**ATTACHMENT 3**

**HOME Financial Report**

**A**.  **Agency/Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B**.  **Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Program Revenues:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Approved Budget** | **Current Period** | **Cumulative to- Date** | **Available Balance** |
| *1. City of Gainesville/HOME Funds* | $ | $ | $ | $ |
| *2. Sub-recipient/Matching Funds* | $ | $ | $ | $ |
| *3. Program Income* | $ | $ | $ | $ |
| **Total Revenues:** | **$** | **$** | **$** | **$** |

**D. Program Expenditures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Approved Budget** | **Current Period** | **Cumulative to Date** | **Available Balance** |
| *1.* | $ | $ | $ | $ |
| *2.* | $ | $ | $ | $ |
| *3.* | $ | $ | $ | $ |
| *4.* | $ | $ | $ | $ |
| *5. Other (Specify)* | $ | $ | $ | $ |
| **Total Expenditures:** | **$** | **$** | **$** | **$** |

**E.** **HOME** program income at the end of this reporting period**:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F**. Leverage amount for this period**:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G**. **HOME** funds now requested**:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE DATA REPORTED HEREIN IS CORRECT.**

Authorized signature**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT 4**

**HOME Beneficiary Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency/Organization:** | | | | | | **Reporting Period:** | | | | | | | |
| **Reporting: Individuals or Household** | | | | | |  | | | | | | | |
| **ACTIVITY STATUS** | | | | | | | | | | | | | |
| 1. Activity Name/Description: | | | | | | | | | | | | | |
| 1. Location of Activity: | | | | | | | | | | | | | |
| 3. Total Number of All Persons Assisted This Reporting Period: \_\_\_\_\_\_ | | | | | | | | 4. Total Number of All Persons Assisted Year-to-Date: \_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | | | | |
| 1. Total number of **Hispanic or Latino Individuals** assisted this reporting period: \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **\*Hispanic or Latino is a nationality-Race of individual must be indicated below:** | | | | | | | | | | | | | |
| **Hispanic or Latino Individuals** | | | | | | | | | | | | | |
| **B.** Income Level: Indicate the number for each | | | | |  | | **C.** Racial Categories: Indicate the number for each | | | | | | |
| Moderate Income | Non-Low or Non-Moderate Income | Extremely Low | Very Low | Low Income |  | | American Indian or Alaska Native | | Asian | Black  or African American | Native Hawaiian or other Pacific Islander | White | Other Multi-Racial |
|  |  |  |  |  |  | |  | |  |  |  |  |  |
|  |  | | | | | | | | | | | | |
| 1. Total number of **Non-Hispanic or Non-Latino Individuals** assisted this reporting period: \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Non-Hispanic or Non-Latino Individuals** | | | | | | | | | | | | | |
| **B**. Income Level: Indicate the number for each | | | | |  | | **C**. Racial Categories: Indicate the number for each | | | | | | |
| Moderate Income | Non-Low or Non-Moderate Income | Extremely Low | Very Low | Low Income |  | | American Indian or Alaska Native | | Asian | Black  or African American | Native Hawaiian or other Pacific Islander | White | Other Multi-Racial |
|  |  |  |  |  |  | |  | |  |  |  |  |  |

1. Please complete sections 1 thru 4

2. Please complete sections A thru C for both Hispanic, Non-Hispanic, and Latino, Non-Latino Clients

***\*Please note: Each individual is counted only once per contract year***

**ATTACHMENT 4.2**

**HOME Activity Status Report**

**Agency/Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report as appropriate-Activity Status/Accomplishment Narrative**

**ATTACHMENT 4.3**

**HOME Beneficiary List**

**Agency/Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s Last Name or Case Number | New Client | Previously Assisted | Race | Income Level | | | Address | Date Assisted | Eligibility Documentation |
|  |  |  |  | **EL** | **VL** | **L** |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |  |  |  |
| 31. |  |  |  |  |  |  |  |  |  |
| 32. |  |  |  |  |  |  |  |  |  |
| 35. |  |  |  |  |  |  |  |  |  |
| 36. |  |  |  |  |  |  |  |  |  |
| 37. |  |  |  |  |  |  |  |  |  |
| 38. |  |  |  |  |  |  |  |  |  |

**\* Copy as many pages as needed**

**\*\* Count each client only once during the contract year \*\***

**ATTACHMENT 5**

**HOME Program Income Report**

**Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(a) Balance of funds (Program Income) at

beginning of period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Additions: Program Income Received

Source(s) - Please Specify:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(c) Program Income disbursements for prior

reporting period activity $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Balance of funds (Program Income) at end of

reporting period  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACHMENT 6**

**HOME Agency Check List**

|  |  |
| --- | --- |
| **The following are required for each reimbursement request** | |
|  | Cover Letter- original signature by authorized representative **(\*Include invoice number as well)** |
|  | Financial Report-original signature by authorized representative (Att. 3) |
|  | Beneficiary Report- Breakout of clients by race (Att. 4) |
|  | Activity Status Report-Narrative of accomplishments for the reporting period (4.2) |
|  | Beneficiary List-List of clients served with race, gender, and income level (Att. 4.3) |
|  | Program Income Report (Att. 5) |
|  |  |
|  | HOME Agency Report Check List (Att. 6) |
| **Required Documentation**- **Submit with 1st quarter report** | |
|  | HOME Project Set-Up Form |
|  | HOME Written Agreement (Homeowner/Homebuyer) |
|  | Resident Income Certification |
|  | Environmental Review (\*Required before starting a project) |
|  | Invoices and receipts |
|  | \*Payroll journal/ledger |
|  | \*Bank Statements or Paystubs or cancelled checks |
|  | \*Signed Time-Sheets (signed by employer and employee) |
| **Required Documentation - Submit when project is complete** | |
|  | HOME Project Completion Form |
|  | Certification of Occupancy |
|  | Warranty Deed *(Home purchase only)* |
|  | Closing Disclosure *(Home purchase only)* |
|  | HOME Mortgage Note (Deferred payment loan)*(Home purchase only)* |
|  | HOME Promissory Note *(Home purchase only)* |
|  | HOME Grant *(Homeowner Rehab)* |

**\*Mandatory items if requesting reimbursement for salaries**

**I certify that to the best of my knowledge this report is complete with all required attachments and documentation.**

Authorized Signature/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_