BUDGET FORM - B

Page 1 - PS

Program/Facility: 0
 Address: 0
 Provider: 0
 Program/Facility Type: _____
 Number of Clients/Families: enter # in cell B15
 Date: 01/00/00

Personnel Services																
	FY 12 Total Funding			FY 12 DHS Base Budget			FY 12 DHS Performance	FY 12 Total DHS Funding	FY 12 ARRA/PRP Base Budget			FY 12 ARRA/PRP Performance	FY 12 ARRA/PRP Total Funding	Computed FY 12 Total Funding		
	FTE'S	Salary	Total	FTE'S	Salary	Total			FTE'S	Salary	Total			FTE'S	Salary	Total
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
Subtotal Administration	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
Subtotal Counseling - Housing	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
Subtotal Counseling - Other	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
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0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
Subtotal Security	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
Subtotal Maintenance	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
0	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
Subtotal PS	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
Fringe	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0
TOTAL PS	#DIV/0!	\$0	#DIV/0!	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
LINE ITEM BUDGET FORM - B
Page 2 - OTPS

Facility: 0
Date: 0

OTPS

	FY 12 Total Funding	FY 12 DHS Base Budget	FY 12 DHS Performance	FY 12 Total DHS Funding	FY 12 ARRA/HPRP Base Budget	FY 12 ARRA/HPRP Performance	FY 12 ARRA/HPRP Total Funding	Computed FY 12 Total Funding
Office Equipment Purchase/Replacement/Lease	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Furniture Replacement and Purchase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Copier	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fax	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Computer	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Office Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laundry and Replacement Linen	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Client Furniture (Purchase and Replacement)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Client Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Client Supplies/Furniture	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Client Transportation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telephone	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Electricity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Oil/Gas	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Water/Sewer	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Utilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Recruitment and Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Transportation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Office Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting and Legal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-133 Engagement Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Consultants	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Professional Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Maintenance Equipment Replacement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Equipment Repair	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous Repairs (Directly Paid)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous Repairs (Contracted)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Maintenance Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Janitorial Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Maintenance/Repair	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contracted Security	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vehicle Rental/Lease	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vehicle Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Gasoline	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vehicle Maintenance and Repair	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Vehicle Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OTPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PS, & OTPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HOUSEHOLD ASSISTANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ADVANTAGE SAVERS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative Overhead	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMENDMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL FUNDING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Attachment #2B must be completed only if a program has more than one funding type (e.g. DHS and DoHMH, ESG, or SHP). This is in addition to Attachment #2A (see above).

All general instructions for Attachment #2A apply to Attachment #2B.

ATTACHMENT #3 & #3A
BUDGET MODIFICATION AND REPORT FORM

07/18/11

Mid Year Mod: # _____
Closeout Mod:
Performance Incentive:

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
BUDGET MODIFICATION AND REPORT FORM

Agency/Provider	0	Contract No.	
Program/Facility	0	Fiscal Year	0
Term of Contract	0	Date	01/00/00
Agency Representative	0	Title	0
Agency Telephone #	0	Agency E-mail	0
No. of clients/families	enter # in cell B15		

	ORIGINAL BUDGET	LAST APPROVED MOD			CURRENT MOD REQUESTED		
	(Approved in Annual Review)	LAST APPROVED BUDGET	\$ CHANGE FROM ORIGINAL BUDGET	% CHANGE OF \$ AMT FROM ORIGINAL	CURRENT REQUESTED MOD	\$ CHANGE FROM ORIGINAL BUDGET	% CHANGE FROM ORIGINAL BUDGET
I PERSONNEL SERVICES (PS)	BUDGET						
Administration	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Counseling	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Child Care (Tier IIs only)	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Recreation	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Direct Care	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Security	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Maintenance	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
MVO	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Kitchen	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
TOTAL PERSONNEL SERVICES	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
II FRINGE BENEFITS	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
% of the Fringe Benefits	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
III TOTAL PS	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
IV OTHER THAN PERSONNEL SERVICE							
Office Equipment	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Client Supplies/Furniture	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Client Transportation	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Client Stipends	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Utilities	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Office Expenses	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Professional Costs	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Maintenance/Repair	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Mechanical System Contracts	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Food	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Contracted Security	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Vehicle Expenses	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
TOTAL OTPS	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
V TOTAL PS & OTPS (III + IV)	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
VI ADMINISTRATIVE OVERHEAD	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
% of Administrative Overhead	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
VII RENT	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
VIII TOTAL (without Debt Service) (V + VI + VII)	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
IX START UP	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
X DEBT SERVICE AMORTIZATION	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
XI GROSS AMOUNT (VIII + IX + X)	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
XII ACCRUALS (Max 5% of Net Funding - DHS Funding)	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
XIII REVENUE	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
XIV DHS FUNDING APPROVED IN ANNUAL REVIEW	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
XV AMENDMENTS							
Amend #1 Specify	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Amend #2 Specify	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Amend #3 Specify	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
TOTAL AMENDMENTS	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
XVI TOTAL FY 12 DHS FUNDING (XIV + XV)	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
FUNDING TYPE							
DHS DIRECT	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
ESG	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
MH	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
CITY COUNCIL	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
TOTAL FUNDING	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!

TYPE OF SUBMISSION
Modification Requiring Department Approval:
DHS Program Representative _____ Date _____
DHS Budget _____ Date _____
Report Requiring no Approval:
DHS Program Representative _____ Date _____
DHS Budget _____ Date _____

DISTRIBUTION DATE:
Agency: _____
Audit: _____
Budget: _____
Finance: _____
Program: _____

#VALUE! Family Per Diem @97%

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW

BUDGET MOD LINE ITEM BUDGET FORM - A
Page 1 - PS

Program/Facility: 0
Address: 0
Provider: 0
Program/Facility Type: 0
Number of Clients/Families: 0
Date: 01/00/00

PS

	FY 12 Annual Budget			FY 12 Budget Mod Requested			\$	%	Justification
	FTE'S	Salary	Total	FTE'S	Salary	Total			
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Administration	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Counseling	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Child Care (Tier IIs only)	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Recreation	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Direct Care	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Security	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Maintenance	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal MVO	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal Kitchen	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Subtotal PS	0.0	\$0	\$0	0.0	\$0	\$0	\$0		#DIV/0!
Fringe	#DIV/0!		\$0	#DIV/0!		\$0	\$0		#DIV/0!
TOTAL PS			\$0			\$0	\$0		#DIV/0!

New York City Department of Homeless Services
Human Service Providers Fiscal Manual

Revised 7/11 Page 29

ATTACHMENT #3A

DHS BUDGET
P:\Users\apps\LINEITEM\FY12 Family Annual review\FY12 Annual Review Disk Contents\FY12 Annual review Budget Forms\FY12 Tier II Annual Review Forms_Families.xls\Insurance Addendum
07/18/11

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
BUDGET MOD LINE ITEM BUDGET FORM - A
Page 2 - OTPS

Program/Facility: 0
Date: 01/00/00

OTPS

	FY 12 Annual Budget	FY 12 Bud Mod Requested	\$ Variance	% Variance	Justification Needed?
Office Equipment Purchase/Replacement/Lease	\$0	\$0	\$0	#DIV/0!	
Office Furniture Replacement and Purchase	\$0	\$0	\$0	#DIV/0!	
Copier	\$0	\$0	\$0	#DIV/0!	
Fax	\$0	\$0	\$0	#DIV/0!	
Computer	\$0	\$0	\$0	#DIV/0!	
Subtotal Office Equipment	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Laundry and Replacement Linen	\$0	\$0	\$0	#DIV/0!	
Client Furniture (Purchase and Replacement)	\$0	\$0	\$0	#DIV/0!	
Client Supplies	\$0	\$0	\$0	#DIV/0!	
Program Supplies	\$0	\$0	\$0	#DIV/0!	
Subtotal Client Supplies/Furniture	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Client Transportation	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Client Stipends	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Telephone	\$0	\$0	\$0	#DIV/0!	
Electricity	\$0	\$0	\$0	#DIV/0!	
Oil/Gas	\$0	\$0	\$0	#DIV/0!	
Water/Sewer	\$0	\$0	\$0	#DIV/0!	
Subtotal Utilities	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Office Supplies	\$0	\$0	\$0	#DIV/0!	
Postage	\$0	\$0	\$0	#DIV/0!	
Insurance	\$0	\$0	\$0	#DIV/0!	
Recruitment and Advertising	\$0	\$0	\$0	#DIV/0!	
Staff Training	\$0	\$0	\$0	#DIV/0!	
Staff Transportation	\$0	\$0	\$0	#DIV/0!	
Subtotal Office Expenses	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Accounting and Legal	\$0	\$0	\$0	#DIV/0!	
A-133 Audit Fees	\$0	\$0	\$0	#DIV/0!	
Consultants	\$0	\$0	\$0	#DIV/0!	
Medical	\$0	\$0	\$0	#DIV/0!	
Subtotal Professional Costs	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Maintenance Equipment Replacement	\$0	\$0	\$0	#DIV/0!	
Office Equipment Repair	\$0	\$0	\$0	#DIV/0!	
Miscellaneous Repairs (Directly Paid)	\$0	\$0	\$0	#DIV/0!	
Miscellaneous Repairs (Contracted)	\$0	\$0	\$0	#DIV/0!	
Maintenance Supplies	\$0	\$0	\$0	#DIV/0!	
Janitorial Supplies	\$0	\$0	\$0	#DIV/0!	
Subtotal Maintenance/Repair	\$0	\$0	\$0	#DIV/0!	#DIV/0!
HVAC/Boiler System Maintenance	\$0	\$0	\$0	#DIV/0!	
Emergency Generator Maintenance	\$0	\$0	\$0	#DIV/0!	
Fire Detection/Suppression/Central Station	\$0	\$0	\$0	#DIV/0!	
Extermination Contract	\$0	\$0	\$0	#DIV/0!	
Elevator Maintenance	\$0	\$0	\$0	#DIV/0!	
Subtotal Mechanical System Contracts	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Food	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Contracted Security	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Vehicle Rental/Lease	\$0	\$0	\$0	#DIV/0!	
Vehicle Insurance	\$0	\$0	\$0	#DIV/0!	
Gasoline	\$0	\$0	\$0	#DIV/0!	
Vehicle Maintenance and Repair	\$0	\$0	\$0	#DIV/0!	
Subtotal Vehicle Expenses	\$0	\$0	\$0	#DIV/0!	#DIV/0!
TOTAL OTPS	\$0	\$0	\$0	#DIV/0!	
TOTAL PS, & OTPS	\$0	\$0	\$0	#DIV/0!	
Administrative Overhead (Attachment #8A)	FY11 Original	FY 11 Revised			
	#DIV/0!	#DIV/0!	\$0	#DIV/0!	#DIV/0!
Rent	\$0	\$0	\$0	#DIV/0!	#DIV/0!
AMENDMENTS (I.E., PIP, NEW NEED, ETC.)	\$0	\$0	\$0	#DIV/0!	
TOTAL (without Debt Service) OPERATING BUDGET	\$0	\$0	\$0	#DIV/0!	
Start Up	\$0	\$0	\$0	#DIV/0!	
Debt Service Amortization	\$0	\$0	\$0	#DIV/0!	
GROSS AMOUNT	\$0	\$0	\$0	#DIV/0!	
ACCRUALS - (Max 5% of DHS Funding)	\$0	\$0	\$0	#DIV/0!	
REVENUE (See Attachment #10)	\$0	\$0	\$0	#DIV/0!	
DHS FUNDING	\$0	\$0	\$0	#DIV/0!	
Family Per Diem at 95%	#DIV/0!	#DIV/0!			

This form is the submission document for all Reports and Budget Modifications.

All general instructions for the Budget Summary Form (Attachment #1) apply to the Budget Modification and Report Form. The original approved annual budget will carry over from Attachment 2A to the “original budget” column of the Budget Mod Line Item Form. In the column “Last Approved Mod,” enter the numbers from the last approved report or budget modification. In the columns under “Current Mod Requested,” enter the new/revised budget amounts. In the far right column, enter the percentage dollar change from the original budget numbers.

Submission

In the upper right hand corner, indicate if it is a mid-year mod, performance incentive mod, or closeout mod. If it is a mid-year mod, enter which submission it is (first, second, etc.).

DHS Approvals

DHS indicates whether the submission is a Report or a Budget Modification. To indicate approval of Budget Modifications, DHS Programs and DHS Budget will sign in this section. A Report or Budget Modification is not official until both DHS Programs and Budget have signed this form.

Distribution Date

For internal DHS use.

**ATTACHMENT #4
FRINGE BENEFITS**

DHS-Budget
07/18/11

Program Name/Facility: 0
Date: 01/00/00

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
FRINGE BENEFITS**

Subtotal Personnel (from Line Item A) Based on FY06 Budget without PIP	\$0	
	Percentage Of Total PS Budget*	Total Amount
FICA	#DIV/0!	\$0
Health	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Total	#DIV/0!	\$0
<u>Total Fringe Benefits Charged to DHS's PS Contract</u>	<u>#DIV/0!</u>	<u>\$0</u>
Employees Contribute to benefits:	()	Yes
	()	No

APPROVALS:

DHS Program Representative

Date

DHS Budget

Date

This form must be completed for all providers.
Enter the amount in the Total Amount column. The percent will compute automatically.
Supporting documentation for fringe benefit rates greater than 26% must be provided.

**ATTACHMENT #5
DEBT SERVICE / START-UP AMORTIZATION**

DHS-Budget
07/18/11

Program Name/Facility: 0
Date: 01/00/00

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
FRINGE BENEFITS**

Subtotal Personnel (from Line Item A)
Based on FY06 Budget without PIP

\$0

	Percentage Of Total PS Budget*	Total Amount
FICA	#DIV/0!	\$0
Health	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Other (Specify)	#DIV/0!	\$0
Total	#DIV/0!	\$0
Total Fringe Benefits Charged to DHS's PS Contract	#DIV/0!	\$0

Employees Contribute to benefits: () Yes
() No

APPROVALS:

DHS Program Representative

Date

DHS Budget

Date

This form documents the original total debt (principal & interest) and loan term, monthly/yearly payment(s) and balance at the beginning and end of the fiscal year. Provide a written explanation when:

- 1) the yearly payment does not equal the monthly payment multiplied by twelve and/or
- 2) the debt service at the end of the previous fiscal year does not equal the debt service at the beginning of the new fiscal year minus the yearly payment.

Please keep in mind when your debt service ends, this amount is subtracted from your baseline.

**ATTACHMENT #6
ALLOCATION METHODOLOGY**

07/18/11

Program Name/Facility: 0
Date: 01/00/00

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW**

ALLOCATION METHODOLOGY

(Specify PS and OTPS allocation methodology used for costs charged less than 100% to DHS's Contract)

Line Item	Total Cost	% of Total Cost Charge to DHS's Contract	Contract Cost	Specify Allocation Methodology
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	
	\$0	0.00%	\$0	

This form must be completed for all annual reviews of programs for which DHS budget line-items represent less than 100% of the total program line-item costs. The form must also be completed for all Reports or Budget Modifications when the allocation methodology has changed.

Specify PS and/or OTPS line items charged to DHS' contract at less than 100%. Specify the calculation used. The example below demonstrates the calculation of charging 10% rent to DHS.

$$\frac{\text{Program Sq. Ft}}{\text{Total Agency Sq. Ft.}} = \frac{100}{1,000} = 10\%$$

ALLOCATION METHODOLOGY GUIDELINES

For all costs (PS and OTPS) charged to DHS' contract at less than 100% the provider must specify an allocation methodology and indicate the method used on Attachment # 6. The following list is not meant to cover every possible PS and OTPS cost. In addition, there may be exceptions to the following guidelines, which should be considered on an individual basis. Any PS or OTPS methodology should be reasonable, consistent and auditable.

PS EXPENSE

Allocation of Direct Shelter Employees

If the person is dividing a full work-week between several programs, a provider must determine how much to charge the DHS program on the annual review. There are several ways to allocate the time:

- **Timesheet sampling**: This method involves analyzing two or three weeks of timesheets once a quarter (four times a year). For the sampling periods, note which hours each day the employee works on which projects. Based on that, assume that throughout the year there is the same ratio

of time spent on each project. Conduct one sample when preparing the annual review, and all four by the close-out. Use weeks that generally reflect how an employee spends his/her time. When using this method, write, "Timesheet sampling" as the allocation methodology.

- Timesheets throughout the year: This is similar to above but involves analyzing each week's timesheet. The allocation methodology is called "Annual Timesheets."

Part-Time Employees

A provider needs to define the cost of an individual who works less than full time at a shelter.

- If the person works part-time because the position is part time, to determine the FTE divide the number of hours worked by the total number of hours in the workweek. Under allocation methodology, state, "Position is part-time, 100% DHS."
- If a person works part-time and allocates his/her time, determine the FTE and then allocate the proportional number of hours as described above (for example, proportional beds). Under allocation methodology, state "Position is part-time, X% FTE, Y% DHS, allocation method." For example, if a facility has a 35 hour work week and an employee works 17.5 hours, the FTE = .5. If this program equals 40% of the agency's costs, a provider would charge 40% of 17.5, or 7 hours to DHS. Therefore, the FTE on the annual review is 20%, which represents the 7 hours spent on this program of the 35 hour work-week, and the allocation methodology is "Position is part-time, 50% FTE, 20% DHS, proportional costs."

OTPS EXPENSE

Below is a list of various OTPS costs, followed by the preferred methodology for allocating these costs. If more than one methodology is listed, they appear in the order of preference. OTPS costs should only be allocated when they cannot be directly attributed to a particular program.

PREFERRED ALLOCATION METHODOLOGIES

OTPS EXPENSE

- | | | |
|----|---------------|---|
| 1. | Equipment | Gross Costs
Number of FTE's |
| 2. | Supplies | Gross Costs
Number of FTE's |
| 3. | Travel | This is a direct cost, and should not have to be allocated. |
| 4. | Communication | Number of Instruments
Number of FTE's
Gross Costs |
| 5. | Rent | Square Footage |

6.	Heat, Light & Power	Square Footage	
7.	Fringe Benefits	This is a direct cost, and is based on Personal Service expenses. Maximum allowable Fringe Benefit Rate is 26% of PS cost.	
8.	Other		
	a) Audit and Legal	Gross Costs Number of FTE's	
	b) Computer Expense	Gross Costs Number of billable visits (if expense is for billing)	
	c) Conference Attendance	This is a direct cost, and should not have to be allocated.	
	d) Subscriptions	Gross Costs Number of FTE's	
	e) Postage	Gross Costs Number of FTE's	
	f) Printing	Gross Costs Number of FTE's	
	g) Advertising	Gross Costs Number of FTE's	
	h) Dues	Gross Costs	
	i) Consultants	Gross Costs Number of FTE's benefiting from consultation	
	j) Food	Number of Meals Number of Clients	
	k) Security	Gross Costs	
	l) Maintenance	Square Footage	
	m) Repairs	Square Footage	
	n) Insurance	1) Malpractice 2) Liability	Number of FTE's covered Use basis that agency is billed on
	o) Overhead	Gross Costs. If hospital, ICR should be used. Overhead costs must be itemized, and cannot exceed 8.5% of direct costs.	

ATTACHMENT #7
JUSTIFICATION FOR CHANGES EXCEEDING \$10,000 OR 10%

DHS-Budget
07/18/11

Program Name/Facility: 0
Date: 01/00/00

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
JUSTIFICATION FOR CHANGES EXCEEDING \$10,000 OR 10%

Category	Dollar Change	% Change	Justification

For each category that changed from last fiscal year by more than +/- \$10,000 or +/- 10%, enter the category name, dollar change, percent (%) change, and justification; changes to categories that exceed +/- 10% but where the entire category is less than \$5,000 need not be justified.

ATTACHMENT #8 & #8A

AGENCY ADMINISTRATIVE OVERHEAD – DETAILS (8) AND EXPLANATION (8A)

DHS-Budget
07/18/11

Program Name/Facility: 0
Date: 01/00/00

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW

AGENCY ADMINISTRATIVE OVERHEAD

Page 1 - Details

Agency/Provider 0 Contract No. _____
Facility/Program 0 Fiscal Year _____
Term of Contract 0

I. PERSONNEL SERVICE (PS)

Position Title	FTEs	Average Salary/FTE	Percentage of Total Charged to DHS's Contract	Total Agency Administration Charged to DHS's Contract
Executive Director/Chief Executive Officer				\$0.00
Assistant Executive Director				\$0.00
Comptroller/Director of Finance				\$0.00
Director of Division				\$0.00
Bookkeeper				\$0.00
Accountant				\$0.00
Records Technical Specialist				\$0.00
Billing/Resource Person				\$0.00
Computer/Data/Statistical Specialist				\$0.00
Community Relations				\$0.00
Office Manager/Supervisor				\$0.00
Administrative Assistant				\$0.00
Office Related Workers				\$0.00
Other Agency Administration Staff (Specify)				\$0.00
TOTAL PERSONNEL SERVICE	0.0	\$0.00		\$0.00

II. OTHER THAN PERSONNEL SERVICE (OTPS)

	TOTAL \$		
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
_____			\$0.00
TOTAL OTHER THAN PERSONNEL SERVICE	\$0.00		\$0.00

III. TOTAL AGENCY ADMINISTRATION AMOUNT

\$0.00 **\$0.00**

IV. AMOUNT CHARGED TO CONTRACT

- (A) Total agency administrative amount (from above): \$0.00
- (B) Maximum allowable Administrative Overhead = the lesser of 8.5% of PS & OTPS or total amount paid:
 PS & OTPS: \$0
 8.5% * (PS & OTPS) = \$0.00
- (C) Amount charged to contract (lesser of A & B): **\$0.00**

V. PROVIDER CERTIFICATION

TO BE SIGNED BY THE CHIEF FINANCIAL OFFICER OR THE EXECUTIVE DIRECTOR:

I CERTIFY THAT THE ACTUAL ADMINISTRATIVE OVERHEAD PROJECTIONS LISTED ABOVE ARE CORRECT AND WILL NOT BE PAID THROUGH OTHER FUNDING SOURCES, AND ARE NOT DUPLICATIVE OF OTHER BUDGET LINES. ADDITIONALLY, I CERTIFY THAT THE ADMINISTRATIVE OVERHEAD DOES NOT EXCEED 8.5%.

NAME: _____

SIGNATURE: _____

TITLE: _____

AGENCY: _____

DATE: _____

For the annual review only, please also submit your most recent Certified Financial Statement.

1. All providers must submit the most recent Certified Financial Statement, with the Statement of Functional Expenses. For hospital based programs, please also submit the ICR pages that correspond to the step-down cost for administration and clearly identify the appropriate columns.
2. The maximum allowable overhead on DHS' contracts is 8.5%; however, the Agency/Provider is required to support the percentage charged to DHS' budget. The Statement of Functional Expenses and/or the ICR is the standard test that is used by DHS as follows:

Indirect Cost (Management and General Cost)/Total Direct Program Cost = %.

The percentage allowed by DHS must not exceed 8.5%. If the Statement of Functional Expenses does not support the percentage charged to DHS, the provider must submit other Supporting documentation for DHS' approval.

**ATTACHMENT #9
MEDICAL BUDGET**

DHS-Budget
07/18/11

Program Name/Facility: 0
Date: _____

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
CONTRACTED MEDICAL BUDGET**

PS LINES			AMT. CHARGED TO DHS'S BUDGET
Position Title	FTES	SALARY	

TOTAL PS

FRINGE AMOUNT
FRINGE RATE

AMT. CHARGED
TO DHS'S
BUDGET

OTPS ITEMS

TOTAL OTPS AMOUNT

REVENUE

GRAND TOTAL

This form must be completed for shelters with a medical component in their shelter budget. Itemize the medical budget, and include information in the following categories PS, OTPS, Revenue. **NOTE: this attachment has been eliminated for family providers.**

**ATTACHMENT #10
REVENUE FORM**

DHS-Budget
07/18/11

Program Name/Facility: 0
Date: 01/00/00

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW**

PROPOSED REVENUE

Calculation of Budgeted Applicable Revenue

Source of Income	Calculation			Budgeted Applicable Revenue
	(Visits X Rate X Collection Rate)			
(1) Medicaid				
(2) Medicare				
(3) Private Insurance				
(4) Fee for Service				
(5) Sale of Goods and Services (Produced by Clients)				
(6) State Grants (Specify)				
(7) Federal Grants (Specify)				
(8) Interest Income				
(9) Other Non DHS Funding (Specify)				
(10) Other Revenue (Specify)				
Total				\$0

This form must be completed by providers reporting revenue in the FY 12 Annual Review to offset DHS expenses, by source of revenue. This revenue includes interest earned on DHS contracts. The total revenue amount on this attachment should reflect the amount on the Line Item Budget Form - A, Line Item Budget Form - B and the Budget Summary Form.

**ATTACHMENT #11
AUDIT FEE METHODOLOGY**

07/18/11

Program Name/Facility: 0 _____
Date: _____

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW
AUDIT FEE METHODOLOGY**

Agency / Provider 0 _____

Please list the source and amount of all federal funds that your organization received for its fiscal year 2011 ending _____

Month / Date / Year

Grantor / Pass-Through Grantor (funding source - list each program)	Federal Program Title	Federal CFDA Number	Total Federal Award Amount	Actual/Projected Expenditure of Award Amount (see instructions)	Specify Allocation Methodology and Audit Fee Calculation
Department of Homeless Services					

DHS AUDIT FEE AMOUNT \$0 _____

CPA FIRM DATA

Please supply the following information regarding the CPA firm with which you have contracted with to audit your organization.

NAME OF FIRM: _____ TELEPHONE # _____
ADDRESS: _____ FAX # _____
CONTACT: _____

Please list the following for each funding source:

Grantor / Pass-Through Grantor - The name of the agency which directly provides your organization with federal funding.

Federal Program Title - The name of the federal program under which the grant is received. For DHS list each program individually.

CFDA Number - The identifying number of the federal program as listed in the Catalogue of Federal Domestic Assistance.

Total Federal Award Amount - The dollar amount of the federal grant awarded to your organization through the funding source indicated.

Anticipated Expenditure of Award Amount - The total dollar amount of the funds expected to be expended for the fiscal year (actually expended if form is completed at the end of the fiscal year).

Below is an example of an allocation methodology. In this case, the audit fee is prorated based on the funds expended from each source of federal funding.

Scenario: XYZ Non-Profit Services Association spent \$860,500 in federal funds during its fiscal year. Federal awards received were: from DHS \$250,000; HUD \$300,000 and HRA \$310,500. XYZ estimates its CPA auditor to charge \$ 7,000 to conduct the federal A-133 audit. Prorating the audit fee among the three funding sources based on the award levels results in \$2,030 (29%) allocated to DHS, \$2,450 (35%) allocated to HUD and \$2,520 (36%) allocated to HRA.

**ATTACHMENT #12
 CONSULTANT PROJECT INFORMATION**

07/18/11

Program Name/Facility: 0
 Date: 01/00/00

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
 FY 12 ANNUAL REVIEW
 CONSULTANT PROJECT INFORMATION**

Agency / Provider 0

Please list the total consultant fee that your organization will spend for its fiscal year 2012 ending 06/30/12 \$0
 Month / Date / Year Total Amount

Name of Consultant (s) /Firm Address	Project Title	Total Annual Award Amount	Project Description	Contact Information Phone / Fax
1				
2				
3				
4				

This form must be completed if any dollar amount has been allocated to the line item "Consultants" in the category Professional Costs in Attachment 2A - Line Item Budget Form - A.

**ATTACHMENT #13
INSURANCE**

DHS-Budget
07/18/11

Program Name/Facility: 0 _____
Date: 0 _____

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW**

INSURANCE
(Total Charged to DHS's Contract)

TYPE OF INSURANCE	TERM of INSURANCE CONTRACT		AMOUNT	COMMENTS
	Start Date	End Date		
Comprehensive				
General Liability/Umbrella				
Vehicle				
Property				
Other (Professional Liability)				
Other (Boiler & Machinery)				
TOTAL INSURANCE CHARGED TO DHS's CONTRACT IN FY 2012			\$0	

Broker's Name _____
 Broker's Address _____
 Total Sq. Ft. Of Program Site _____
 Total Number Of Employees At Program Site _____

For Family Programs:
 Avg. # of Children Served in the
 Childcare program per month:
 #of Infants(age 0-3) _____
 #of Pre-School(age 3-6) _____
 Total # of Class Rooms _____

This form must be completed by all providers; should tie into the dollar amount reported in the line item budget for insurance in the categories Office Expenses and Vehicle Expenses. For Family Service providers a Comments section has been added to allow providers to respond to questions from the State on Insurance.

**ATTACHMENT #13A
INSURANCE ADDENDUM**

DHS-Budget
07/18/11

Program Name/Facility: 0
Date: 0

**NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES
FY 12 ANNUAL REVIEW**

INSURANCE ADDENDUM

(Additional Information for Insurance Charged to DHS's Contract)

TYPE OF INSURANCE	EXPLANATION

DHS Budget
7/18/2011

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
BUREAU OF SHELTER SERVICES
INSURANCE ATTESTATION FORM**

Program/Facility: _____
Address: _____
Provider: _____
Program/Facility Type: _____
Fiscal Year: (MM/DD/YY) From: _____ To: _____

Type of Insurance	Insurance Company	Policy Number	Insured Period	Annual Premium	Percentage of Total Charged to Homeless Shelter	Cost Allocation Method	Total Charged to Homeless shelter
Property Insurance Listed insured Address	_____	_____	_____	_____	0.00%	_____	\$0
General Liability/ Umbrella Listed insured Address	_____	_____	_____	_____	0.00%	_____	\$0
Automobile Insurance Listed insured Vehicle ID number	_____	_____	_____	_____	0.00%	_____	\$0
Professional Liability Total number of clients and FT staff	_____	_____	_____	_____	0.00%	_____	\$0
Boiler Insurance	_____	_____	_____	_____	0.00%	_____	\$0
Other Insurance	_____	_____	_____	_____	0.00%	_____	\$0
Total Insurance cost charged to Homeless shelter							\$0

Submit a copy of the declaration page for each coverage, containing the following information: policy number, period of coverage, premium amounts, and annual premium.
Notes:

1. If more than one building is insured, attach the individual declaration page for each building along with addresses and the number of units at each site.
 2. Attach the declaration page that lists all the insured vehicles along with corresponding identification numbers.
- Please attach an additional sheet if more space is needed.

Provider Certification

I certify that the insurance cost coverages and allocations listed above are correct; that policies listed above will be paid in full in the stated amounts and that monies claimed on a per diem basis for insurance will not supplant other available funds or in kind assistance. I declare that I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete. I understand that this program/agency may be audited by the New York State Office of Temporary and Disability Assistance (OTDA) and that back-up documentation of insurance costs and payments must be retained for at least 24 months.

To be signed by the Chief Financial Officer or the Executive Director:

_____ Title _____ Print Name _____ Signature _____ Date _____

An Insurance Addendum form has been added for Family Service Providers to use to supply additional information and/or documentation requested by the State regarding Insurance policies and costs charged to DHS contracts.

III. PAYMENT PROCEDURES

1. Introduction

It is the goal of the Department of Homeless Services (DHS) to strike a balance between fiscal monitoring and control and timely, efficient payment for services rendered. These procedures will help DHS to meet the rigorous demands of ensuring that public dollars are spent wisely and appropriately, while at the same time they will permit funds to flow to our providers without undue delays.

2. Advances

Providers may request from DHS an advance in payment for services to be rendered under the contract. An advance will be given at the beginning of the contract term and each of the city's fiscal years (7/1 to 6/30). The maximum amount of the advance will be two (2) months or 2/12 of the annual contract amount.

Providers who wish to receive an advance must submit a written request to the Office of Finance by June 1 of each year. The provider must include with the request for the advance an affirmation that the bank account in which the advance will be deposited has not changed in the past 12 months. If the account has changed or if the contract is new, the provider must submit a new bank authorization. A separate authorization of affirmation must be submitted for each contract that the provider has with DHS. The "Affirmation of Bank Account" and "Bank Authorization" Forms are Attachments 2 and 3, respectively. Advances will not be issued unless this information is provided. Advances will be recouped in the last three months of the fiscal year as follows:

First recoupment/April: 25%
Second recoupment/May: 25%
Third recoupment/June: 50%*

* Note that if the June expenses are anticipated to be less than 50% of the advance issued, DHS reserves the right to increase the amount recouped in April and/or May (first and second recoupment) or to start the recoupment process earlier, to ensure that the advance is fully recouped. When the contract term begins in the middle of the fiscal year, the advance will be recouped in the same manner. If the contract term ends in the middle of the fiscal year, the advance may be recouped from the last three billings of the contract term. DHS will then issue another two month advance for the new contract. The Department reserves the right to issue a smaller advance and amend the recoupment schedule if the advance is issued fewer than three months prior to the end of the fiscal year or contract term.

3. Monthly Billings

In order to be reimbursed for expenses, providers must submit a bill to DHS each month. A cover letter which includes the program name, month(s) of service, deduction for advance payment(s), and total amount billed by funding source must be included with the billing. An original and one copy of all billings must be submitted by the **15th** day of the month and **ESG expense reports by the 5th working day of each month to:**

Department of Homeless Services
Office of Finance
33 Beaver Street, Room 1417
New York, NY 10004
Attn: Human Service Payments

3.1. Expense-Based Contracts

The billing format for Expense-Based Contracts (Adult & SRO Programs) is an expense report that shows the provider's expenses in the same format as the DHS approved Annual Review Budget, Line Item Budget Form A, or Form B for contracts with multiple funding sources. It must show the same line-items, categories and budgeted amounts as the approved budget, with columns added by the provider for "(the Month's) Expenditures (indicate the month)," "Year-to-Date Expenditures," and "Balance." If the provider receives grant funding, these expenses must be itemized on the expense report on separate pages – one for each grant. See Attachment 4 for the expense report billing format.

An original and one copy of the expense report must be submitted to Finance. The copy of the expense report will be forwarded by Finance to the Program Analyst to provide certification that services were rendered.

Expense reports should accurately reflect expenses in accordance with the approved budget which were actually paid for by the provider during the month covered by the report, with the exception of the June billing. The June Billing and Year-End Expenses are addressed in Section 7.

If the budget is modified, the expense report must also be updated accordingly. Providers are cautioned to submit budget modification documentation to their Program Analysts within the time frames specified in the DHS "Human Services Providers Budget Procedures" to ensure that payment will be made against the most current budget; otherwise expenses may be disallowed. In the event that adjustments are made by Finance to the monthly expenses during the course of the fiscal year the provider must update its records accordingly. For example if an expense of \$10,000.00 is submitted and the budget category only permits for \$8,000.00, DHS will disallow \$2,000.00. The provider must then adjust its expenses for that month and the year-to-date to reflect allowable expenses of \$8,000.00 not \$10,000.00.

3.2. Rate-Based Contracts

Providers with Rate-Based Contracts must submit an original and one copy of the monthly per diem billing (in the format specified in Attachment 5) and an original and one copy of the detailed expense report for the month in the same format specified in Section 3.1.

The monthly per diem billing should accurately reflect the number of client care days provided during the previous month multiplied by the last per diem rate approved by the New York State Office of Temporary & Disability Assistance. The copy of the billing will be forwarded by Finance to the HOMES Billing Unit for verification of the care days. At the beginning of each month the Program Analyst will provide Finance with a certification of service delivery. Upon receipt of the certification, Finance will issue the payment. Any discrepancies found by HOMES Billing will result in an adjustment to the next month's billing (except June).

The expense report will be forwarded to the Program Analyst. Each expense report will be compared to the current budget; however, the rate-based contractors will be paid in accordance with the per diem rate billing.

Providers with rate-based contracts who also receive grant funding must submit the grant-funded expenses in an expense report format (see Section 3.1). Both the non-grant billed amount and the grant funded billed amount should be included in the cover letter.

4. Provider Certification of Billings

At the beginning of the contract term and at any time during the course of the contract as necessary, each provider shall designate a financial officer who will certify and attest to the accuracy of the monthly billings and all associated documents. Each billing submitted must include the statement below and the signature of the financial officer.

Certification: I hereby certify that the charges reported herein have been incurred for services provided pursuant to the terms of the contract with the City of New York acting by and through the New York City Department Of Homeless Services; that the itemized invoices, supporting documents and records evidencing payment are in the files of this organization and are available to the New York City Department Of Homeless Services and other entities with the requisite authority to inspect and audit such documents; that the charges are just, true and correct; and that no part thereof has been previously included in an invoice to the City of New York, paid, satisfied or otherwise settled.

5. DHS Certification of Delivery of Services

DHS Program Analysts must provide to DHS Finance certification that services were rendered for each contract they manage. Program Analysts for Tier II Shelters must submit the certification within three days of the beginning of the month. Program Analysts for all other programs must submit the certification within three days of receipt of the monthly billing from Finance. Certification is required in order to ensure that payments are only made for appropriate services delivered in accordance with the contract.

6. Adjusted Payments

Each billing will be reviewed prior to payment to ensure that all documentation is in order and that the request conforms to DHS records, such as budgets and shelter tracking systems. If a billing is not paid in the amount specified by the provider, a Notice of Payment Adjustment (see Attachment

6), which details the amount of the adjustment, the line item or category in the budget which was adjusted (if appropriate) and the reasons for the adjustment, will be sent to the provider and the Program Analyst.

7. Annual Close-Out/Final Payment

Each provider shall submit to DHS a final billing which reports expenses for the last month of the fiscal year (June) and the total year's expenses including start-up and construction funds if such funds were received by the provider. The final billing functions as both a June invoice and a final year end budget modification that updates the budget using the total year's expenses. Detailed instructions for preparing the close-out documentation are provided by the Budget Office in the Annual Budget Review preparation documents.

7.1. SRO Contracts

SRO providers must submit their final billing no later than **July 15th. No extension will be permitted.** Providers are cautioned to ensure that the final billing is complete and accurate because DHS will not accept further submissions after the deadline.

After the approved close-out modification is received, the Office of Finance will prepare a summary statement (the "Close-Out Statement") showing the total amount of all billings, adjustments, advances issued and recouped, payments made and the amount of the final payment for the year (see Attachment 7) and a "Close-Out Letter" (see Attachment 11). **Providers must review the Close-Out Statement and report in writing to Finance any discrepancies with their records within 14 days of the date of the Close-Out Letter.**

Contracts that terminate and are renewed for the same program in the middle of the fiscal year will be closed-out at the end of the fiscal year. The close-out will cover all payments made during the fiscal year and will be based on the annual review budget for that fiscal year. Contracts that terminate in the middle of the fiscal year and either are not renewed or are replaced with a new contract will be closed out upon receipt of the final billing.

7.2. Expense-based Contracts

Providers with Expense-Based Contracts must submit their final billing no later than **September 1** (or the next business day(s) if 9/1 falls on a weekend). If the provider is not able to meet this deadline, a written request for an extension must be submitted to the Program Analyst with a copy to Finance by August 15 (or the next business day(s) if 8/15 falls on a weekend). The request for an extension must explain in detail why the extension is necessary and it must be signed by the provider's Executive Director. A committee of representatives from program, finance and budget will determine if the request will be approved or denied. If the final billing is not received by the deadline (or extended deadline if approved by DHS), the contract will be closed-out based on the billings that DHS has received to date. No further payments for that fiscal year will be made for billings that are received after the applicable deadline. Additionally, providers are cautioned to ensure that the final billing is completed and accurate because DHS will not accept further submissions after the deadline.

After the approved close-out modification is received, the Office of Finance will prepare a summary statement (the “Close-Out Statement”) showing the total amount of all billings, adjustments, advances issued and recouped, payments made and the amount of the final payment for the year (see Attachment 7) and a “Close-Out Letter” (see Attachment 11). **Providers must review the Close-Out Statement and report in writing to Finance any discrepancies with their records within 14 days of the date of the Close-Out Letter.** Providers are cautioned to ensure that the final billing is complete.

Contracts that terminate and are renewed for the same program in the middle of the fiscal year will be closed out at the end of the fiscal year. The close-out will cover all payments made during the fiscal year and will be based on the annual review budget for that fiscal year. Contracts that terminate in the middle of the fiscal year and either are not renewed or are replaced with a new contract will be closed-out upon receipt of the final billing.

7.3. Rate-Based Contracts

Providers with Rate-Based Contracts must submit their final billing no later than **September 1** (or the next business day(s) if 9/1 falls on a weekend). If the provider is not able to meet this deadline, a written request for an extension must be submitted to the Program Analyst with a copy to Finance by August 15 (or the next business day(s) if 8/15 falls on a weekend). The request for an extension must explain in detail why the extension is necessary and it must be signed by the provider’s Executive Director. A committee of representatives from program, finance and budget will determine if the request will be approved or denied. If the final billing is not received by the deadline (or extended deadline if approved by DHS), the contract will be closed-out based on the billings that DHS received to date. No further payments for that fiscal year will be made for billings that are received after the applicable deadline.

After the approved close-out modification is received, the Office of Finance will prepare a summary statement (“the Close Out Statement”) showing the total amount of all billings, adjustments, advances issued and recouped, the total per diem rate payments and the total expenditures reported for the year (see Attachment 8) and a “Close-Out Letter” (see Attachment 11). If the amount of the expenditures is greater than the per-diem rate payments, the provider may be entitled to recoup a portion or all of the difference if it is within the Annual Review Budget amount, in accordance with applicable New York State Regulations. These additional expenses will be reviewed separately, and providers may be required to submit supporting documentation. If the amount of expenditures is less than the per-diem rate payments, the difference will be recouped from the next payment due to the provider.

Providers must review the Close-Out Statement and report in writing to Finance any discrepancies with their records within 14 days of the date of the Close-Out Letter. Providers are cautioned to ensure that the final billing is complete.

Contracts that terminate and are renewed for the same program in the middle of the fiscal year will be closed-out at the end of the fiscal year. The close-out will cover all payments made during the fiscal year and will be based on the annual review budget for that fiscal year. Contracts that terminate in the middle of the fiscal year and either are not renewed or are replaced with a new contract will be closed-out upon receipt of the final billing.

7.4. Accrued Expenses

The final billing may include goods and services which were received on or before June 30 but for which the provider has not yet issued a payment (accrued expenses). Providers are permitted to bill DHS for accrued expenses only with the June billing. This billing should include all unpaid liabilities as of June 30. If any accrued expenses are included in the final billing, the provider must also submit a detailed itemization of the accrued expenses. The provider must update the report showing which accruals were liquidated on a monthly basis until all of the accruals are liquidated. See Attachment 9 for the format in which this information must be submitted. The provider must ensure that DHS is not over billed for these expenses.

8. Desk Audits

The Office of Finance may conduct periodic desk audits of billings submitted by providers. Finance will notify each provider which period is being audited and what supporting documentation must be submitted. The focus of the audits will generally be on specific lines in the budget which represent a significant amount of expenditure or a significant risk; however, the Department reserves the right to increase, decrease or otherwise change the number or the scope of its audits for any provider.

9. Administrative Overhead

Certain programs receive reimbursement for administrative overhead expenses. An allocation for these expenses is included in the approved Annual Review Budget. Providers should bill DHS for the amount of overhead actually spent up to the budgeted amount in accordance with the allocation plan in the Annual Review Budget (Attachments 8 and 8A of the DHS “Human Services Providers Budget Procedures”).

10. Start-up Funds

When a new facility or program is opened, the provider may be given start-up funds in the contract budget to pay for personnel, materials and supplies which are necessary to make the facility or program operational. Payment of start-up funds is different for Tier II Shelters than from other programs.

10.1. Tier II Shelters

According to State regulation, start-up costs in Tier II facilities are to be amortized over a five year period. Start-up costs include all payments that are made prior to the facility opening including salaries, utilities, insurance, rent, employee training, repairs and maintenance, and any other allowable costs incident to the start-up period. The State has capped start-up costs to no more than 90 days prior to opening for charges related to administrative salaries, utilities, rent and building security. All other salaried positions are limited to 14 days prior to opening. The payment of these costs will be included in the per diem rate for the five year amortization period.

10.2. Programs Other Than Tier II Shelters

Unless otherwise specified in the contract, DHS will advance 50% of the start-up budget for programs other than Tier II Shelters to the provider at or prior to the start-up period specified in the contract. The provider must submit a written request to the Office of Finance to obtain the funds. When all or a significant portion of the funds have been expended, the provider must submit an expense report which details the spending of the initial allocation against the start-up budget. The start-up expense report must be in the same format as the monthly billing, see Section 3.1, with the start-up expenses itemized against the start-up budget.

If the provider wishes to spend the start-up funds in a manner which deviates from the start-up budget, either a budget modification or report must be prepared in accordance with the DHS “Human Services Providers Budget Procedures”. Finance will not issue the second payment against the start-up budget until an approved modification or report has been received from the Budget Office.

At the end of the start-up period or fiscal year, the provider must submit a final expense report which accounts for the spending of the start-up funds. DHS reserves the right to audit all or a portion of the start-up spending. Providers who fail to properly account for the spending of the start-up funds may be required to return the funds to DHS. Start-up expenses must be included in the final billing for the fiscal year.

11. Construction Expenses

Providers may be given funds in their budgets for construction, renovation, repairs or other work which would not qualify as normal maintenance; or, with prior approval of DHS’s Facility Maintenance and Development (FMD) Division and the Program Analyst, a provider may modify its budget to perform this kind of work. These expenses are subject to additional review and approval. Providers must submit all aspects of the planning, design, construction, management and coordination of the project to FMD prior to commencement of the project for all work to be done in City-owned, State-owned or Health and Hospitals Corporation-owned facilities, or for projects which exceed \$5,000.00 in non-City/State-owned facilities. Projects in non-City/State-owned buildings which are less than \$5,000.00 do not require additional approval; and, if included in the annual review budget, such expenses should be included in the monthly expense report.

The FMD Construction Manager (CM) assigned to the project will first review the scope of work, justification, project schedule and cost estimate for the renovation or repair work. If an architect, engineer or other design professional is required, their proposal must be included in the submission. An FMD sign-off of this submission is required for the provider to proceed to either bidding or design work. The CM will review and approve the plans, specifications and bids before the provider signs any construction contracts. After signing, the CM must be notified one week before the construction start date.

During construction, all bills submitted by the sub-contractor to the provider must be forwarded to the Office of Finance at 33 Beaver Street, New York, NY 10004, Room 1417 along with a cover letter summarizing the total amount of the expense and specifying the line in the budget against which the expense will be charged. Finance will forward the documents to FMD for review by the

CM and the Engineering Audit Officer (EAO). The CM and EAO will return the bills to Finance for payment. These bills must be submitted separately from the monthly expense report. The provider must pay the sub-contractor(s) within seven days after receipt of payment from DHS. Construction expenses must be included in the final billing for the fiscal year.

ATTACHMENT 1

Advance Issuance and Recoupment Examples:

1. Contract Term – 7/1/99 - 6/30/00; Contract Amount - \$1,200,000.00

FY 00 Advance Issuance:

Value of contract in FY 00 = \$1,200,000.00

Amount of Advance FY 00 = \$1,200,000.00 x 2/12 = \$200,000.00

Recoupment:

April Billing (25%)	\$50,000.00
May Billing (25%)	\$50,000.00
June Billing (50%)	\$100,000.00
Total Recoupment:	\$200,000.00

2. Contract Term – 2/1/99 – 1/31/00; Contract Amount - \$1,200,000.00
Contract is renewed 2/1/00 – 1/31/01 same amount.

FY 00 First Advance Issued 7/1/99:

Value of contract 7/1/99 = \$1,200,000.00

Amount of Advance = \$1,200,000.00 x 2/12 = \$200,000.00

Recoupment:

November 99 Billing (25%)	\$50,000.00
December 99 Billing (25%)	\$50,000.00
January 99 Billing (50%)	\$100,000.00
Total Recoupment:	\$200,000.00

FY 00 Second Advance Issued at or around 2/1/00:

Value of contract 2/1/00 = \$1,200,000.00

Amount of Advance = \$1,200,000.00 x 2/12 = \$200,000.00

Recoupment:

April 00 Billing (25%)	\$50,000.00
May 00 Billing (25%)	\$50,000.00
June 00 Billing (50%)	\$100,000.00
Total Recoupment:	\$200,000.00

ATTACHMENT 2

Affirmation of Bank Account

Provider Name: _____

Program Name: _____

Bank Name: _____

Bank Address: _____

Bank Account(s) #: _____

I _____, am the financial officer for the above-named
(Print Name)

organization. I affirm and declare that the above bank account(s), in which all funds received from the Department of Homeless Services are deposited, have not changed in the past twelve months. I further affirm and declare that the "Application to Furnish Information and Transfer Funds" dated _____, is still valid.

Signature of Financial Officer

Date: _____

ATTACHMENT 3

Bank Authorization
APPLICATION TO FURNISH INFORMATION AND TRANSFER FUNDS

Provider Agency	_____
Contract Number	071 - _____
Bank Name	_____
Bank Address	_____
Bank Account Name	_____
Bank Account Number	_____

The above account(s) maintained at your bank is comprised of funds received pursuant to a contract between the Undersigned and the City of New York acting through the Department Of Homeless Services.

The Undersigned hereby authorizes, empowers and directs your bank to forthwith comply with any written request made by the Department Of Homeless Services to furnish any bank statements, cancelled checks or other information in your possession or control relating to the above account.

The Undersigned hereby authorizes, empowers and directs your bank to forthwith comply with any written request made by the Department Of Homeless Services to transfer part of the balance of funds remaining in the account(s) to the Department Of Homeless Services.

Provider Agency	_____
By	_____
Title	_____
Date	_____

Accepted

Bank	_____
By	_____
Title	_____
Date	_____

ATTACHMENT 4 – (Page 1 of 4)

Program/Facility: _____
 Contract Number: _____
 Address: _____
 Provider: _____
 Program/Facility Type: _____
 Number of Clients/Families: _____
 Date: _____

PS	NON GRANT					
	FY 00 Annual Budget			Nov-00 Expense	Year-To Date	Budget Balance
	FTE'S	Salary	Total			
Center Director	0.0	\$0	\$0	0.0	0.0	0.0
Dir of Administration	0.0	\$0	\$0	0.0	0.0	0.0
Secretary II	0.0	\$0	\$0	0.0	0.0	0.0
Project Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
Living Skills Instructor	0.0	\$0	\$0	0.0	0.0	0.0
Secretary	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Administration	0.0		\$0	0.0	0.0	0.0

Project Coordinator	0.0	\$0	\$0	0.0	0.0	0.0
Residential Advisor	0.0	\$0	\$0	0.0	0.0	0.0
Counseling Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Counseling	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	\$0	\$0	0.0	0.0	0.0
Subtotal Child Care (Tier IIs only)	0.0		\$0	0.0	0.0	0.0

Recreation Advocate Asst	0.0	\$0	\$0	0.0	0.0	0.0
Recreation Advocate Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Recreation	0.0		\$0	0.0	0.0	0.0

LPN	0.0	\$0	\$0	0.0	0.0	0.0
Clinical Psychologist	0.0	\$0	\$0	0.0	0.0	0.0
TEAP Specialist	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Direct Care	0.0		\$0	0.0	0.0	0.0

Security Officer	0.0	\$0	\$0	0.0	0.0	0.0
Director, Social Development	0.0	\$0	\$0	0.0	0.0	0.0
	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Security	0.0		\$0	0.0	0.0	0.0

Maintenance Worker	0.0	\$0	\$0	0.0	0.0	0.0
Maintenance Specialist	0.0	\$0	\$0	0.0	0.0	0.0
	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Maintenance	0.0		\$0	0.0	0.0	0.0

Driver	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
Subtotal MVO	0.00		\$0	0.00	0.00	0.00

Food Service Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
Cook	0.0	\$0	\$0	0.0	0.0	0.0
Food Service Aide	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Kitchen	0.0		\$0	0.0	0.0	0.0

Subtotal PS	0.0		\$0	\$0	\$0	\$0
Fringe Benefits	#DIV/0!		\$0	\$0	\$0	\$0
TOTAL PS			\$0	\$0	\$0	\$0

ATTACHMENT 4 – (Page 2 of 4)

Program/Facility: _____
 Contract Number: _____
 Address: _____
 Provider: _____
 Program/Facility Type: _____
 Number of Clients/Families: _____
 Date: _____

OTPS	NON GRANT			
	FY 00 Annual Budget	NOV-00 Expense	Year-To Date	Budget Balance
Office Equipment Purchase/Replacement/Lease	\$0	\$0	\$0	\$0
Office Furniture Replacement and Purchase	\$0	\$0	\$0	\$0
copier	\$0	\$0	\$0	\$0
Fax	\$0	\$0	\$0	\$0
Computer	\$0	\$0	\$0	\$0
Subtotal Office Equipment	\$0	\$0	\$0	\$0
Laundry and Replacement Linen	\$0	\$0	\$0	\$0
Client Furniture (Purchase and Replacement)	\$0	\$0	\$0	\$0
Client supplies	\$0	\$0	\$0	\$0
Program supplies	\$0	\$0	\$0	\$0
Subtotal Client Supplies/Furniture	\$0	\$0	\$0	\$0
Client Transportation	\$0	\$0	\$0	\$0
Client Stipends	\$0	\$0	\$0	\$0
Telephone	\$0	\$0	\$0	\$0
Electricity	\$0	\$0	\$0	\$0
Oil/Gas	\$0	\$0	\$0	\$0
Water/Sewer	\$0	\$0	\$0	\$0
Subtotal Utilities	\$0	\$0	\$0	\$0
Office supplies	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0
Recruitment and Advertising	\$0	\$0	\$0	\$0
staff Training	\$0	\$0	\$0	\$0
staff Transportation	\$0	\$0	\$0	\$0
Subtotal Office Expenses	\$0	\$0	\$0	\$0
Accounting and Legal	\$0	\$0	\$0	\$0
A-133 Audit Fees	\$0	\$0	\$0	\$0
consultants	\$0	\$0	\$0	\$0
Medical	\$0	\$0	\$0	\$0
Subtotal Professional Costs	\$0	\$0	\$0	\$0
Maintenance Equipment Replacement	\$0	\$0	\$0	\$0
Office Equipment Repair	\$0	\$0	\$0	\$0
Miscellaneous Repairs (Directly Paid)	\$0	\$0	\$0	\$0
Miscellaneous Repairs (Contracted)	\$0	\$0	\$0	\$0
Maintenance supplies	\$0	\$0	\$0	\$0
Janitorial supplies	\$0	\$0	\$0	\$0
Subtotal Maintenance/Repair	\$0	\$0	\$0	\$0
HVAC/boiler system Maintenance	\$0	\$0	\$0	\$0
Emergency Generator Maintenance	\$0	\$0	\$0	\$0
Fire Detection/Suppression/central station	\$0	\$0	\$0	\$0
extermination contract	\$0	\$0	\$0	\$0
elevator Maintenance	\$0	\$0	\$0	\$0
Subtotal Mechanical System Contracts	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0
Contracted Security	\$0	\$0	\$0	\$0
Vehicle Rental/Lease	\$0	\$0	\$0	\$0
Vehicle Insurance	\$0	\$0	\$0	\$0
Gasoline	\$0	\$0	\$0	\$0
Vehicle Maintenance and Repair	\$0	\$0	\$0	\$0
Subtotal Vehicle Expenses	\$0	\$0	\$0	\$0
TOTAL OTPS	\$0	\$0	\$0	\$0
TOTAL PS. & OTPS	\$0	\$0	\$0	\$0
Administrative Overhead (Attachment #DIV/01	\$0	\$0	\$0	\$0
Rent	\$0	\$0	\$0	\$0
TOTAL (without Debt Service) OPERATING BUDGET	\$0	\$0	\$0	\$0
Start Up Amortization (Tier IIs only)	\$0	\$0	\$0	\$0
Debt Service Amortization	\$0	\$0	\$0	\$0
GROSS AMOUNT	\$0	\$0	\$0	\$0
Accruals	\$0	\$0	\$0	\$0
Revenue (See Attachment #10)	\$0	\$0	\$0	\$0
NET FUNDING - DHS FUNDING	\$0	\$0	\$0	\$0
Amendment (Performance Incentive)	\$0	\$0	\$0	\$0
Amendment (COLA Lump Sum)	\$0	\$0	\$0	\$0
TOTAL DHS FUNDING	\$0	\$0	\$0	\$0

ATTACHMENT 4 – (Page 3 of 4)

Program/Facility: _____
 Contract Number: _____
 Address: _____
 Provider: _____
 Program/Facility Type: _____
 Number of Clients/Families: _____
 Date: _____

PS	ESG					
	FY 00 Annual Budget			Nov-00 Expense	Year-To Date	Budget Balance
	FTE'S	Salary	Total			
Center Director	0.0	\$0	\$0	0.0	0.0	0.0
Dir of Administration	0.0	\$0	\$0	0.0	0.0	0.0
Secretary II	0.0	\$0	\$0	0.0	0.0	0.0
Project Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
Living Skills Instructor	0.0	\$0	\$0	0.0	0.0	0.0
Secretary	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Administration	0.0		\$0	0.0	0.0	0.0

Project Coordinator	0.0	\$0	\$0	0.0	0.0	0.0
Residential Advisor	0.0	\$0	\$0	0.0	0.0	0.0
Counseling Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Counseling	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	\$0	\$0	0.0	0.0	0.0
Subtotal Child Care (Tier IIs only)	0.0		\$0	0.0	0.0	0.0

Recreation Advocate Asst	0.0	\$0	\$0	0.0	0.0	0.0
Recreation Advocate Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Recreation	0.0		\$0	0.0	0.0	0.0

LPN	0.0	\$0	\$0	0.0	0.0	0.0
Clinical Psychologist	0.0	\$0	\$0	0.0	0.0	0.0
TEAP Specialist	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Direct Care	0.0		\$0	0.0	0.0	0.0

Security Officer	0.0	\$0	\$0	0.0	0.0	0.0
Director, Social Development	0.0	\$0	\$0	0.0	0.0	0.0
	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Security	0.0		\$0	0.0	0.0	0.0

Maintenance Worker	0.0	\$0	\$0	0.0	0.0	0.0
Maintenance Specialist	0.0	\$0	\$0	0.0	0.0	0.0
	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Maintenance	0.0		\$0	0.0	0.0	0.0

Driver	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
Subtotal MVO	0.00		\$0	0.00	0.00	0.00

Food Service Supervisor	0.0	\$0	\$0	0.0	0.0	0.0
Cook	0.0	\$0	\$0	0.0	0.0	0.0
Food Service Aide	0.0	\$0	\$0	0.0	0.0	0.0
Subtotal Kitchen	0.0		\$0	0.0	0.0	0.0

Subtotal PS	0.0		\$0	\$0	\$0	\$0
Fringe Benefits	#DIV/0!		\$0	\$0	\$0	\$0
TOTAL PS			\$0	\$0	\$0	\$0

ATTACHMENT 4 – (Page 4 of 4)

Program/Facility: _____
 Contract Number: _____
 Address: _____
 Provider: _____
 Program/Facility Type: _____
 Number of Clients/Families: _____
 Date: _____

OTPS	ESG			
	FY 00 Annual Budget	Nov-00 Expense	Year-To Date	Budget Balance
Office Equipment Purchase/Replacement/Lease	\$0	\$0	\$0	\$0
Office Furniture Replacement and Purchase	\$0	\$0	\$0	\$0
copier	\$0	\$0	\$0	\$0
Fax	\$0	\$0	\$0	\$0
computer	\$0	\$0	\$0	\$0
Subtotal Office Equipment	\$0	\$0	\$0	\$0
Laundry and Replacement Linen	\$0	\$0	\$0	\$0
Client Furniture (Purchase and Replacement)	\$0	\$0	\$0	\$0
Client supplies	\$0	\$0	\$0	\$0
Program supplies	\$0	\$0	\$0	\$0
Subtotal Client Supplies/Furniture	\$0	\$0	\$0	\$0
Client Transportation	\$0	\$0	\$0	\$0
Client Stipends	\$0	\$0	\$0	\$0
Telephone	\$0	\$0	\$0	\$0
Electricity	\$0	\$0	\$0	\$0
Oil/Gas	\$0	\$0	\$0	\$0
Water/Sewer	\$0	\$0	\$0	\$0
Subtotal Utilities	\$0	\$0	\$0	\$0
Office supplies	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0
Recruitment and Advertising	\$0	\$0	\$0	\$0
staff Training	\$0	\$0	\$0	\$0
staff Transportation	\$0	\$0	\$0	\$0
Subtotal Office Expenses	\$0	\$0	\$0	\$0
Accounting and Legal	\$0	\$0	\$0	\$0
A-133 Audit Fees	\$0	\$0	\$0	\$0
consultants	\$0	\$0	\$0	\$0
Medical	\$0	\$0	\$0	\$0
Subtotal Professional Costs	\$0	\$0	\$0	\$0
Maintenance Equipment Replacement	\$0	\$0	\$0	\$0
Office Equipment Repair	\$0	\$0	\$0	\$0
Miscellaneous Repairs (Directly Paid)	\$0	\$0	\$0	\$0
Miscellaneous Repairs (contracted)	\$0	\$0	\$0	\$0
Maintenance supplies	\$0	\$0	\$0	\$0
Janitorial supplies	\$0	\$0	\$0	\$0
Subtotal Maintenance/Repair	\$0	\$0	\$0	\$0
HVAC/boiler system Maintenance	\$0	\$0	\$0	\$0
Emergency Generator Maintenance	\$0	\$0	\$0	\$0
Fire Detection/Suppression/Control station	\$0	\$0	\$0	\$0
Extermination contract	\$0	\$0	\$0	\$0
Elevator Maintenance	\$0	\$0	\$0	\$0
Subtotal Mechanical System Contracts	\$0	\$0	\$0	\$0
Food	\$0	\$0	\$0	\$0
Contracted Security	\$0	\$0	\$0	\$0
Vehicle Rental/Lease	\$0	\$0	\$0	\$0
Vehicle Insurance	\$0	\$0	\$0	\$0
Gasoline	\$0	\$0	\$0	\$0
Vehicle Maintenance and Repair	\$0	\$0	\$0	\$0
Subtotal Vehicle Expenses	\$0	\$0	\$0	\$0
TOTAL OTPS	\$0	\$0	\$0	\$0
TOTAL PS, & OTPS	\$0	\$0	\$0	\$0
Administrative Overhead (Attachment #10)	\$0	\$0	\$0	\$0
Rent	\$0	\$0	\$0	\$0
TOTAL (without Debt Service) OPERATING BUDGET	\$0	\$0	\$0	\$0
Start Up Amortization (Tier IIs only)	\$0	\$0	\$0	\$0
Debt Service Amortization	\$0	\$0	\$0	\$0
GROSS AMOUNT	\$0	\$0	\$0	\$0
Accruals	\$0	\$0	\$0	\$0
Revenue (See Attachment #10)	\$0	\$0	\$0	\$0
NET FUNDING - DHS FUNDING	\$0	\$0	\$0	\$0
Amendment (Performance Incentive)	\$0	\$0	\$0	\$0
Amendment (COLA Lump Sum)	\$0	\$0	\$0	\$0
TOTAL DHS FUNDING	\$0	\$0	\$0	\$0

ATTACHMENT 5

Monthly Housing Report

Month/Year _____

Contract # _____

Contractor _____

Address _____

Total Amount of Billing \$ _____

Program _____

Category/PA#	Room#	Name of Family	Comp Ad/Ch	Date In	Date Out	Total # of Days	Daily Rate	Total

Financial Officer's Signature _____ Date _____

ATTACHMENT 6

**NYC DEPARTMENT OF HOMELESS
SERVICES**

33 Beaver Street, New York, NY 10005

NOTICE OF PAYMENT ADJUSTMENT

To:

Tel:

Fax:

of Pages: 1

Date:

Contractor:

Contract #:

Please be advised that the following adjustment(s) have been made to your monthly reimbursement request for the above referenced contract as follows:

Period Adjusted: _____
Original Reimbursement Request: _____
Amount of Adjustment(s) \$ -
Adjusted Reimbursement: \$ -

The adjustment(s) were made as follows:

Description	Amount Adjusted

TOTAL: \$ -

ATTACHMENT 7 (Page 2 of 3)

Program/Facility:														
Contract Number														
Address:														
Provider:														
Program/Facility Type:														
Date														
NON GRANT														
PAYMENT INFORMATION														
	BUDGET	FY 08 Nov	FY 08 Nov Adj	FY 08 Dec	FY 08 Dec Adj	FY 08 January	FY 08 January Adj	FY 08 February	FY 08 February Adj	FY 08 March	FY 08 March Adj			
1. Total Expenses		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---			
2. Total Adjustments		---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00			
3. Total Adjusted Expenses (1+2)	\$0.00	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---			
4. Audit Disallowance - Attach Letter frm Auditor			---		---		---		---		---			
4a. Financial Assistance Recoupment			---		---		---		---		---			
5. Advance Requested/Adjustment		---	---	---	---	---	---	---	---	---	---			
6. Advance Recouped			---		---		---		---		---			
7. Amount Due to Provider (3+4+6)		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---			
8. Amt Paid			---		---		---		---		---			
Date Paid/Voucher #														
- Amt Paid			---		---		---		---		---			
Date Paid/Voucher #														
- Amt Paid			---		---		---		---		---			
Date Paid/Voucher #														
9. Tot Amt Paid		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---			
10. Variance (7-9)		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---			
11. Total Amount Billed (frm Bill)			---		---		---		---		---			
12. Total Amount Paid		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---			
13. Variance : Notice of Adj needed		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	---			

ATTACHMENT 7 (Page 3 of 3)

Program/Facility:														
Contract Number														
Address:														
Provider:														
Program/Facility Type:														
Date														
NON GRANT														
PAYMENT INFORMATION														
	BUDGET	FY 08 April	FY 08 April Adj	FY 08 May	FY 08 May Adj	FY 08 June	FY 08 June Adj	FY 08 YTD	BUDGET BAL					
1. Total Expenses		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00						
2. Total Adjustments		---	\$0.00	---	\$0.00	---	\$0.00	---						
3. Total Adjusted Expenses (1+2)	\$0.00	\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	\$0.00					
4. Audit Disallowance - Attach Letter frm Auditor			---		---		---	\$0.00						
4a. Financial Assistance Recoupment			---		---		---	\$0.00						
5. Advance Requested/Adjustment		---	---	---	---	---	---	\$0.00						
6. Advance Recouped			---		---		---	\$0.00	\$0.00					
7. Amount Due to Provider (3+4+6)		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00						
8. Amt Paid			---		---		---	\$0.00						
Date Paid/Voucher #														
- Amt Paid			---		---		---	\$0.00						
Date Paid/Voucher #														
- Amt Paid			---		---		---	\$0.00						
Date Paid/Voucher #														
9. Tot Amt Paid		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00	\$0.00					
10. Variance (7-9)		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00						
11. Total Amount Billed (frm Bill)			---		---		---	\$0.00						
12. Total Amount Paid		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00						
13. Variance : Notice of Adj needed		\$0.00	---	\$0.00	---	\$0.00	---	\$0.00						

ATTACHMENT 8



FY 11 RATE-BASED CLOSE-OUT STATEMENT

Provider Name:		Contract #:	
Program:		Fiscal Officer:	
		Telephone #:	
		Fax #:	
Original Budget:			
Last Appvd Bdg:			
Bal due Prior Yr	\$ -		
Budget Balance:			

Billing Period	Providers Submission			Sub Total	Adjustments*	Adv Recoupmt	NG- Paid	Date Paid	Voucher #	Expense RPT (yes/no)	Quarter PIP
	Amount Billed	Care Days	Rate								
Advance	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
1st Quarter PIP	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
3 rd Quarter PIP	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
4th Quarter PIP	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
July	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
August	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
September	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
October	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
November	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
December	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
January	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
February	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
March	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
April	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
May	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
June	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Total	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				\$0.00

* Negative numbers are additions that increase the amount of the payment.

Total FY 11 Allowable Expenses:	\$ -
Total Adjusted Expenses:	\$0.00
Less Funds Recouped from Prior Years(see comments):	\$0.00
Total Adjusted Expenses Less Recoupmnts:	** \$0.00
Less Amount Paid February - May:	\$0.00
Amount Due to Provider/(from Provider):	*** \$0.00

Amount Paid February - May:	\$0.00
Close-Out Payment:	*** \$0.00
Total Payments for FY 11:	** \$0.00

** Total Payments should equal Total Adjusted Expenses Less Recoupmnts.

*** Amount Due to Provider should be the same as the Close-Out Payment

Funding Source	Expense	% Federal	Amt. Fed.	CFDA#
DHS Bsp frm Bsp Rpt	\$ -	32.56%	\$ -	93.558
Less Adj to Bsp frm Abv	\$0.00			
DHS Total DHS	\$ -		\$ -	

Adjustment Notes:

Prepared by: _____ Date: _____

Providers must review the Close-out Statement and report to Finance any discrepancies with their records in writing within 14 days of receipt of the statement.

ATTACHMENT 9

ACCRUED EXPENSES REPORT

This report must be submitted with the final expense report, indicating all accrued expenses. The "Date Paid" and "Check #" sections will be left blank for the initial submission (because the accruals have not yet been liquidated). This report must be updated monthly to show the dates in which the accruals were liquidated. If the actual payment amount differs from the amount accrued this must be noted in this report.

1. PAYROLL COSTS:

(Complete this section for each PS line item for which accruals have been liquidated.)

PS Line Item: _____

<u>Pay Period</u>	<u>Date paid</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
TOTAL		_____

2. FRINGE BENEFITS:

(Complete this section for each Fringe Benefit for which accruals have been liquidated.)

Fringe Benefit Item: _____

<u>Payee</u>	<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Period Covered</u>	<u>Date Paid</u>	<u>Check #</u>	<u>Amount</u>
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
TOTAL						_____

3. OTPS:

(Complete this section for each OTPS Line Item for which accruals have been liquidated.)

OTPS Line Item: _____

<u>Payee</u>	<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Period Covered</u>	<u>Date Paid</u>	<u>Check #</u>	<u>Amount</u>
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
TOTAL						_____

ATTACHMENT 10



Seth Diamond
Commissioner

Steve Pock
Deputy Commissioner
Fiscal and Procurement Operations

Erin N Villari
Assistant Commissioner
Finance

Date

Address Line 1
Address Line 2
Address Line 3
Address Line 4

RE:

Dear

We have enclosed the Closeout Statement for CT# _____, Fiscal Year 2011, which includes payment history from July 2010 to June 2011.

We have reviewed your final requests for payment for FY 11.

Final Payment from DHS to provider

Provider owes DHS

Please review the Closeout Statement as soon as possible. In accordance with the Payment procedures on page 5, Section 7, **you, the Provider, must review the Closeout Statement and report in writing to Finance any discrepancies with our records within 14 days of the date of the statement. You must ensure that the final billing is correct. Expenses which are submitted to DHS after the closeout has been done may not be reimbursed.**

As part of the Department's responsibility as a pass-through entity, DHS is required to ensure that providers have met the federal audit requirements. Non-federal entities expending \$500,000 a year or more in Federal funds, whether received exclusively from DHS or a combination Federal funding sources, are required to undergo an A-133 Single Audit. If you received Emergency Shelter Grant (ESG), it is a Federal funding source and the amount of Expenditures reimbursed by DHS for this contract ("Amount Paid") in NYC FY 11 are enclosed. The CFDA for ESG is 14.231. Please furnish your CPA with this information so it may be used to determine whether your agency is subject to an A-133 Single Audit.

Prepared by:

Date:

Tel:

IV. LIMITATIONS OF USE OF FUNDS

Extent of competition required. Contractor shall retain records which detail the method of procurement, the basis for selection or rejection of a contractor, consultant or supplier and the basis for the contract price. If federal or State Laws require procurement methods other than those set forth herein, then Contractor shall also comply with such procurement methods.

1. Contractor must solicit and document at least three (3) written estimates for any payment made or obligation undertaken in connection with this Agreement for any purchase of goods, supplies, or services (including but not limited to consulting services) for amounts in excess of \$25,000. The monetary threshold applies to payments made or obligations undertaken in the course of a one (1) year period with respect to any one (1) person or entity. Payments made or obligations undertaken will not be artificially divided in order to avoid the requirements of this paragraph.
2. For any payment made or obligation undertaken in connection with this Agreement for any purchase of goods, supplies, or services (including but not limited to consulting services) for amounts between \$5,000 and \$25,000, Contractor shall conduct sufficient market research and/or competition to support its determination that the price of such purchased goods, supplies, services or equipment is reasonable. The monetary thresholds apply to payments made or obligations undertaken in the course of a one (1) year period with respect to anyone (1) person or entity. Payments made or obligations undertaken will not be artificially divided in order to avoid the requirements of this paragraph.