2014-15 Nebraska Homeless Assistance Program (NHAP)
BILLING FORM INSTRUCTIONS

When requesting quarterly NHAP reimbursement, each of the following must be submitted via email to: **Courtney Parker** at courtney.parker@nebraska.gov

- **2014-15 NHAP Billing Form** – email in Excel format, not PDF
- **2014-15 NHAP Billing Cover Sheet** – an individualized form was emailed to each grantee in September 2014
- **2014-15 NHAP Billing Signature Form** – must be signed

The following due dates apply to NHAP quarterly reimbursement requests:

Quarter	Due Date
July 1 – September 30	October 31
October 1 – December 31	January 31
January 1 – March 31	April 30
April 1 – June 30	July 31

2014-15 NHAP BILLING FORM INSTRUCTIONS

COLUMN A: Check or Invoice Number – Enter the check or invoice number or other identifying information that will allow for tracking of expenditures.

COLUMN B: Payment Date – Enter the date the invoice was paid or the date the check or payment was issued.

COLUMN C: Service Start Date – Enter the start date of the service as 'mm/dd/yyyy.' For example: if the cost is for staff wages-enter the start date of the pay period, if the cost is for shelter utilities-enter the start date of the billed period or if the cost is for client rental or utility assistance-enter the start date of the period being paid.

COLUMN D: Service End Date – Enter the end date of the service as 'mm/dd/yyyy.' For example: if the cost is for staff wages-enter the end date of the pay period, if the cost is for shelter utilities-enter the end date of the billed period or if the cost is for client rental or utility assistance-enter the end date of the period being paid. If the service begins and ends on the same day (e.g. shelter supplies, shelter food), enter the same date for the Service Start and End dates.

If a payment is for rent, the Service Start and End Dates should reflect the period of time covered by the rental payment (e.g. Start Date = 07/01/14, End Date = 08/31/14).

COLUMN E: Activity – Choose the appropriate Emergency Solutions Grant (ESG) Activity from the dropdown list. Here is a list of the available Activities:

StreetOutreach: Street Outreach-Essential Services
ShelterServices: Shelter-Essential Services
ShelterOperations: Shelter-Operations
HPServices: Homeless Prevention-Services
HPFinancialAssistance: Homeless Prevention-Financial Assistance (e.g. security deposits, utility deposits and payments)
HPRentalAssistance: Homeless Prevention-Rental Assistance – use for short or medium term rental and rental arrearage payments
RRServices: Rapid Rehousing-Services
RRFinancialAssistance: Rapid Rehousing-Financial Assistance (e.g. security deposits, utility deposits and payments)
RRRentalAssistance: Rapid Rehousing-Rental Assistance – use for short or medium term rental and rental arrearage payments
HMIS: Homeless Management Information System
IndirectCosts: Indirect Costs – to be reimbursed for indirect costs, a copy of your current federally-approved Indirect Cost Rate Agreement must be on file with NHAP
LegalServices: Legal Services-only Legal Aid of Nebraska will select this Activity.

COLUMN F: Cost Description – Choose the appropriate Cost Description from the dropdown list. These descriptions comply with ESG-allowable costs. The following is a list of the allowable Cost Descriptions for each Activity. For more detailed descriptions, please refer to the Code of Federal Regulations Title 24 Part 576 and resources available at: http://dhhs.ne.gov/children_family_services/Pages/fia_nhap_nhapindex.aspx

Street Outreach – *Essential Services*

- Engagement – costs associated with locating, identifying and building relationships with unsheltered homeless people.
- Case Management – costs associated with assessing housing and service needs, arranging, coordinating and monitoring the delivery of individualized services.
- Emergency Health Services – outpatient treatment provided by licensed medical professionals.
- Emergency Mental Health Services – outpatient treatment provided by licensed mental health professionals.
- Transportation

Shelter – *Essential Services*

- Case Management – costs associated with assessing, arranging, coordinating and monitoring the delivery of individualized services.
- Child Care – child care for program participants in a licensed setting for children under the age or 13 or disabled children under the age of 18.
- Education Services – when necessary to obtain or maintain housing, the costs associated with improving knowledge and basic educational skills.

- Employment Assistance or Job Training – assistance in securing employment, acquiring learning skills, and/or increasing earning potential.
- Outpatient Health Services – outpatient treatment provided by licensed medical professionals.
- Life Skills Training – costs associated with teaching critical life management skills.
- Mental Health Services – outpatient treatment provided by licensed mental health professionals.
- Substance Abuse Treatment Services – substance abuse treatment services provided by licensed or certified professionals
- Transportation

Shelter – *Operations*

- Maintenance, including minor repairs - the total cost of the work cannot exceed $1,000
- Rent
- Security
- Fuel
- Equipment
- Insurance
- Utilities
- Food
- Furnishings
- Supplies
- Shelter Management
- Hotel or Motel Vouchers – only an allowable cost if there is no appropriate shelter available.

Homeless Prevention – *Services*

- Housing Search and Placement – costs associated with assisting program participants in locating, obtaining and retaining suitable permanent housing.
- Housing Stability Case Management – costs associated with assessing, arranging, coordinating and monitoring the delivery of individualized services to facility housing stability for a participant who resides in permanent housing.
- Mediation - costs associated with mediation between a participant and the housing owner or roommate when necessary to obtain permanent housing.
- Credit Repair **–** does not include payment or modification of a debt.

Homeless Prevention – *Financial Assistance* *(cannot be provided to a participant receiving the same type of assistance through other public sources)*

- Rental Application Fee – must be the same amount charged to all applicants.
- Security Deposit – must not exceed the cost of 2 months' rent.
- Last Month's Rent – must not exceed 1 month's rent.

- Utility Deposit – must be the same amount charged to all applicants for only the utilities listed below.
- Utility Payment – up to 24 months per 3-year period, per participant, per service, including up to 6 months in arrears, per service, for gas, electric, water and sewage.
- Moving Costs – temporary storage costs for up to 3 months between participant eligibility and movement into permanent housing, does not include storage arrearage payment.

Homeless Prevention – *Rental Assistance* *(except for a one-time payment of rental arrears on the tenant's portion of the rent, rental assistance cannot be provided to a participant who is receiving rental assistance from another public source or is living in a publicly-subsidized unit)*

- Short-Term Rent – assistance with up to 3 months' rent.
- Medium-Term Rent – assistance with more than 3 months, but no more than 24 months' rent.
- Rental Arrearage – a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.

Rapid Rehousing – *Services*

- Housing Search and Placement – costs associated with assisting program participants in locating, obtaining and retaining suitable permanent housing.
- Housing Stability Case Management – costs associated with assessing, arranging, coordinating and monitoring the delivery of individualized services to facility housing stability to assist a participant in overcoming immediate barriers to obtaining permanent housing.
- Mediation – costs associated with mediation between a participant and the housing owner or roommate when necessary to obtain permanent housing.
- Credit Repair **–** does not include payment or modification of a debt.

Rapid Rehousing – *Financial Assistance* *(cannot be provided to a participant receiving the same type of assistance through other public sources)*

- Rental Application Fee – must be the same amount charged to all applicants
- Security Deposit – must not exceed the cost of 2 months' rent.
- Last Month's Rent – must not exceed 1 month's rent.
- Utility Deposit – must be the same amount charged to all applicants for only the utilities listed below.
- Utility Payment – up to 24 months per 3-year period, per participant, per service, including up to 6 months in arrears, per service, for gas, electric, water and sewage.
- Moving Costs – temporary storage costs for up to 3 months between participant eligibility and movement into permanent housing, does not include storage arrearage payment.

Rapid Rehousing – *Rental* Assistance *(except for a one-time payment of rental arrears on the tenant's portion of the rent, rental assistance cannot be provided to a participant who is receiving rental assistance from another public source or is living in a publicly-subsidized unit)*

- Short-Term Rent – assistance with up to 3 months' rent.
- Medium-Term Rent – assistance with more than 3 months, but no more than 24 months' rent.
- Rental Arrearage – a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.

HMIS – Homeless Management Information System

- Hardware
- Software
- License
- Equipment
- Technical Support
- Office Space
- Utilities
- Personnel
- Travel – must be approved by DHHS in advance.
- Conference Fees – must be approved by DHHS in advance.

Indirect Costs – *Must be approved by DHHS in advance*

- Street Outreach
- Shelter
- Homeless Prevention
- Rapid Rehousing
- HMIS

Legal Services – *Only used by Legal Aide of Nebraska*

- Shelter
- Homeless Prevention
- Rapid Rehousing

COLUMN G: Paid To – Enter the name of the individual, organization, agency or business for which payment was issued. Requests for reimbursement of staff time must include the name of the person whose time is being charged to NHAP (e.g. Mary Smith). Do not put "Staff" or "Payroll."

COLUMN H: Total Amount of Payment – Enter the total cost of the item or service. For staff wages, benefits or taxes, the "Total Payment" should reflect the total payment to that staff person by your agency (e.g. total amount of check #1234 = $2,400)

COLUMN I: Amount of Total Payment Billed to NHAP – Enter only the amount being billed to NHAP. Only when NHAP is being billed for the total amount listed in Column H should these two amounts be the same.

COLUMN J: Number of People/Number of Days or Nights Served – This column should be completed for costs that apply to more than one individual/family (e.g. motel/hotel vouchers, client transportation, rental/utility/security payments). This column does not need to be completed for costs that apply to a fluctuating number of individuals/families (e.g. shelter utilities, shelter food, case management staff time).

If more than one person or family is receiving this service or assistance, enter the total number of people. For example: if the cost includes transportation expenses for 3 individuals-enter '3 people,' if the cost is a motel voucher for 1 individual/family for 4 nights-enter '1 room/4 nights.'

2014-15 NHAP BILLING COVER SHEET INSTRUCTIONS

Use the individualized 2014-15 NHAP Billing Cover Sheet emailed to your agency in September 2014. If you need a replacement, contact Tammie at tammie.scholz@nebraska.gov.

COLUMN D – Contains information provided on your agency's original budget. If a budget revision is necessary, please complete the 2014-15 NHAP Budget Revision Request Form located on the NHAP website and email to tammie.scholz@nebraska.gov When your budget revision is approved, you will be issued a revised 2014-15 NHAP Billing Cover Sheet with the updated information.

COLUMN E – Enter your first quarter NHAP billed amounts on the corresponding cost lines. The Subtotals and Total will automatically be calculated.

COLUMN F – The amounts in this column will automatically be calculated once you enter the amounts in Column E. These amounts reflect the amounts remaining on your award after the first quarter amounts are paid.

COLUMNS G, I AND K – When submitting your first quarter request, keep a copy on file and use the same form to enter the second, third and fourth quarter requests. This will allow you to see the amounts remaining on your award after each quarter's payment.

COLUMNS H, J AND L – The amounts in these columns will automatically calculate.