



LEON CARES

**HUMAN SERVICES GRANT ASSISTANCE REIMBURSEMENT
PROCESS**

&

INDIVIDUAL ASSISTANCE PROGRAM UPDATE

October 5, 2020

People Focused. Performance Driven.



LEON CARES SUB-GRANT AGREEMENT

- A sub-agreement is required for reimbursement
- Most frequent issues:
 - Names don't match SunBiz
 - Sub-grant Agreements not signed
 - Missing exhibits
 - Exhibit A not complete
- Agreements must be fully executed before Purchase Order and Reimbursement Portal invites can be sent
- Goal: complete and send out by end of the next week



REIMBURSEMENT PROCESS

- FASTER System – Reimbursement Application
- Purchase Order Number Cell
 - Located on the right-hand corner of P.O.
 - Enter exact P.O. number along with the month of submission
 - Purchase Order Request – HarrisMa@LeonCountyFL.gov
- Uploaded Documents:
 - Sub-agreement: Section 2 & Exhibit A
 - Detailed Activity Report
 - Excel spreadsheet – DO NOT PDF
 - Supporting Expense Documents
 - Personnel – pay stubs, payroll sheets, bank statements
 - Credit card charges – verification that charges have been paid
 - Technology and Capital Outlay – paid invoice, picture of item with matching serial number or bar code
 - Cover Invoice Sheet



REIMBURSEMENT PROCESS

- Documents will be reviewed to ensure:
 - Request do not exceed total amount of the agreement
 - Aligns with the requirements of the agreement
 - Expenses align with CARES Act
- IMPORTANT: Funds available only for reimbursements, no advances



CONTACTS

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QUESTIONS ON REIMBURSEMENT

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CHANGES TO INDIVIDUAL ASSISTANCE PROGRAM

REQUIREMENTS	BEFORE	AFTER
INCOME LIMIT	80% AMI	120% AMI
AWARD AMOUNT	UP TO \$3,000	UP TO \$5,000
AWARD RECEIPT	LANDLORDS, MORTGAGE COMPANIES, & UTILITY COMPANIES	ELIGIBLE APPLICANTS
PROOF OF HOUSEHOLD INCOME	<ul style="list-style-type: none"> - 2019 TAX RETURN OR - INCOME EARNED THE PAST 60 DAYS OF APPLICATION 	<ul style="list-style-type: none"> - SNAP, MEDICAID, SECTION 8 DOCUMENT, OR SELF-CERTIFICATION OF INCOME FORM <i>(form to be provided on Leon CARES website)</i>
PROOF OF LOSS DUE TO COVID-19	<ul style="list-style-type: none"> - LAYOFF LETTER - UNEMPLOYMENT BENEFIT - VERIFICATION OF EMPLOYMENT & LOSS OF INCOME FORM 	<ul style="list-style-type: none"> - SELF-CERTIFICATION ON APPLICATION

CHANGES TO INDIVIDUAL ASSISTANCE PROGRAM

REQUIREMENTS	BEFORE	AFTER
PROOF OF RESIDENCY	NONE	- STATE OF FLORIDA-ISSUED ID AND LEASE OR UTILITY BILL
PROOF OF PAST DUE RENT AND/OR UTILITY	COUNTY-ISSUED FORMS COMPLETED BY LANDLORDS, MORTGAGE COMPANIES, & UTILITY COMPANIES	- MOST CURRENT UTILITY BILL AND/OR DOCUMENT OF PROOF OF PAST DUE RENT (i.e. 3-DAY NOTICE, etc.) - LEASE OR MORTGAGE STATEMENT
W-9 FORM	COMPLETED BY LANDLORDS, MORTGAGE COMPANIES, & UTILITY COMPANIES	COMPLETED BY APPLICANT

Website Update: Monday, October 12, 2020

www.LeonCountyCARES.com



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