



CITY OF EL PASO

Community and Human Development

50th Year Contract Compliance Training

Department of Community + Human Development (DCHD)

Our responsibility is to serve as the catalyst for community partnerships, collaboration + change ensuring **equity, resilience + sustainability** for the most vulnerable El Pasoans by giving voice to the underrepresented, supporting a strong system of human services & investing in El Paso homes, families + neighborhoods.

Advance Equity

Reduce Poverty

Build Sustainability

Climate + Sustainability

- Mitigation + Adaptation
- Education + Awareness
- Policy + Practice

Civic Empowerment

- Equity + Access
- Neighborhood Engagement
- Volunteerism

Human Services

- Homelessness
- Health + Wellbeing
- Recreation + Lifestyle

Neighborhood Development

- Housing
- Community Revitalization
- Quality of Life

Annual Grant Cycle

1

**Contract
Signed &
Executed**

2

**Agency
Provides
Services**

3

**Agency Submits
Reimbursements
& Programmatic
Reports**

4

**Programmatic
and Fiscal
Monitoring
Begins**

5

**Final
Reimbursements
and Outcomes
are submitted**

50th Year Updates

2-Year Cycle: 50th Year and 51st Year

3-Year Cycle: 52nd Year, 53rd Year, 54th Year, to align with Facilities

- *Yearly contract renewals will be contingent on Agency Credit Score from most recently completed year**
- *Separate session will be had to discuss Agency Credit Score evaluation in further detail**

El Paso Helps Collaboration

- El Paso Helps serves as a collaboration between the Department of Community and Human Development and local organizations providing direct support to individuals/families in crisis.
- As part of your agreement, you may be asked to **provide additional information** (i.e., client data and documentation) to better assess services that are needed for the community through this initiative.
- A virtual office must be established through the El Paso Helps portal if required by DCHD. Agency will have discretion over the days and hours of operation, subject to approval by DCHD.



ADA (Accessibility)

The office of ADA (Accessibility) is committed to eliminating barriers and providing individuals with disabilities equal opportunities as per the Americans with Disabilities Act Title II Regulations.

Julia Del Campo
ADA (Accessibility) Coordinator
915-212-1692
DelcampoJM@elpasotexas.gov

EP Public Learn

City of El Paso ADA Sensitivity Training

- Mandatory Course
 - All Subrecipients must comply
 - Required Annually
 - Proof of Completion may be Requested
- Registration
 - <https://learnregister.elpasotexas.gov/>
- Access to EP Public Learn
 - [Access to EP Public Learn \(elpasotexas.gov\)](https://elpasotexas.gov)

01

Contract Compliance

Contract Compliance Goals:

- Ensure clear and attainable program terms on services to be provided.
- Ensure entities comply with local, state, and federal requirements.
- Conduct effective training and education on written policies and procedures.

Contract Components

1. Subrecipient Agreement
2. Attachment A – Program Scope
3. Attachment B – Program Budget
4. Attachment C – 2 CFR Part 200 Contract Requirements
5. Attachment D – Granting Agency Requirements
6. Attachment E – HIPAA Business Associate Agreement
7. Attachment F – Reimbursement Reports
8. Attachment G – Program Certifications
9. Attachment H – Certification Regarding Lobbying
10. Attachment I - FFATA Certifications
11. Other Contract Attachments –
 - A1 - Income Limits Guidelines
 - A2 - Income Eligibility Form
 - A3 - Presumed Benefit Eligibility Certification
 - I - Definition of Homelessness
 - J - HMIS Policies and Procedures
 - K - Documentation of Homelessness



Key Contract Requirements

Subrecipient is responsible for **thoroughly reviewing** executed agreement to ensure that all **requirements are met**.

Records Retention

Subrecipient must **retain the following documents**, at minimum, for the duration of the **term period** stipulated in agreement:

- Financial records
- Client eligibility forms
- Documentation of services provided
- HIPAA Business Associate Agreement

Insurance Requirements

Commercial Liability insurance, Workers Compensation insurance and Auto Liability insurance policy and endorsement has been provided as a **prerequisite to execute agreement**

- Must carry all required insurance for the **entire duration of term period**
- Insurance must be for **minimum dollar amount** that is required by the City of El Paso
- Must include **30-day notice of cancellation** endorsement.
- List City of El Paso as a Certificate Holder

Contract Record Retention Periods

CDBG

4 years from the
end of your
service period

ESG

5 years from the
end of your
service period

HHSP

5 years from the
end of your
service period

ARPA

5 years from the
end of your
service period

Spend Rate

- A spend rate-to-time of service period ratio is required to be **maintained** throughout the service period of your agreement.
- Ensures a successful spend rate and exhaustion of funds granted in accordance with your service period (**September 1st, 2024 to August 31st, 2025**).

Month	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Percentage of Time Passed	8.33%	16.67%	25.0%	33.33	41.67%	50.0%	58.33%	66.67%	75.00%	83.33%	91.67%	100.00%
Required Percentage of Funding Expended	0.00%	6.67%	15.00%	23.33%	31.67%	40.00%	48.33%	56.67%	65.00%	733.33%	81.667%	100.00%

Subrecipient Obligations



Letter of Credit

- The Letter of Credit will need to be valid for the **term** of the agreement (construction + 5 year reversionary period) and at minimum equal to the amount of **CDBG funding**.

Reimbursement Requests

- Reimbursement Requests must be submitted by the **20th of the month** via email to the DCHD Grant Administrator.
- If there are no expenses for the respective month, a **\$0.00** reimbursement request should still be **submitted**.

Change Orders

- Change Orders must be submitted **five (5) days before** the beginning of the event in memo format on Agency letterhead.

Gantt Chart

- Gantt Charts must be submitted via email on the **last Thursday** of each month that includes project activities and expenses.

Biweekly Reporting

- Project updates in the format of the Agency's choosing must be submitted biweekly on **Thursdays**.
- If there is no update in the project, written confirmation of no change should still be **submitted**.

Note that the information provided is a summary of items. Your agency should fully review the Agreement to ensure compliance with all terms stipulated.

Local, State + Federal Regulations



Buy America Build America (BABA)

No funds made available for the Project may be used unless all iron, steel, and manufactured products used are **produced in the United States**.

Section 3

To the greatest extent feasible, provide training, employment, contracting and other **economic opportunities to low- and very low-income persons**, especially recipients of government assistance for housing, and to businesses that provide economic opportunities to low- and very low-income persons.

Davis-Bacon

Contractors and subcontractors pay their laborers and mechanics employed under the contract no less than the **locally prevailing wages and fringe benefits** for corresponding work on similar projects in the area.

Your agency must ensure that **all local, state, and federal regulations** are met.

Note that the information provided is a summary of items. Your agency should fully review the Agreement to ensure compliance with all terms stipulated.

02

Programmatic Compliance

- To ensure that subrecipients comply in all areas of program administration and regulatory compliance. These areas include:
 - **Program performance**
 - **General Management Practices**
 - **Record Keeping**
 - **Reporting Practices**

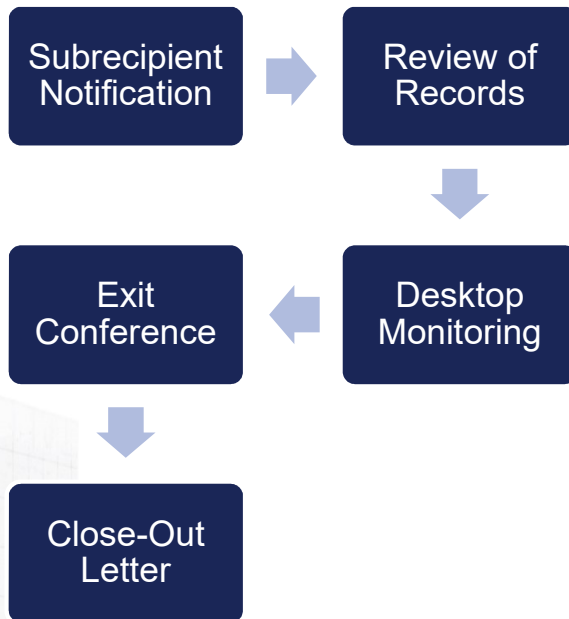
Steps in Compliance Monitoring

1. Sub-Recipient Risk Assessment
2. Selection for Monitoring
3. Notification Letter to Sub-Recipient
4. Programmatic Monitoring
5. Close-out Letter

Risk Assessment

- The City performs a ***programmatic risk assessment*** to develop the monitoring schedule.
- All subrecipients will be monitored annually.
- Subrecipients classified as high risk will take priority in the monitoring schedule and include:
 - A new grant program for the fiscal year
 - Programs that have high staff turnover, change in goals and direction.
 - Previous compliance or performance issues.
 - Sub-recipients with multiple activities/programs from multiple funding sources
 - Areas of the sub-recipient's operation where regulations have changed or clarified. (Program's scope)
 - Aspects of the sub-recipient's operations

Monitoring Process



Concern

A problem noted by the monitor that has not yet put the sub-recipient out of compliance with the contract but might at some future date. If not properly addressed, it can become a finding.

Finding

A deficiency in the agency's program performance regarding compliance with the contract, HUD regulations, or CD policy for which sanctions or other corrective actions are authorized. Findings are formally noted in the written report, and the agency is given a reasonable period in which to correct the findings.

Sub-recipient will have 7 days after the date of the letter from City to submit a written response addressing its findings and/or concerns.

Note that if sub-recipient does not comply in finishing corrective action towards findings and/or concerns, they will be in full breach of contract.

Monitoring Process Location

Monitoring Process will take place:



On-site



Virtual



Alternative Site

03

Fiscal Reporting

There are three main elements to fiscal reporting:

- Financial Reporting Forms
- Expenditures Supporting Documents
- Cash Match

Fiscal Report Forms

- Benefits and non-personnel expenses must be **itemized**.
- Expense titles must be **identical** to the titles/line items included in the budget attached to your executed agreement.

F1-A SUPPORTING WORKSHEET	
SUBMIT FORM TO:	GRANT ADMINISTRATOR OR FINANCE TEAM (MUST SEND TO FINANCE IF REIMBURSEMENT PACKAGE IS OVER 75 PAGES)

Total Salaries for All Employees					
	Pay Period Ending	Pay Period Ending	Gross Salary	% Charged to Grant	Salary Charged to Grant
					\$ -
Total					\$ -

Employee Name	Social Security	Medicare	Total Fringe Benefits	% Charged to Grant	Fringe Benefits Charged to
					\$ -
					\$ -
					\$ -
					\$ -
Total					\$ -

Vendor	Invoice No./Date	Ck No.	Invoice Amt	% Charged to Grant	Salary \$ Charged to Grant
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total					\$ -

Name	Invoice No./Date	Ck No.	Invoice Amt	% Charged to Grant	Salary Charged to Grant
					\$ -
					\$ -
					\$ -
					\$ -
Total					\$ -

Total Expenses \$ -

Attachment F1-A: Supporting Worksheet

Total expenses on Attachment F1-A must reconcile with Attachment F1

Fiscal Report Forms

- Employee names reported on Attachment F4-A **must cross-reference** with all payroll documents.
- Position titles reported on Attachment F4-A must be **identical** to the position titles included in budget that has been attached to executed agreement.
- Attachment F4-A **must be signed and dated** by employee and supervisor.

ATTACHMENT F4-A: EMPLOYEE BI-WEEKLY TIME REPORT

Name: _____ Pay period: 9/1/2023 through 9/14/2023
 Title: _____

HOURS TIME SHEET

Date	GRANT								WORKED								TOTAL			
	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	HOURS	LEAVE	LEAVE	LEAVE	LEAVE	LEAVE	LEAVE	LEAVE	LEAVE	HOURS	Hours	
										SICK	VAC	CONF	AL	LWO	Y	ADMIN				
A Sunday 9/1/2023																				
C Monday 9/2/2023																				
T Tuesday 9/3/2023																				
A Wednesday 9/4/2023																				
L Thursday 9/5/2023																				
H Friday 9/6/2023																				
O Saturday 9/7/2023																				
U Sunday 9/8/2023																				
R Monday 9/9/2023																				
S Tuesday 9/10/2023																				
W Wednesday 9/11/2023																				
O Thursday 9/12/2023																				
K Friday 9/13/2023																				
E Saturday 9/14/2023																				

% of time worked #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!

Summary Totals	GRANT ALLOCATION								TOTAL HRS
1 HOURS WORKED	0	0	0	0	0	0	0	0	0
ALLOCATION %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2 SICK	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
3 VAC	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4 CONF	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
5 PERSONAL	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6 LWO	0								0
7 HOLIDAY	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
8 ADMIN	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL HOURS	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

for the period stated above.

Employee: _____ Date _____
 Supervisor: _____ Date _____

**Attachment F4-A:
Bi-Weekly Time Report**

**Hours reported on
Attachment F4-A
must reconcile with
Attachment F4**

Personnel Reporting Documents

- Include copies of payroll checks or payroll summaries reflecting earnings and benefits
- **Over-time wages is unallowable.** The hours can be used to determine the allowable percentage charged to the grant but will not be considered in the Total Monthly gross amount
- Medical, Dental, Life, Workers Compensation, etc. must include:
 - Invoice and check copy for each respective insurance type
 - Highlight the portion that reflects the employee's name
 - Invoice copies must reflect coverage period

Non-Personnel Supporting Documents

Credit + Debit Purchases

Credit/debit purchases must include a copy of the credit card statement, bank statement (if applicable), and a copy of invoice/receipt.

- If a personal credit/debit card is used, you must also provide proof of reimbursement to the person making the payment/purchase.

For Sub-recipient reimbursements: sales tax, late payment fees or finance charges are not allowable

Mileage + Insurance

- Mileage logs must include total mileage per trip, destination, dates, and must be signed by employee and supervisor.
- Copy of the driver's license and proof-of-insurance must be provided.
- Property, vehicle, and general liability insurance, must include invoice copy, proof of payment, and method of calculation for the amount requested.

For all other expenses, invoice copies and proofs of payment must be submitted

Note that sales tax, late fees and/or interest fees are unallowable.

Rental/Utility Assistance Reporting Documents

Eviction Notice

- Must indicate the tenant's name, property rental address, date of notice, months/amounts in arrears, late fees (if applicable), and MUST be signed by the landlord.

Lease Agreement

- Must indicate the client's/tenant's name, rental property address, lease term, monthly rental amount, security deposit amount, and MUST be signed by the tenant and landlord.

Utility

- Copy of Utility invoice must be submitted. Name and address on invoice must cross reference with the information in the lease agreement.

Indirect Costs

Indirect costs are those that have been **incurred for common or joint objectives after direct costs have been determined and assigned** directly to the grant.

Indirect Cost Method

10% De Minimis Rate

Indirect Cost Allocation Plan

- Subrecipient applying the 10% De Minimis Rate must have submitted a **signed memo from their authorized signatory** stating the agency will be utilizing this method.
- Under this method, subrecipient must have provided an **Indirect Cost Allocation Plan** from the **cognizant agency**.
- The cognizant agency is an **independent government entity or professional consultant**.
- Your Indirect Cost Allocation Plan must state the **Indirect Cost rate/percentage** the agency is allowed to apply.

Approved indirect cost rate documentation must be submitted with each reimbursement

Cash Match Reporting

Criteria

- Must be necessary and reasonable for the accomplishment of the project or program and included in the budget.
- Must be allowable
- Cannot be obtained from another Federal award unless that award specifically allows the costs charged to it to be used as matching for another award.
- Cannot be used as matching for more than one project or program.
- Cash match is either the grantee organization's own funds (*general revenue*), cash donations from non-federal third parties (*such as private donors or partner organizations*) or other non-federal grants

Required Documentation

- Cash Match Supporting Worksheet listing all items submitted for cash match (salaries, benefits, non-personnel items, volunteer hours, etc.)
- Payroll match will require time sheets identifying the exact hours reported as cash match and all respective payroll documents
- In-kind volunteer time/cost will require submission of in-house volunteer log sheets, signed by the volunteer and staff supervisor, as well as a Volunteer Job Description
- All supporting documentation must be provided and must follow same compliance criteria as Reimbursement documentation

04

Human Services

The City of El Paso has allocated the following for **50th Year**:

\$950K to **CDBG** public services program.

\$577K to **ESG** programs

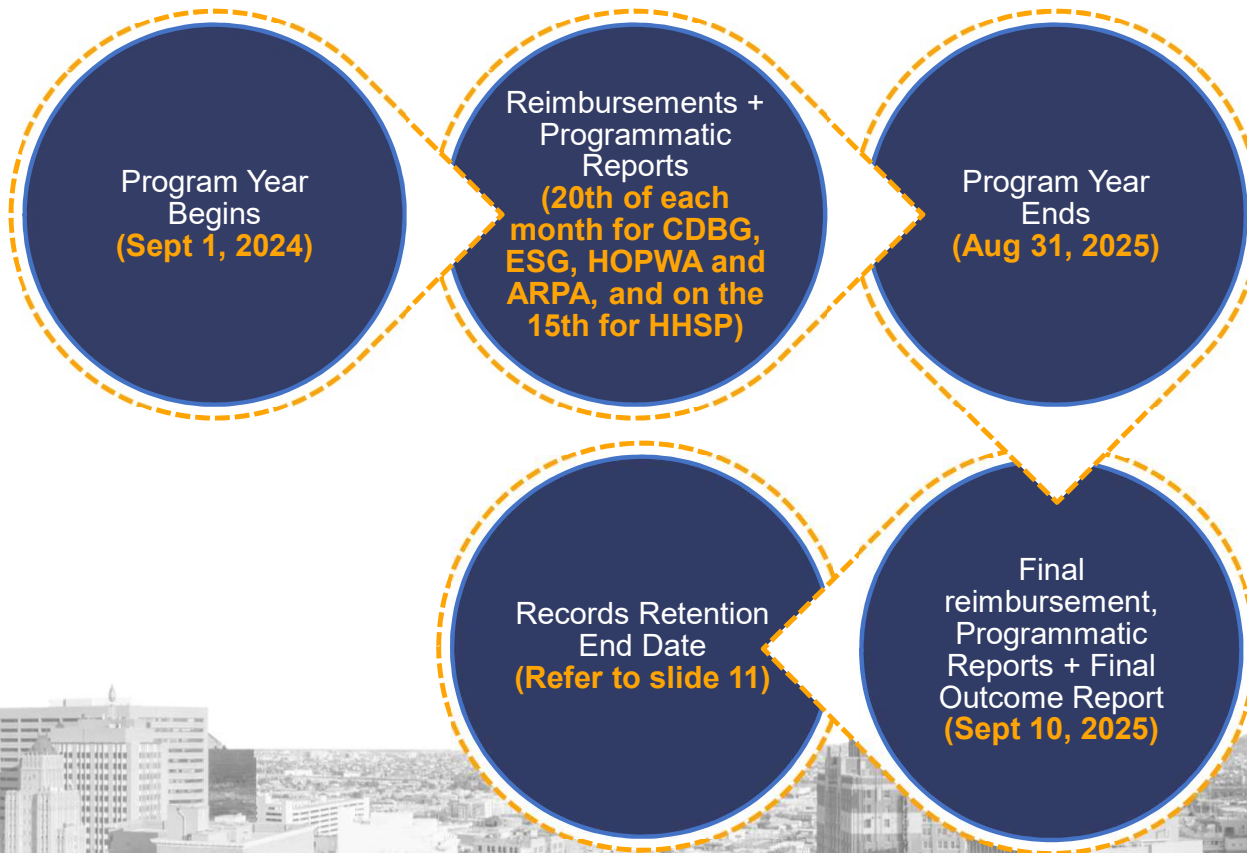
\$1.1M to **HOPWA** programs

\$493K to **HHSP** (TDHCA).

Human Services programs will support a wide range of public services activities, including, *but not limited to*: **housing, homelessness, mental health, food security**.

*50th Year Human Services funding has been sub-awarded to **9** community partners to support **15** programs.*

Implementation Process



Purpose of **Scope of Work**

The Department of Community and Human Development requires that subrecipients comply with all requirements and deadlines described in the **Program Scope**.

Scope of Work

**Programmatic Goals
(i.e. units, households,
persons served)**

**Leverage or match
amount**

- Only activities defined as a Unit of Service in the Program Scope can be reported to DCHD.
- Persons served must be **unduplicated**, and for each person served race + ethnicity data must be acquired.
- Leverage is a financial or in-kind commitment toward the costs of your project from a non-DCHD source.
- Leverage is inclusive of your funding needed to execute the program.

Fiscal Report Forms

CDBG, ESG, HOPWA, HHSP

Key Requirements:

- Reimbursements can be submitted electronically or in-person.
 - **Exception:** Reimbursements requests over **75 pages** must be submitted in-person.
- Reimbursement requests can only include expenditures that have already been **incurred and paid** by your agency.
- Each reimbursement must be **complete and accurate**.
 - All supporting documentation must be provided to validate your expenses.
 - Amounts included within your reimbursement packet must correspond with one another.
 - Make sure that all documents are signed and dated.

**F1 Monthly
Expenditure
Report**

**F4 Employee
Monthly Time
Report**

**F4-A Employee
Bi-Weekly Time
Report**

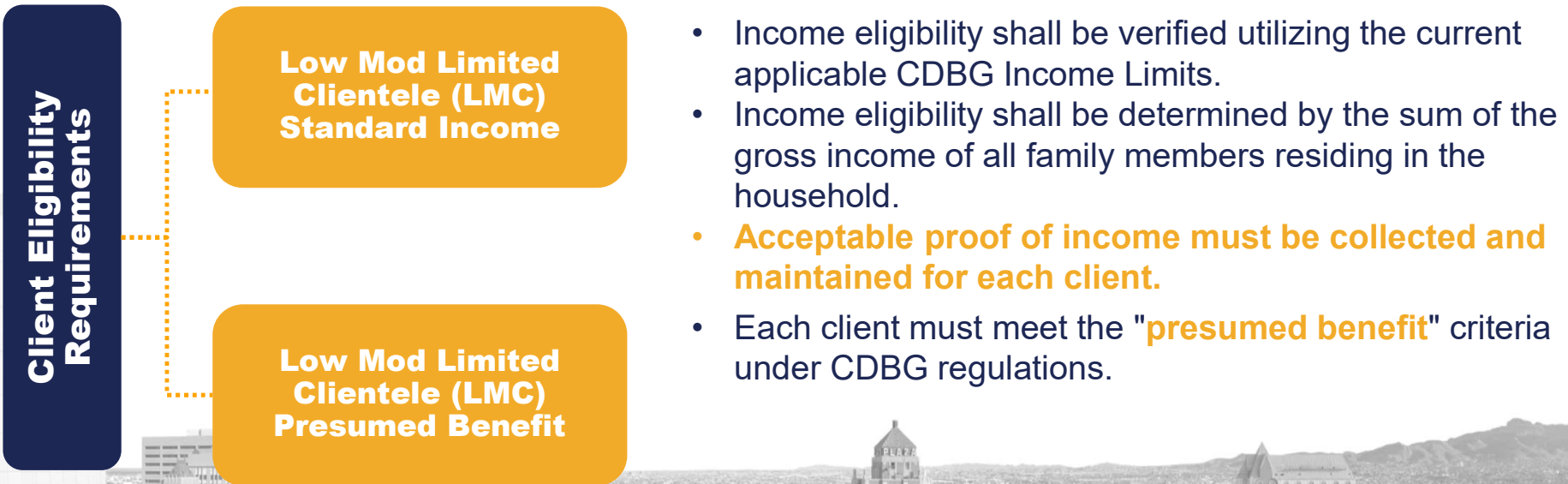
**F1-A
Supporting
Worksheet**

Grant Administrator Review of Client Files

- Grant Administrator will review client files **on a monthly basis** to determine proper eligibility forms are being utilized for clients (“mini monitoring”).
- Subrecipient must provide the full list of clients served for that month to the GA. GA will then select at least 5 clients, or 10% of the total (whichever is greater) for review of these files.
- Subrecipient must document and maintain records **in a digital and searchable format** to validate programmatic reporting.
- DCHD may not necessarily request extensive backup documentation monthly, however, subrecipient will be required to provide this documentation if ever monitored.

Client Eligibility **CDBG**

Subrecipient must ensure that services under this Agreement are provided to **CDBG-eligible clients only.**



Each client must reside within the City limits of El Paso, Texas and provide proof of residence.

Report Forms CDBG

Monthly reports must be submitted by the **20th of each month**, except for the closeout report which will be provided on **September 10th**. Other required reports must be submitted as noted.



Program Report Forms CDBG

Programmatic Goals		
Number of Units for <i>this month</i> : (Indicate type of unit if more than one type)	Number of new persons served <i>this month</i> : (Should match column A on Ethnicity Report)	Number of El Paso Helps Clients served <i>this month</i> : (If applicable)

F2 Units of Service Report

Attachment F2 + Attachment F3 must be **emailed** to the **Grant Administrator** **directly and separately** from your reimbursement submission.

F3 Ethnicity Report

Month	Total Persons Assisted (autobilled ethnicity A-E-Z)																										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	Aa
SEP	0																										
OCT	0																										
NOV	0																										
DEC	0																										
JAN	0																										
FEB	0																										
MAR	0																										
APR	0																										
MAY	0																										
JUN	0																										
JUL	0																										
AUG	0																										
YTD	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



Program Report Forms **CDBG**

Proposed accomplishments (i.e., units of services and clients), measurements and documentation outlined in the Outcome Statement section in your contract's Program Scope:		
Actual accomplishments(i.e., units of services and clients), measurements and documentation:		
Leveraged funds from your contract scope page 1:		
Proposed amount from Outcome Statement:		
Actual funding expended for project during contract period:		
CD funds:		
Section 108 Loan Guarantee:		
HOME Investment Partnerships Grant:		
Emergency Shelter Grant Funds:		
Housing for People with AIDS Funds:		
Appalachian Regional Commission:		
Other Federal Funds:		
State Funds:		
Local Funds:		
Private Funds:		
Total not including CD funds:		50

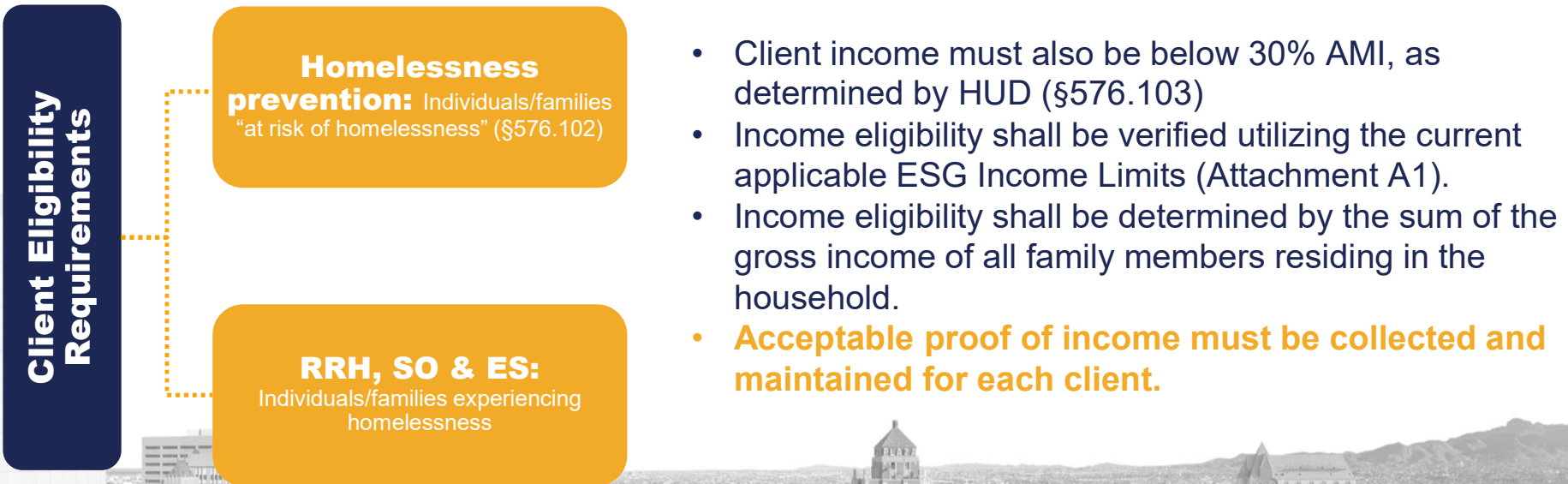


Attachment F7 must be **emailed** to the **Grant Administrator** **directly and separately** from your final reimbursement submission.

All three programmatic Report Forms must correspond with one another.

Client Eligibility **ESG**

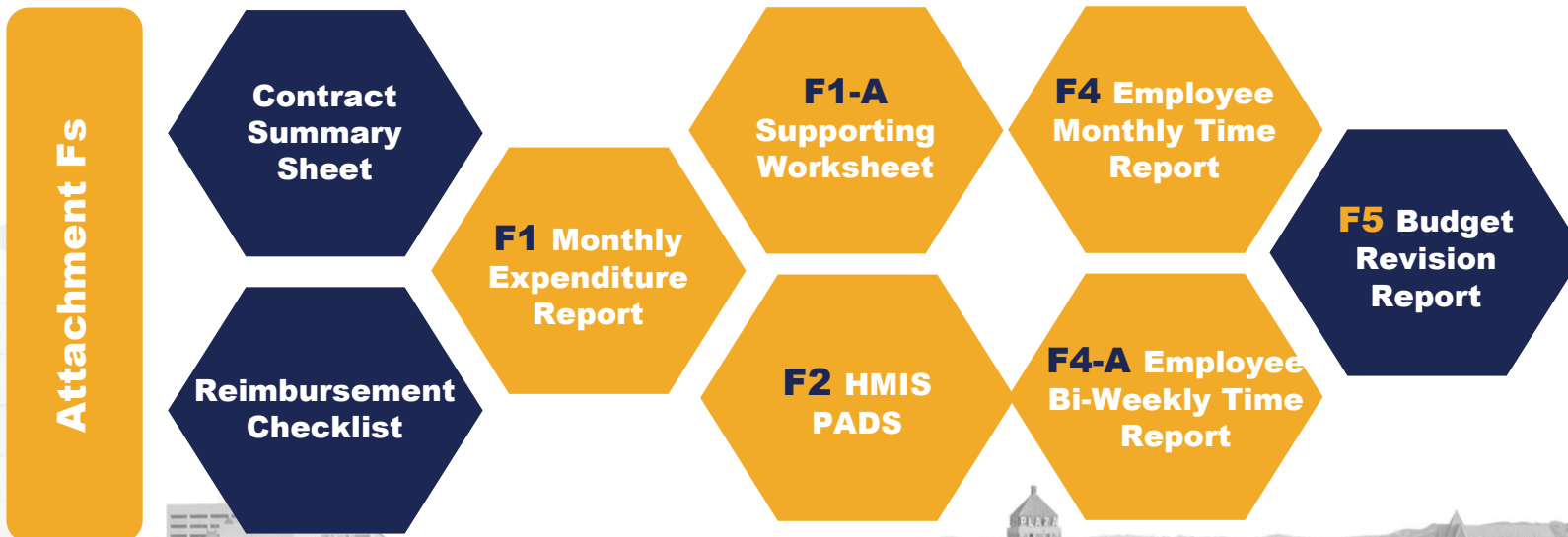
Subrecipient must ensure that services under this Agreement are provided to **ESG-eligible clients only**.



Each client must reside within the City limits of El Paso, Texas and provide proof of residence.

Report Forms **ESG**

Monthly reports must be submitted by the **20th of each month**, except for the closeout report which will be provided on **September 10th**. Other required reports must be submitted as noted.



Program Report Forms **ESG**



F2: EXAMPLE OF PERSONS SERVED (1 PADS REPORT REQUIRED PER COMPONENT)

Please Download from HMIS and submit on the due date to ESG@elpasotexas.gov and to Grant Administrator
 Attachment F5: ESG-Persons Assisted Data Report XXXXXXXXXXXX, Inc. Date Range: 09/01/2023 to 09/30/2024

MONTH	Adults	Children	DKR	Household	Female	Male	DKR	Under 18	18-24	Over 24	DKR	Adults	Children	DKR	Adults	Children	DKR	Adults	Children	DKR	
	ALL PERSONS				GENDER			AGE			STREET			EMERGENCY			HP ACTIVITIES			RRH ACTIVITIES	
Oct, 2019	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
YTD Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

DKR -- Don't know/refused

Subpopulation	PERSONS SERVED WITH SO	PERSONS SERVED WITH ES	PERSONS SERVED WITH HP	PERSONS SERVED WITH RRH	TOTAL SERVED (Unduplicated)
Veterans	0	0	0	0	0
Victims of Domestic Violence	0	0	0	0	0
Elderly	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Chronically Homeless	0	0	0	0	0
Persons with Disabilities					
Severely Mentally Ill	0	0	0	0	0
Chronic Substance Abuse	0	0	0	0	0
Other Disability	0	0	0	0	0
Total (Unduplicated)	0	0	0	0	0

SHELTER UTILIZATION	
Number of New Units - Rehabbed	
Number of New Units - Conversion	
Total Number of bed-nights available	0
Total Number of bed-nights provided	0
STREET OUTREACH	
Street Outreach Contacts	0

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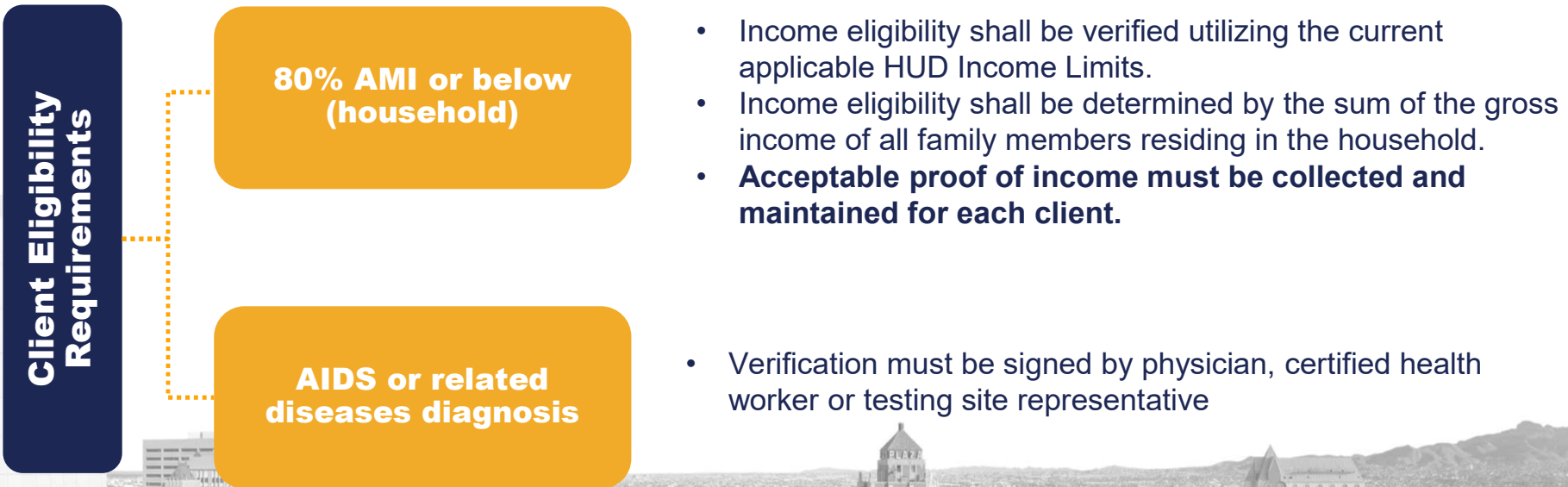
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Attachment F2 must be **emailed** to the Grant Administrator **directly and separately** from your reimbursement submission.

- This report is **generated directly from HMIS**

Client Eligibility **HOPWA**

Subrecipient must ensure that services under this Agreement are provided to **HOPWA-eligible clients only.**



Each rental/utility assistance client must reside within the City limits of El Paso, Texas, and provide proof of residence.

Report Forms HOPWA

Monthly reports must be submitted by the **20th of each month**, except for the closeout report which will be provided on **September 10th**. Other required reports must be submitted as noted.



Program Report Forms HOPWA

ATTACHMENT F3: ETHNICITY REPORT

AGENCY NAME: _____

PROGRAM NAME: HOPWA Program _____

CONTRACT YEAR: September 1, 2024 through August 31, 2025 GRANT: HOPWA _____

PREPARER'S NAME: _____

PHONE: _____

REPORT FOR CALENDAR MONTH OF: _____

SUBMIT FORM TO GRANT ADMINISTRATOR

Note: Column A automatically totals all the ethnicities (columns F-Aa). Totals for the four income groups (columns B-E) should equal the total in column A. If you serve a Presumed Benefit clientele, note "PB" in columns B-D instead of numbers. Columns * & # stand alone and don't need to match column A. If you serve a "Presumed Benefit" clientele, write "PB" in column B, C, D and/or E instead of numbers.

Month	Total Persons Assisted (includes ethnicity A-E-Z)																												
	A	B	C	D	E	*	#	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	Aa
SEP	0																												
OCT	0																												
NOV	0																												
DEC	0																												
JAN	0																												
FEB	0																												
MAR	0																												
APR	0																												
MAY	0																												
JUN	0																												
JUL	0																												
AUG	0																												
YTD	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

SIGNATURE OF EXECUTIVE DIRECTOR OR BOARD PRESIDENT: _____ Date _____



Attachment F3 must be **emailed** to the Grant Administrator **directly and separately** from your reimbursement submission.

Client Eligibility **HHSP**

Subrecipient must ensure that services under this Agreement are provided to **eligible clients only**.

Client Eligibility Requirements

Initial Eligibility Certification (30% AMI)

Individuals or families whose income at **initial certification** is equal to or lower than **30% of the median income** of the standard metropolitan statistical area for the City of El Paso, Texas

Eligibility Re-Certification (50% AMI)

Individuals or families whose income at **re-certification** is equal to or lower than **50% of the median income** of the standard metropolitan statistical area for the City of El Paso, Texas

Acceptable proof of income must be collected & maintained for each client. Each client must reside within the City limits of El Paso, Texas and provide proof of residence.

Report Forms **HHSP**

Monthly reports must be submitted by the **15th of each month**, except for the closeout report which will be provided on **September 10th**. Other required reports must be submitted as noted.



Program Report Forms **HHSP**



Subrecipient or Vendor Name	Agency Name	Reporting Month	September 2024
Contract Number	HHSP	Is this report adjusting a prior month?	No
Contract Term	09/01/2024 - 08/31/2025	If "Yes", what is the reason for the adjustment request?	N/A

HHSP Monthly Performance Report

Total Services		Unduplicated HHSP Entries	
for Persons Entering	for Households Entering	Persons Entering	Households Entering
10	4	5	2

Unduplicated Race		Unduplicated Ethnicity		Unduplicated Gender		Unduplicated Age	
American Indian/Alaska Native	0	Non-Hispanic/Non-Latino	0	Male	2	Under 18	2
Asian	0	Hispanic/Latino	5	Female	3	18-24	0
Black/African-American	0	Ethnicity Unknown	0	Trans Female (MTF)	0	25-61	2
Native Hawaiian/Pacific Islander	0			Trans Male (FTM)	0	62 and over	1
White	5			Gender Non-Conforming	0	Age Unknown	0
Race Unknown	0			Gender Unknown	0		
Total Race	5	Total Ethnicity	5	Total Gender	5	Total Age	5

HHSP General Set-Aside Reporting

Unduplicated Special Populations	Activities by Persons	Activities by Households	Outcomes	New Beds			
Persons in at least one special population	0	Essential Services - Homeless Persons	0	Essential Services - Homeless Households	0	Homeless Persons Maintained 3+ Months	Shelter Beds Constructed
Victims of Domestic Violence	0	Essential Services - At Risk Persons	0	Essential Services - At Risk Households	0	Homeless Households Maintained 3+ Months	Shelter Beds Rehabilitated
Unaccompanied Children (Under 18)	HA Persons	5	HA Households	2	At Risk Persons Maintained 3+ Months	Shelter Beds Converted	
Unaccompanied Youth (18-24)	HP Assistance Persons	0	HP Assistance Households	0	At Risk Households Maintained 3+ Months	TL Beds Constructed	
Parenting Children and Youth (24 and under)	Persons Using Day/Night Shelter	0	Households Using Day/Night Shelter	0		TL Beds Rehabilitated	
Children of Parenting Youth (Under 18)	Case Management - Homeless Persons	5	Case Management - Homeless Households	2		TL Beds Converted	
Veterans	Case Management - At Risk Persons	0	Case Management - At Risk Households	0			

Attachment F2 must be **emailed** to the Grant Administrator **directly and separately** from your reimbursement submission.

- This report is **generated directly from HMIS**
- Make sure to complete **agency + program information** at the top of the report

Program Report Forms **HHSP**



Total Services		Unduplicated HHSP Entries					
Total Services for Persons Entering	10	Persons Entering	5				
Total Services for HH Entering	4	Households Entering	2				
Unduplicated Race		Unduplicated Ethnicity		Unduplicated Gender		Unduplicated Age	
American Indian/Alaska Native	0	Non-Hispanic/Non-Latino	0	Male	2	Under 18	2
Asian	0	Hispanic/Latino	5	Female	3	18-24	0
(Black/African-American)	0	Ethnicity Unknown	0	Trans Female (MTF)	0	25-61	2
Native Hawaiian/Pacific Islander	0			Trans Male (FTM)	0	62 and over	1
White	5			Gender Non-Conforming	0	Age Unknown	0
Race Unknown	0			Gender Unknown	0		
Total Race	5	Total Ethnicity	5	Total Gender	5	Total Age	5
HHSP General Set-Aside Reporting							
Unduplicated Special Populations	Activities by Persons	Activities by Households	Outcomes	New Beds			
Persons in at least one special population	Essential Services - Homeless Persons	Essential Services - Homeless Households	Homeless Persons Maintained 3+ Months	Shelter Beds Constructed	0		
Victims of Domestic Violence	Essential Services - At Risk Persons	Essential Services - At Risk Households	Homeless Households Maintained 3+ Months	Shelter Beds Rehabilitated	0		
Unaccompanied Children (Under 18)	HA Persons	HA Households	At Risk Persons Maintained 3+ Months	Shelter Beds Converted	0		
Unaccompanied Youth (18-24)	HP Assistance Persons	HP Assistance Households	At Risk Households Maintained 3+ Months	TL Beds Constructed	0		
Parenting Children and Youth (24 and under)	Persons Using Day/Night Shelter	Households Using Day/Night Shelter		TL Beds Rehabilitated	0		
Children of Parenting Youth (Under 18)	Case Management- Homeless Persons	Case Management- Homeless Households		TL Beds Converted	0		
Veterans	Case Management- At Risk Persons	Case Management- At Risk Households					
Does this report correspond with the monthly report in the HMIS? YES OR NO	NO						
2. If you answered No, Please provide an explanation and mention how these discrepancies will be resolved?	The count under Total Services of which are determined by adding: Person entering - Plus- HA Person, And Households Entering - Plus - HA Households, does not match the count on Attachment 2F HMIS MPR due to HMIS does not populate/add the two categories.						

Attachment F3 must be **emailed** to the Grant Administrator **directly and separately** from your reimbursement submission.

- **Persons Entering** must **equal** each **Unduplicated demographic** (Race, Ethnicity, Gender and Age)
- **Activities by Persons/Households**
 - **HA Persons/Households** must **equal CM Homeless Persons/Households**
 - **HP Persons/Households** must **equal CM At Risk Persons/Households**
- **Unduplicated Special Populations**
 - The **top box** is the **total** of all boxes below in that section

If Attachment F3 + Attachment F2 do not reconcile, an explanation must be provided.

Client Eligibility **ARPA**

Subrecipient must ensure that services under this Agreement are provided to **ARPA-eligible clients only.**

Client Eligibility Requirements

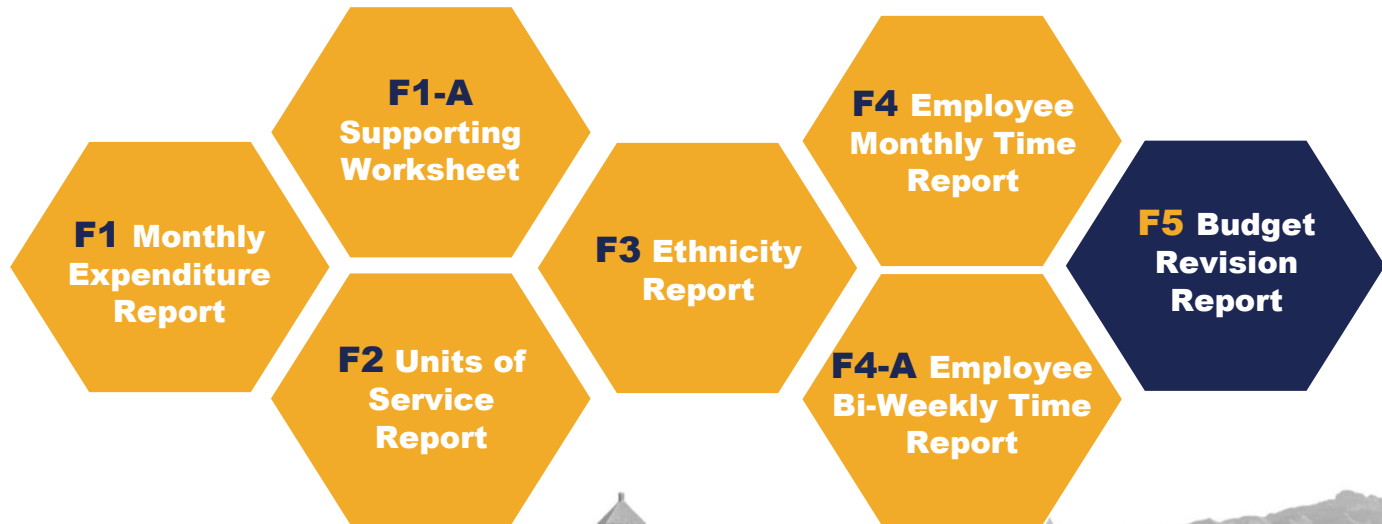
Impacted by covid-19
(§35.6 (b) (2)) plus one of five:

1. Household income (the sum of the gross income of all family members residing in the household) \leq 80% AMI
 2. Experiencing homelessness
 3. Unemployment (any household member)
 4. Food or housing insecurity
 5. Residing in congregate facility
- Acceptable proof of basis of eligibility must be collected and maintained for each client (e.g., Documentation of Homelessness).**

Report Forms ARPA

Monthly reports must be submitted by the **20th of each month**, except for the closeout report which will be provided on **September 10th**. Other required reports must be submitted as noted.

Attachment Fs



Program Report Forms ARPA

Programmatic Goals		
Number of Units for <i>this month</i> : (Indicate type of unit if more than one type)	Number of new persons served <i>this month</i> : (Should match column A on Ethnicity Report)	Number of El Paso Helps Clients served <i>this month</i> : (If applicable)

F2 Units of Service Report

Attachment F2 + Attachment F3 must be **emailed** to the **Grant Administrator** **directly and separately** from your reimbursement submission.

F3 Ethnicity Report

Month	Total Persons Assisted (autobilled ethnicity A-E-Z)																										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	Aa
SEP	0																										
OCT	0																										
NOV	0																										
DEC	0																										
JAN	0																										
FEB	0																										
MAR	0																										
APR	0																										
MAY	0																										
JUN	0																										
JUL	0																										
AUG	0																										
YTD	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

PHIX Survey

- Delivered via email around 5th of each month (only for those serving the unhoused, you will have seen on contract)
- DCHD reserves right to withhold reimbursement if the survey is not submitted by 20th of month
- Online form will alert you if numbers do not add up
- Inform us of change of staff



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