



Welcome

Welcome to working with the Denver Department of Housing Stability (HOST)! Whether you have contracted with the City and County of Denver in the past, or are a new contractor, this packet will serve as a reference guide to help you understand what is expected when contracting with HOST. It is one of our goals to streamline the contracting process so we may better serve our community and reimburse you in a timely manner.

Goals and Implementation

HOST seeks to implement a vision of a healthy, housed, and connected Denver by investing local, state, and federal funds, creating policy, and working collaboratively with public and private partners. Throughout this work, HOST pursues strategies that are person-centered, trauma-informed, and data-driven.

Partnerships and collaboration within the City and with contractors like you enable the department to create programs, provide services, and manage projects to serve residents along the housing spectrum. We look forward to working with you and thank you for your partnership with the City and County of Denver.

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Fully Executed Contract-Next Steps

You have received your fully executed contract; so, what's next? You will be working with various HOST staff members to carry out the services, reporting, compliance and invoicing related to your agency's contract.

Along with your fully executed contract, your agency received a MS Excel Workbook that contains:

- ❖ Contract Budget Summary of the fully executed contract (see Appendix for example),
- ❖ HOST Expense Certification prepopulated with the contracted budget
- ❖ Budget Modification Form prepopulated with the current contracted budget

Your agency will utilize these tools to submit invoices for reimbursement and/or to request a budget modification.

The following contains more information and tools to navigate your work with HOST.

Roles & Responsibilities

❖ Anti-Discrimination

As part of HOST's commitment to advance equity and prohibit discrimination in the provision of services and employment practices, we require providers to post non-discrimination posters in publicly accessible places. To learn more about the Denver Anti-Discrimination Ordinance, please visit the City's [Anti-Discrimination Office](#) webpage. Anti-Discrimination Signage copies are attached below.



DADO Poster 2023
English Version.pdf



DADO Poster 2023
Spanish Version.pdf

❖ Mandatory Sensitivity Training

All staff, partially or fully funded by HOST, must complete a three (3) part sensitivity training, [Context of Homelessness](#). Staff will need to complete and sign the Statement of Completion of Required Training: Informed, Compassionate, and Positive Interactions with Persons Experiencing Homelessness form. The Sensitivity Training is available at https://denvergov.org/media/denvergov/housingstability/context_of_homelessness/story.html

There are two statement of completion forms to be signed. One is to be signed by staff, and a second to be completed by the Executive Director. Submit signed forms to the HOST Monitoring and Performance Evaluation Officer Jeff Stawicki at jeff.stawicki@denvergov.org.



Template Statement
of Completion of Req



Template for
Sensitivity Training cc

Reporting on Your HOST Contract Data

As articulated in HOST's [Five-Year Strategic Plan](#), data is central to HOST's work to create a healthy, housed, and connected Denver. Through this plan, HOST will reduce racial disparities in homeownership, housing cost burden, involuntary displacement, and homelessness. We cannot achieve this critical goal without understanding where disparities exist and whether what we are doing is effective.

As a contractor with HOST, your agency is providing services directly to the community. We require reporting because understanding who is served through this investment and the outcomes these services achieve is critical to this goal. The reporting requirements are aligned to HOST's Impact Framework, which was developed with input from stakeholders, including HOST contractors. Your agency needs to enter required data completely and in a timely manner by the dates determined in your contract.

HOST uses two primary data systems for reporting:

- ❖ **Salesforce:** HOST has developed a customized platform through Salesforce to centralize data, including data for contractor reporting. This replaces earlier practices of emailing reporting to staff points of contact. Salesforce allows reports to be centralized, supports improved data quality and accuracy, and makes data more accessible for analysis, so HOST can be a better partner to our contractors in our work to ensure high levels of performance.
- ❖ **Homeless Management Information System (HMIS):** HMIS is a client-based data system for agencies providing shelter, outreach, housing and other services to residents experiencing homelessness. If your contract primarily serves residents experiencing homelessness (principally investments from Homelessness Resolution or supportive housing investments from Housing Opportunity), you will be required to enter client-level information on your program into HMIS. HOST will provide your agency with reporting tools in partnership with Metro Denver Homeless Initiative (MDHI) that analyze data on required measures. This means your agency does not have to run reports to tell us how many households have been served, how many were housed, etc. You will use Salesforce to complete contract reporting requirements (e.g., narrative information on successes, challenges, or service changes) that are not captured in the HMIS system. Data that is recorded in HMIS does not need to be reported in Salesforce.

Reporting Next Steps

The HOST Data, Strategy, and Policy team will be reaching out to you with log-in credentials as needed for access to reporting systems. If you have a question on reporting in the meantime, please contact your program officer or email HostDataTeam@denvergov.org..

Invoice Submittal Instructions

1. Expense Certification Form (ECF) - this is the cover sheet for each invoice request that is submitted. *** It is mandatory with every submission and you must use the ECF that is provided by HOST. ***
2. Detailed Summary breakdown, which includes:
 - Personnel Cost Summary
 - Non-Personnel
 - Rental assistance if applicable
3. Supporting Documentation - see pages 9-10 for supporting documentation examples.
4. Automated Clearing House (ACH) for direct deposit - This allows you to receive your funds faster. Double click on the PDF for a current ACH form.



ACH Payment
Authorization Form.pc

****Note that ACH set-up can
take up to 30-60 days****

5. Special Instructions for checks and payments
 - If a check is needed at closing, the closing date should be written in "additional instructions".
 - If the vendor does NOT want the check mailed, select "Hold Warrant For Pickup".
 - If you need to expedite the payment, write "Expedite/RUSH".
6. Davis Bacon - These labor standards require that workers receive no less than the prevailing wages being paid for similar work in the same area. Applicable to HARD COSTS only, including installation of equipment. If applicable, the box labeled Davis Bacon should be checked, and the internal reviewer (currently in the office of the auditor) must approve the payment before reimbursement.

ECF Instructions

You will receive your customized ECF with your fully executed contract notice. The ECF will be in an excel workbook with at least three tabs. The tabs are the current contract budget, the ECF, and the Budget Modification form. The numbers and description below directly reflect the fields on the ECF example.

1. Date of Submission is the date that the completed request is sent to HOST.
2. The invoice # is a number that will be unique to each submission. Invoice numbers should be used only once for each contract. As an example, the number could include the month and year that the invoice covers MMYYYY. If a second invoice request is submitted covering the same timeframe, then a new invoice number should be created.
3. The Purchase Order # field should reflect the current Purchase Order (PO) number. Update the PO number if/when a new PO number is provided to you.
4. The Supplier Contract # field reflects the current Supplier Contract (SC). The SC number is updated if/when a new SC number is provided to you.
5. The HOST Program Officer is your contact for questions related to the contract.
6. The City Contract # field reflects the current Contract number. The City Contract # is updated if/when a new Contract or Amendment is created. This will be prepopulated when you receive your ECF.
7. The name of your Agency as it should appear on any payment issued to you.
8. The Contract Term dates reflect the timeframe of your contract. These dates stay the same for the duration of the contract.
9. The Current Draw period are the dates that will need to be updated with each submission to reflect the timeframe for which the payment request covers.

HOST EXPENSE CERTIFICATION

DATE:	#1	INVOICE #:	#2
	To: Department of Housing Stability Fiscal Management Unit 201 W. Colfax Ave. Dept 615 Denver, CO 80202 hostap@denvergov.org	Purchase Order #:	#3
		Supplier Contract #:	#4
		Project Specialist:	#5
City Contract #:	#6		
Contractor's Name:	#7		
Contract Term:	From:	#8	To: #8
Current Draw Period:	From:	#9	To: #9
Project Description/Property Location:	#10		

BUDGET ITEM (#11)	BUDGET AMOUNT (#12)	TOTAL OF PRIOR DRAWS (#13)	CURRENT DRAW (#14)	NEW BALANCE (#15)

CONTRACT SUBTOTAL		\$ -	\$ -	\$ -
LESS: PROGRAM INCOME/RETAINAGE				
TOTAL	\$ -	\$ -	\$ -	\$ -
We certify that the current expenses in the amount of				\$ -
were incurred for services provided as per the above contract, and/or that all labor and material were contributed to the construction or improvements at the above address. Also, we have not been reimbursed for these expenses prior to this time or by any other source, and that we will save the City of Denver harmless from any lien filed on the subject property in result of its disbursement.				
Certified by:	#17	X		
		Name and Title of Authorized Person/Date		
If there are any questions, please call:	#18	Phone #:	#19	
Send all reimbursement documentation (including this form) to: https://denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Department-of-Housing-Stability/Partner-Resources/Contractor-Payment-Requests				

10. Description of service site or project and the corresponding address.
11. Budget line items from top to bottom should mirror the contract line items.
12. Budgeted amounts are also mirroring the contract amounts and should correspond with the Budget Item to its left.
13. This amount should reflect the total of all prior invoice requests submitted whether they have been paid out or are pending payment.
14. This amount is the amount being requested in this specific invoice or draw.
15. This amount will be the budget amount less the total prior draws and the current draw.
16. Total of current draw is the total amount requested for the current invoice and is the total amount of all budget items.
17. Signature and date of your authorized person who may electronically sign off on payment requests.
18. Point of contact in your agency who can answer questions and/or provide additional documentation if needed.
19. Phone number of said point of contact.
20. Once the ECF is completed, save the ECF and submit with the documentation.
21. Submit ALL reimbursement documentation and the ECF at <https://denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Department-of-Housing-Stability/Partner-Resources/Contractor-Payment-Requests>.

Supporting Documentation Examples

General Programs - Use the budget summary and narrative as a guide
General Guidelines

Salaries & Fringe	Client Assistance	Professional Services	Travel
<ul style="list-style-type: none"> ➤ Payroll registers ➤ Time Sheets <ul style="list-style-type: none"> • Signed by both employee and supervisor, dated ➤ Fringe Benefits <ul style="list-style-type: none"> • Use the budget narrative as a guide ➤ All reimbursements must be based on ACTUALS – not Budget. 	<ul style="list-style-type: none"> ➤ May be in various forms, including gift cards, bus passes/tickets, food delivery ➤ Denver Human Services Referral/Client form ➤ Internal Contractor Client Form <ul style="list-style-type: none"> • Client signature confirmation ➤ EXCEPTION – COVID documentation may be present in lieu of client signature. <ul style="list-style-type: none"> • Itemized, dated receipts • Payment confirmation 	<ul style="list-style-type: none"> ➤ Dated detailed invoice <ul style="list-style-type: none"> • Service provided • Dates provided • Cost per • Payment documentation 	<ul style="list-style-type: none"> ➤ Mileage <ul style="list-style-type: none"> ➤ Log or Spreadsheet ➤ Trip dates, purpose and supervisor approval ➤ Payment or reimbursement documentation ➤ Non-Mileage Travel <ul style="list-style-type: none"> ➤ Trip dates, purpose, and supervisor approval ➤ Supporting documentation ➤ Attendance support <ul style="list-style-type: none"> • Agendas, travel documents, etc. ➤ Payment documentation
Supplies	Training	Indirect Costs	Payment Documentation
<ul style="list-style-type: none"> ➤ Detailed invoice ➤ Payment documentation ➤ Non-Profit entities should be encouraged not to incur sales tax 	<ul style="list-style-type: none"> ➤ Attendee name and purpose ➤ Proof of attendance ➤ Payment documentation 	<ul style="list-style-type: none"> ➤ 10% de minimis requires no documentation for federally funded grants ➤ Use budget narrative and cap for guidance ➤ May not increase without amendment to budget narrative. 	<ul style="list-style-type: none"> ➤ Canceled Checks ➤ Copies of checks ➤ Documentation of check number of expense in the general ledger ➤ Credit/Debit Card Statements ➤ Accounts Payable Ledgers

Construction	Real Estate Acquisition	Reasonableness Testing	Resources
<ul style="list-style-type: none"> ➤ Expense Certification Form ➤ AIA forms, signed and notarized (Major Construction) ➤ Scope of Work/Contractor Invoices (Minor Construction) ➤ Itemized budget ➤ Soft Costs Examples <ul style="list-style-type: none"> • Architects, Engineers, Consultants, Attorneys, etc. ○ Dated detailed invoice ○ Payment documentation ➤ Single Family/Emergency Rehabilitation <ul style="list-style-type: none"> • Per address cost breakout 	<ul style="list-style-type: none"> ➤ Settlement Sheet ➤ Wire Transfer Instructions ➤ Closing Date ➤ Payment documentation <p>Rental Assistance</p> <ul style="list-style-type: none"> ➤ Initial lease copy if new client, otherwise copies upon renewal only ➤ Spreadsheet documenting client name, tenant rent portion, total rent, utility costs ➤ Payment documentation to landlord 	<ul style="list-style-type: none"> ➤ If it is not clear whether an expense is reimbursable, then ask the following questions: <ul style="list-style-type: none"> • Does it seem reasonable given the purpose of the contract? • Is the cost easily able to be allocated to the grant or program? • Could you trace this cost and reimbursement through the general ledger? 	<ul style="list-style-type: none"> ➤ OMB Omni-Circular – Grants, Selected Items of Cost ➤ Contract Copy – Budget & Narrative ➤ HOST Accounts Payable Team ➤ HUD Exchange for grant regulations https://www.hudexchange.info/

Personnel Spreadsheet Reference

The numbers and description below directly reflect the fields on the personnel example on [page 13](#).

1. The name of your organization/who the check would be made out to
2. Specific program as per contract
3. Month and year that this spreadsheet covers (fill in actual date range if appropriate)
4. Invoice # (should match with invoice number assigned on the ECF)
5. Name of the person who prepared and verified the spreadsheet
6. Name of employee
7. Title of employee
8. Date range of pay period (each pay period should be entered individually to match the backup documentation provided)
9. Wages before deductions
10. Unique # of transaction or check # that references the payment.
11. Number of hours that are specifically worked for program. If employee works 100% of time with reimbursable program, then this number should match column 12 (total hours worked).
12. Total number of hours worked by employee (should match with timesheets and check stubs provided).
13. Program % will calculate based upon the Total Hours Worked vs. the Program Hours Worked.
14. Program Wages will calculate based upon the percentage of gross wages (I.E. 30% of \$2,000 is equal to \$600 in the first example), amounts in this column are the wage amount being requested for reimbursement.
15. Columns **15-18** are formulated to calculate percentages for Fringe Benefits. These Columns may be re-named and the percentages may be adjusted. For example, if you have a flat rate of 20% for fringe benefits then the column labeled FICA could be re-named "Fringe" and the percentage adjusted to 20% (if the other columns are not needed then these percentages would be set to zero).
16. See 15.
17. See 15.
18. See 15.
19. This column may also be re-named and used for additional requested amounts that may be entered in as actual amounts. This column would be used for amounts that are not based upon percentages and will add to the amount requested for reimbursement
20. This column totals the amounts entered in columns 15 through 19. This is the total fringe amount requested.

21. Program Total is the full amount being requested for the given row, 14. Program Wages and 20. Program Fringe Benefits are totaled in Column 21.
22. The Totals fields are adding the amounts requested from each entry. The totals will appear for the Program Wages Column, the Program Fringe Benefits Column, and the Program Total.
23. The Amount Billed fields will be entered in by the person working and verifying the amounts on this spreadsheet. If the full amount from the "Totals" field (22) is requested, then the amounts from "Totals" (22) would be copied to the field for "Amount billed" (23). In some cases, the "Amount billed" (23) would be less than the "Totals" (22). For example, an agency may be requesting less if the available contract amount is less than the amount being expended. In this case, the amount requested should be entered into the "Amount billed" field (23) and this amount should match up with the requested amount on the ECF.

Personnel Example

1. [Contractor Name]
 2. [Program name or description]
 PERSONNEL COSTS REVIEW
 3. [MM-YYYY]
 4. Invoice []

5. prepared by

Employee	Title	Beginning and Ending Period	Gross Wages	Transaction/ check #	Program Hours Worked	Total Hours Worked	Program %	Program Wages	FICA	Pension	UI	Workers' Comp	Medical	Program Fringe Benefits	PROGRAM TOTAL	
									7.65%	10.00%	0.50%	2.00%				
John Smith	Program Manager	7/1/21-7/15/21	2,000.00	52333	24.00	80.00	30.00%	600.00	45.90	60.00	3.00	12.00		\$ 120.90	\$ 720.90	
John Smith	Program Manager	7/16/21-7/31/21	2,000.00	52333	30.00	80.00	37.50%	750.00	57.38	75.00	3.75	15.00		\$ 151.13	\$ 901.13	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
						0.00	0.00%	\$ -	-	-	-	-		\$ -	\$ -	
Totals								22. \$ 1,350.00						\$ 272.03	\$ 1,622.03	
Amount billed								23. \$ -							\$ -	\$ -

Salary Backup docs include:
 Timesheet, Name, Time period, Dates
 Leave time and Holidays, hrs. worked, employee and Supervisor signature.

Proof of Payment include:
 Paystub (includes gross pay and deductions),
 Payroll Register, Cancelled check/signed copy of check.

Fringe backup docs include:
 Medical insurance, Retirement Plan Statement, Workers' Compensation Rates,
 State Unemployment Insurance Rate Notice (UITR-7).

Proof of Payment include:
 Bank Statement, Cancelled Check/signed and dated check copy.
 *Provide documentation with first voucher only unless there are changes.

Detailed Rent Summary Example

Assistance January 2021	Date of Check	Funding Source	First Name	Last Name	Address	Unit Number	Zip Code	Payment Type	Payment Made To	Check Number	Total Rent Amount Paid	Percentage Paid by Program	Client Portion Paid	HOST Reimburse ment amount requested
1	2/1/20 21	Federal			123 Fake St.	G-2	80111		Whole Home Villages	2000	2,400. 00	80.00 %	20.0%	1,920. 00
2														

Non-Personnel Expenses/Services Example

Expense/Service	Budget Line Item	Location of Services	Date of Service	Check Number	Amount
Repairs – Computer	Computers	1234 Fake St.	2/1/2021	4080	285.00
Bed Bug Treatment	Services	1234 Fake St.	2/15/2021	4081	375.00
Denver Water	Utilities	1234 Fake St.	2/18/2021	4082	120.00
Home Depot, Walmart, Kingsoopers	Supplies	1234 Fake St.	2/18/2021	4082	100.00

Approved By

HOST Monitoring, Auditing, and Program Review

Through monitoring, program review, and auditing HOST works to ensure and improve best practices and successful achievement of HOST's mission and goals and those of our partners.

Program review and monitoring are conducted through both desk reviews and on-site visits, using data from fiscal and participant reports, discussions with appropriate staff and program participants, and review of administrative and program files and systems.

The Monitoring staff conducts regular oversight and monitoring of their assigned contracts in order to (1) review eligibility determination and required documentation in case files as agreed upon in the contract; (2) determine if the contractor is in compliance with other provisions of the contract and program requirements, including performance outcomes; (3) provide technical assistance as necessary and appropriate; (4) provide an opportunity for contractors to demonstrate best practices that can be shared with other contractors.

The Program Officer conducts regular program monitoring of their assigned contracts in order to help support and ensure HOST partners are meeting or exceeding program goals and outcomes. If not, the Program Officer is there to help problem solve and collaborate with our partners to reach the program's potential. The Program Officer focuses on understanding program needs and services in more depth than proposals and short snapshots allow.

The Finance Department conducts fiscal monitoring to ensure compliance with contract terms; with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and with internal policies. Compliance with other regulations is reviewed as needed. HOST reviews internal controls, evaluates the timeliness submission of expense certification forms, evaluates the expenditures for accuracy, allowability, and sufficient supporting documentation. HOST also reviews additional financial records to complete the monitoring. Grants are typically monitored on an annual basis taking into consideration the risk of the entity, while locally funded contracts vary and are on a case-by-case basis.

HOST Contacts

For general inquiries about your contract contact your Program Officer.

HOST Data, Strategy, and Policy- HostDataTeam@denvergov.org

HOST Finance and Invoice Questions- hostap@denvergov.org

Contract Reimbursement Documentation-[Contract Payment Requests](#)

To see a shortened organization chart with contacts please click here:

https://denver.prelive.opencities.com/files/assets/public/housing-stability/documents/host-org-chart_4.3.23.pdf

Appendix

Contract Program Budget Summary

Contract Program Budget Summary						
Contractor Name:	Contractor's Legal Entity Name		City Contract #:	HOST 2023TBD		
Project :	HOST Contracted Program Name					
Contract Term:	From:	1/1/2023	To:	12/31/2023		
Program/Fiscal Year:	2023					
Budget Category	Agency Total (All Funding Sources for Agency)	[Name of Primary funding source] HOST Funding	Total Costs requested from HOST	Agency Total		Budget Narrative
Personnel: Job Title	Total	Amount	HOST Total	Amount	%	
			\$0	\$0		
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
Total Salary:	\$0	\$0	\$0	\$0	#DIV/0!	
Fringe Benefits			\$0	\$0	#DIV/0!	Fringe benefits and payroll taxes (Fringe) will be reimbursed at cost or at the Federally Approved Fringe Rate. To receive a Fringe percentage, a contractor must provide a Federally Approved Fringe Rate letter or flat rate percentage for contracted staff. Please see section Financial Administration E. Fringe Benefits.
Total Salary and Fringe Benefits:	\$0	\$0	\$0	\$0	#DIV/0!	
Other Direct Costs	Total	Amount	Subtotal	Amount	%	
	\$0		\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
			\$0	\$0	#DIV/0!	
Total Other Direct Costs	0	\$0	\$0	\$0	#DIV/0!	
Total Salaries, Fringe and Other Direct Costs	\$ -	\$ -	\$ -	0	#DIV/0!	
Indirect Costs						
Indirect Costs		\$0.00			#DIV/0!	Indirect calculated 10 % of Salaries, Fringe and Other Direct Costs
Grand Total	0	0.00	0	0	0.00%	