How to Prepare and Submit Monthly Reimbursement Requests & Quarterly Reports for ERA-EPP

THDA must receive Reimbursement Requests by the **20th of the month** following any month Emergency Rental Assistance – Eviction Prevention Program ("ERA-EPP") financial assistance funds or housing stability activities are provided to a household or administrative costs are incurred.

Reimbursement Requests and Quarterly reports will both utilize the same template, the "**THDA Expense Detail Form.**" Quarterly Reports are due at the end of each quarter. THDA will communicate exact due dates to grantees. Once completed, the **Expense Detail Form** MUST be returned to THDA as an Excel workbook.

1. Documentation Standards

Before you begin completing the **Expense Detail Form**, please refer to **the ERA-EPP Reimbursement Request Documentation Standards** to ensure all reimbursement requests have the proper supporting documentation.

Please note ALL columns are required except the "Detail Description" column. The column is highlighted in light orange.

2. Expense Detail Form

After documentation is gathered, you can begin putting line items into the **Expense Detail Form**. At the bottom of the form you will see five tabs: FINANCIAL ASSISTANCE, HOUSING STABILITY, HSS QUARTERLY, ADMINISTRATIVE, and LIST OPTIONS.

FINANCIAL ASSISTANCE	HOUSING STABILITY	HSS QUARTERLY	ADMINISTRATIVE	LIST OPTIONS

Click on the tab for the services for which you are requesting reimbursement. The information varies slightly between tabs and are described in greater detail below. After all items are entered, you will see the total at the top of the tab, highlighted in green:

ERA-EPP Grant #:				**Financial Assistance Total**	$	14,703.44
Reporting Range:						
Incurred Date (MM/DD/YYYY)	**Pay Period (MM/DD/YYYY)**	**First Name of Recipient**	**Last Name of Recipient**	**Date of Birth of Recipient (MM/DD/YYYY)**	**Eligibility Reason**	**Type of Payee**

General Information

Enter the following information for each line item (row):

- <u>Expense Type:</u> This is the expense type for which reimbursement is requested. Use the drop-down menu to select a specific expense type. These expense types can be found in the LIST OPTIONS tab. Each expense type should be a separate line item (row).
- <u>Incurred Date:</u> This is when the expense type cost was incurred. If it is for a pay period it will differ from the Paid Date. For example, a cost could be incurred (6/1-6/15) with a paid date of 6/30. For supply costs the incurred date would typically match the paid date.
- <u>Pay Period:</u> This refers to the pay period for which the expense type was incurred.
- <u>Name of Payee:</u> This is the person/entity to whom the payment was made.
- <u>ACH Number / Check Number:</u> This is the check number or ACH.
- <u>Paid Date:</u> This is the date the payment was made to recipients.
- <u>Total Amount:</u> This is the total cost on the invoice.
- <u>Amount Paid by ERA-EPP:</u> This column documents the amount paid by ERA-EPP. This could match the total cost on the invoice or be a lesser amount.
- <u>Detail Description:</u> This column documents a description of services or supplies purchased. This is the only column not required.

The **FINANCIAL ASSISTANCE tab** requires additional information:

- <u>First and Last Name of Recipient:</u> This will be used to match a recipient with the demographic and income information reported in the application.
- <u>Date of Birth of Recipient:</u> This will be used to match a recipient with the demographic and income information reported in the application.
- <u>Income Eligibility Reason:</u> This is the reason why an applicant was deemed income eligible to become a recipient. There are three drop-down options: (1) Annual Income; (2) Monthly Income; (3) Categorical Eligibility. See the LIST OPTIONS tab for an explanation of Categorical Eligibility per **THDA's Program Description**.
- <u>Type of Payee:</u> This is the person/entity to whom a check was provided. The LIST OPTIONS tab gives the different payee types per Treasury's ERA2 Reporting Guidance: (1) Tenant; (2) Landlord/Owner; (3) Utility/Home Energy Service Provider; (4) Other Housing Services; (5) Eligible Expenses Provider.
- <u>Monthly Cost ($):</u> This is the monthly cost of the ERA recipient's rent or utility.
- <u>Total Months Payment Covered:</u> This is the number of months the financial assistance will cover.
- <u>Start and End Date Covered by Payment:</u> This is the specific date range for which financial assistance will be provided. If a date range is not continuous, please enter each date range in separate rows.

The **HSS QUARTERLY tab** delineates the different housing support services that may be offered to clients. This tab needs to be completed ONLY each quarter.

- Leave blank any fields that do not apply to the type of services you are providing.

Please only report the total number of unique households in the last line item, as some households may have received more than one service.

The **LIST OPTIONS tab** documents all drop-down categories and additional information.

- There are six categories: (1) Type of Financial Assistance; (2) Type of Payee; (3) Type of Administrative Expense; (4) Eligibility Reason; (5) Quarters; (6) Years.
- Other comments are provided for guidance.

Please ensure the supporting documentation is in one PDF and is in the same order as the **Expense Detail Form**.

The remaining steps are NOT required for quarterly reporting, only for monthly Reimbursement Requests

3. **Request for Payment Form.**

   Once you have the Expense Detail Form complete and you know the total for each activity, you are able to fill out the **Reimbursement Request Form**.

   ## EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM ("ERA-EPP")
   ## REIMBURSEMENT REQUEST FORM

   GENERAL INFORMATION

Remit to:			
Supplier:		Location:	
Address:			
Request #:		Program Year: 2020	
Contact Person:		Telephone number:	

   This section will stay the same throughout the grant year with the exception of the invoice month & year and the request number.

   LINE ITEMS FOR FUND REQUEST

1. Financial Assistance	$
2. Housing Stability	$
3. Admin	$
Total Funds Requested This Draw	$

Use the totals from your Expense Detail Form to complete this section for each activity and the total request amount.

After the Expense Detail Form is complete and is reviewed for eligible expenses and accurate dates and amounts, then two Authorized Signatories must sign certifying that all information included is for eligible expenses and is accurate to the best of their knowledge.

4. Uploading Reimbursement Request to THDA

Your Reimbursement Request will need to contain 3 uploads in the following order:

1. Reimbursement Request Form
2. Expense Detail Form
3. Supporting Documentation(all supporting documents should be combined in one PDF)

To upload a Reimbursement Request to THDA you will need to access your EDT account. If you do not have EDT access, please contact ERA-EPP@thda.org to receive login information.

You will follow this link to Login to the EDT site: https://edt.thda.org/Web/Account/Login.htm
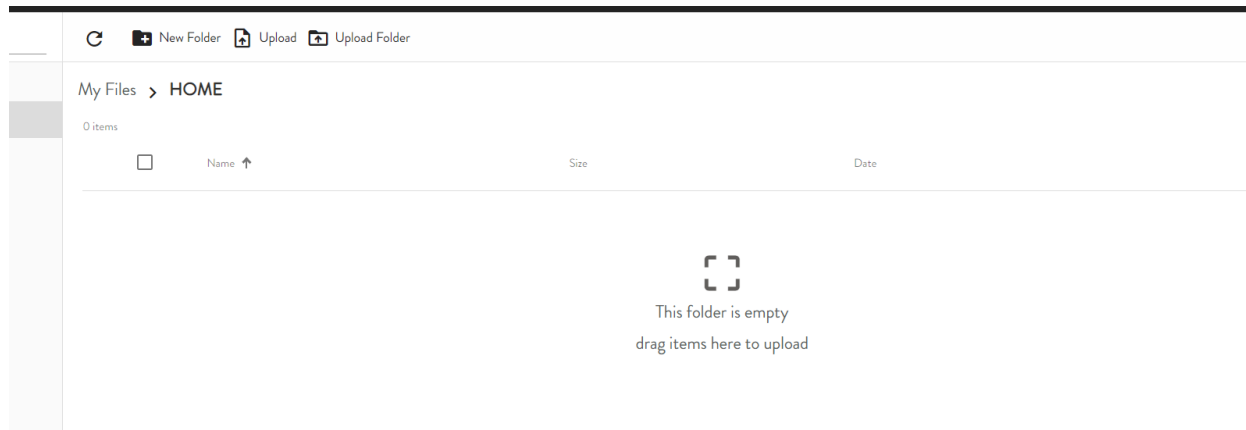When you log in, you will come to this screen:
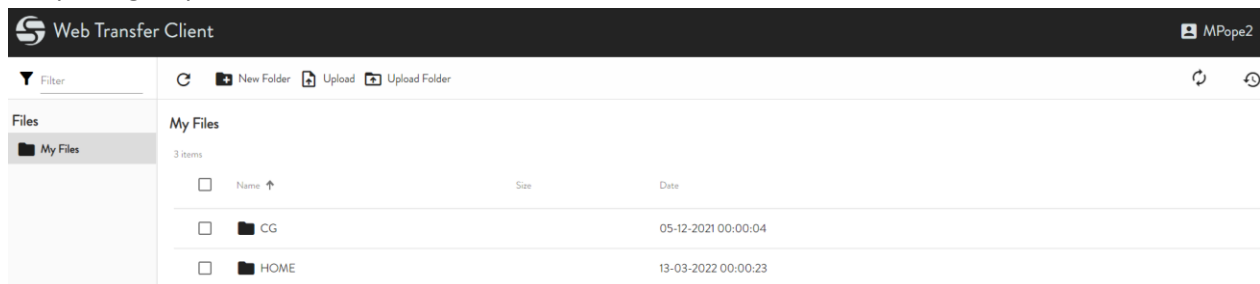
If you have not already, you will need to set up a folder for ERA-EPP. To set up a folder, click New Folder and type in the name of your folder "ERA-EPP".
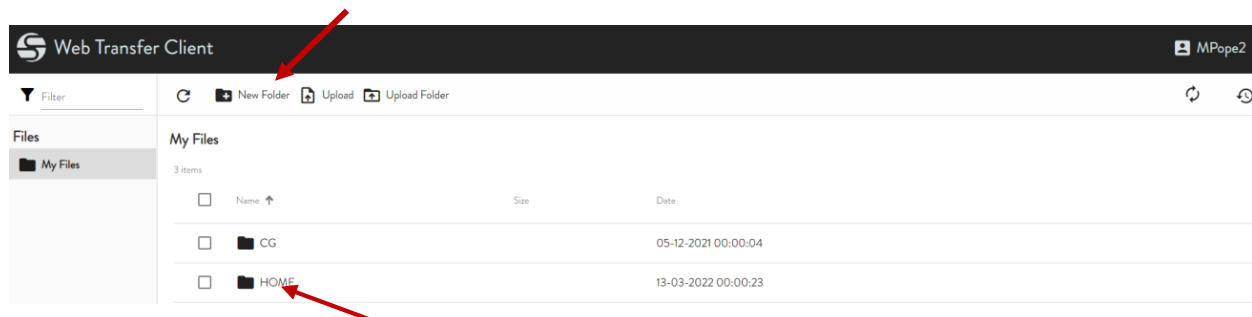
To upload your documents, click on the folder, not the small box in front of it.

Your folder will open and you are ready to upload.

At this point, simply drag and drop files into this folder or click on Upload and your file explorer will open up. Search for your files, select them, and click open.

Your file will show up in your folder.

5. Notify THDA of Reimbursement Request

As soon as the Reimbursement Request is uploaded to EDT, send an email to ERA-EPP@thda.org to inform the THDA team of the upload.

The email should include Grantee Name, Reimbursement Request Number, and Reimbursement Request Amount.

You should receive email confirmation from the ERA-EPP team that the upload was received.

After the upload is received, please allow up to 30 days for Reimbursement Request to be processed and deposited in your account.

6. Ineligible Expense, Error or Mistake in Reimbursement Request Submission

If the THDA reviewer discovers an ineligible expense or an error in the upload, the grantee will be notified by email to fix and resubmit Reimbursement Request to EDT.

The request will be held for 5 business days for corrections. If the grantee does not make corrections within 5 business days, the request will be deleted from the THDA server and the grantee will be responsible for re-submitting the Reimbursement Request to EDT.