



**FY 2024**

**Division of Grants & Contract Compliance**  
**Post-Award Workshop**

Finance & Administration Department  
Anna Brosche, Director & CFO

Audrey Gibson, Chief of Grants and Contract Compliance

John Snyder, Ashleigh Brew, Krysta Meeker, & Terry Powell  
DGCC Contract Team

10/27/2024  
1:00 PM  
2 hours

# Contract Monitor Team

## PSG Contact Information

- John Snyder – 255- 8202  
[jsnyder@coj.net](mailto:jsnyder@coj.net)
- Ashleigh Brew – 255 -8638  
[abrew@coj.net](mailto:abrew@coj.net)
- Krysta Meeker – 255-8220  
[kmeeker@coj.net](mailto:kmeeker@coj.net)
- Terry Powell – 255-8221  
[terryp@coj.net](mailto:terryp@coj.net)

# Congratulations on Your Award!

- Public Service Grants (competitive) and Direct Appropriations (noncompetitive) are administered by the **Finance & Administration Department through the Division of Grants of Contract Compliance. The Public Service Grant Council determines PSG awardees, and the City Council awards DA's.**
- All contracts began October 1, 2023 and end September 30, 2024 **no expenditures may be made after this date.**

# DGCC Awards Training Table of Contents

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# General Contract Information

- Documentation needed with your contract
  1. Signed contract via DocuSign – please provide the **e-mail address of person signing contract who must be one of the following: as noted on Sunbiz filing, CEO, COO, President, Vice President, or Chair of Board of Directors. The executive director may not sign the contract**
  2. Solicitation Permit – must have **before** contract process
  3. Certificate of Insurance – Legal team will review and notify your agency of any changes needed.

# Standard Insurance & Indemnification Requirements

- **Indemnification-** Recipient and its subsidiaries or subcontractors (the “Indemnifying Party”) shall hold harmless, indemnify, and defend the City of Jacksonville and the City’s members, officers, officials, employees and agents (collectively, the “Indemnified Parties”) from and against, without limitation, any and all claims, suits, actions, losses, damages, injuries, liabilities, fines, penalties, costs and expenses of whatsoever kind or nature, which may be incurred by, charged to or recovered from any of the foregoing Indemnified Parties for: General Tort, Environment, Intellectual Property,
- **Insurance-**
  - Workers’ Compensation  
Employers’ Liability

|                                  |
|----------------------------------|
| Florida Statutory Coverage       |
| \$ 100,000 Each Accident         |
| \$ 500,000 Disease Policy Limit  |
| \$ 100,000 Each Employee/Disease |

# Standard Insurance & Indemnification Requirements

- |                                |             |                             |
|--------------------------------|-------------|-----------------------------|
| • Commercial General Liability | \$2,000,000 | General Aggregated          |
|                                | \$2,000,000 | Products & Comp. Ops. Agg.  |
|                                | \$1,000,000 | Personal/Advertising Injury |
|                                | \$1,000,000 | Each Occurrence             |
|                                | \$ 50,000   | Fire Damage                 |
|                                | \$ 5,000    | Medical Expenses            |
  
- |                        |             |                       |
|------------------------|-------------|-----------------------|
| • Automobile Liability | \$1,000,000 | Combined Single Limit |
|------------------------|-------------|-----------------------|

(Coverage for all automobiles, owned, hired or non-owned used in performance of the Services)- Need Risk Approval for waiver
  
- |                          |             |           |
|--------------------------|-------------|-----------|
| • Professional Liability | \$1,000,000 | per Claim |
|                          | \$2,000,000 | Aggregate |

(Only if program has personnel who are licensed or certified by the State)-Need Risk Approval for waiver
  
- |                      |             |           |
|----------------------|-------------|-----------|
| • Sexual Molestation | \$1,000,000 | Per Claim |
|                      | \$2,000,000 | Aggregate |

(Only if program includes direct supervision of children, special needs, and/or senior citizens)-Need Risk Approval for waiver
  
- Additional Insured, Waiver of Subrogation, Recipients is Primary, Recipients responsible for Deductible or Self-Insurance Provisions, Carrier Qualification-A.M.Best A-VII or better,

# General Contract Information

## Public Service Grant Contract

### ❖ Budget Changes

- Budget amendments can be requested through the Contract Administrator, if the request is **less than 10% of your Budget Line Item and less than 10% of award. Any negative balance left on September's invoice must be paid back to the COJ.**
- There must be an approved line item to move money into. **We cannot create a line item.**
- Requests for more than 10% of the budget line item must be brought in front of the Public Service Grant Council for a vote.
- Budget amendments requested by the Recipient must be received and logged in by the Contract Administrator by **September 30, 2024.** Budget amendment requests received after **September 30, 2024,** will not be considered and will be returned to the Recipient.

# General Contract Information

## Public Service Grant Contract

### **IMPORTANT**

- Recipient shall submit its final request for City Funds, along with all required supporting documentation in accordance with Section V, no later than October 7, 2024, in order for the City to request a check for payment of fiscal year 2023–2024 funds, including any retainage amount being held. **Any funds not invoiced by Recipient by October 7, 2024, will revert back to the City as unencumbered funds, and the accompanying purchase order shall be reduced by the amount of the unencumbered funds and will no longer be accessible to Recipient.**

# General Contract Information

## Site Monitoring

- Annual Site Monitoring will take place in July, scheduling will begin in June.
- All agencies will be monitored.
- Requirements from monitoring may vary depending on the type of award, PSG or Direct Appropriation.

# Quarterly Reporting Requirements

- General Quarterly Reporting information
- Quarterly Programmatic Report

# Quarterly Reporting Requirements

## Quarterly Report

- Quarterly Programmatic Reports (according to your contract) are due to your Contract Administrator on the following dates:
  - Q1- January 17, 2024
  - Q2- April 17, 2024
  - Q3- July 17, 2024
  - Q4- October 7,2024
- Please fill out the required form with your goals and objectives from Section VI of your application or Exhibit A in your contract .
- Process Objectives and Short/Long Term objectives will be reviewed by staff as needed and reflect outcomes funded by Public Service Grant dollars. Changes may be required, and technical support will be provided if needed.

# Quarterly Programmatic Report

Quarterly Programmatic Report  
**PUBLIC SERVICE GRANT PROGRAM**  
**QUARTERLY PROGRAMMATIC REPORT**

|                        |                 |    |                    |
|------------------------|-----------------|----|--------------------|
| <b>Name of Agency:</b> |                 |    |                    |
| <b>Program Title:</b>  |                 |    |                    |
| <b>Fiscal Year</b>     | October 1, 2023 | to | September 30, 2024 |

### Goal #1

**I. Briefly state the objectives in your contract/grant. Indicate the number or percent, your baseline for your objective with year, & where or how this data is being track. Example: Objective: 90 participants will be promoted by September 2013. Baseline: 80 (2012). Data Source: Student record/ GED log book**

| Objective # 1 |  | Activities | Actual Baseline<br>2022-2023* | First Quarter<br>10/1/2023 -<br>12/31/2023 | Second Quarter<br>1/1/2024 -<br>3/31/2024 | Third Quarter<br>4/1/2024 -<br>6/30/2024 | Fourth Quarter<br>7/1/2024-<br>9/30/2024 | Year to Date<br>2024-2024 |
|---------------|--|------------|-------------------------------|--|---|--|--|---------------------------|
|               |  |            |                               |  |   |  |  | 0                         |
|               |  |            |                               |  |   |  |  | 0                         |

**A. What obstacles have you faced in meeting the goals and objectives of this program and how are these obstacles being addressed?**

# Quarterly Programmatic Report

| Gender       | Race/<br>Ethnicity          |         |         |         |         | Total |
|--------------|-----------------------------|---------|---------|---------|---------|-------|
|              |                             | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | YTD   |
| Male         | African-<br>American        | 0       | 0       | 0       | 0       | 0     |
| Female       |                             | 0       | 0       | 0       | 0       | 0     |
|              |                             | 0       | 0       | 0       | 0       | 0     |
| <b>Total</b> |                             | 0       | 0       | 0       | 0       | 0     |
| Male         | Asian/<br>Pacific<br>Island | 0       | 0       | 0       | 0       | 0     |
| Female       |                             | 0       | 0       | 0       | 0       | 0     |
|              |                             | 0       | 0       | 0       | 0       | 0     |
| <b>Total</b> |                             | 0       | 0       | 0       | 0       | 0     |
| Male         | Caucasian                   | 0       | 0       | 0       | 0       | 0     |
| Female       |                             | 0       | 0       | 0       | 0       | 0     |
|              |                             | 0       | 0       | 0       | 0       | 0     |
| <b>Total</b> |                             | 0       | 0       | 0       | 0       | 0     |
| Male         | Hispanic                    | 0       | 0       | 0       | 0       | 0     |
| Female       |                             | 0       | 0       | 0       | 0       | 0     |
|              |                             | 0       | 0       | 0       | 0       | 0     |
| <b>Total</b> |                             | 0       | 0       | 0       | 0       | 0     |
| Male         | Native<br>American          | 0       | 0       | 0       | 0       | 0     |
| Female       |                             | 0       | 0       | 0       | 0       | 0     |
|              |                             | 0       | 0       | 0       | 0       | 0     |
| <b>Total</b> |                             | 0       | 0       | 0       | 0       | 0     |
| Male         |                             | 0       | 0       | 0       | 0       | 0     |
| Female       |                             | 0       | 0       | 0       | 0       | 0     |
|              |                             | 0       | 0       | 0       | 0       | 0     |
| <b>Total</b> |                             | 0       | 0       | 0       | 0       | 0     |
| Male         | <b>GRAND<br/>TOTAL</b>      | 0       | 0       | 0       | 0       | 0     |
| Female       |                             | 0       | 0       | 0       | 0       | 0     |
|              |                             | 0       | 0       | 0       | 0       | 0     |
| <b>Total</b> |                             | 0       | 0       | 0       | 0       | 0     |

# Quarterly Programmatic Report

| Zip Codes | 1st QTR | 2nd Qtr | 3rd Qtr | 4th Qtr | Zip Codes | 1st Qtr | 2Qtr | 3rd Qtr | 4th Qtr      | Total    |
|-----------|---------|---------|---------|---------|-----------|---------|------|---------|--------------|----------|
| 32202     |         |         |         |         | 32223     |         |      |         |              | 0        |
| 32204     |         |         |         |         | 32224     |         |      |         |              | 0        |
| 32205     |         |         |         |         | 3225      |         |      |         |              | 0        |
| 32206     |         |         |         |         | 32226     |         |      |         |              | 0        |
| 32207     |         |         |         |         | 32227     |         |      |         |              | 0        |
| 32208     |         |         |         |         | 32233     |         |      |         |              | 0        |
| 32209     |         |         |         |         | 32234     |         |      |         |              | 0        |
| 32210     |         |         |         |         | 32244     |         |      |         |              | 0        |
| 32211     |         |         |         |         | 32246     |         |      |         |              | 0        |
| 32216     |         |         |         |         | 32250     |         |      |         |              | 0        |
| 32217     |         |         |         |         | 32254     |         |      |         |              | 0        |
| 32218     |         |         |         |         | 32256     |         |      |         |              | 0        |
| 32219     |         |         |         |         | 32257     |         |      |         |              | 0        |
| 32220     |         |         |         |         | 32258     |         |      |         |              | 0        |
| 32221     |         |         |         |         | 32266     |         |      |         |              | 0        |
| 32222     |         |         |         |         | 32277     |         |      |         |              | 0        |
|           |         |         |         |         |           |         |      |         | <b>Total</b> | <b>0</b> |

# Quarterly Programmatic Report

**B. How many volunteers and the number of volunteer hours during this quarter**

| I. Volunteer Management             | First Quarter<br>2023/24 | Second Quarter<br>2023/2024 | Third Quarter<br>2023/24 | Fourth Quarter<br>2023/24 | YTD 2023/24 |
|-------------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------|-------------|
| <b>a. Total Volunteers Utilized</b> | 0                        | 0                           | 0                        | 0                         | 0           |
| <b>b. Volunteer Hours Utilized</b>  | 0                        | 0                           | 0                        | 0                         | 0           |

**c. What obstacles have you faced in recruiting and retaining volunteers for this program?**

## II. UNIT COST: Unit of Service/Cost of Program (QTR)

A. Please define unit of service using the mandatory unit of service as required by the PSG Council:

| Indicator   | Actual Baseline<br>2022-2023* | First Quarter<br>10/1/2023 -<br>12/31/2023 | Second Quarter<br>1/1/2024 -<br>3/31/2024 | Second Quarter<br>1/1/2024 -<br>3/31/2024 | Third Quarter<br>4/1/2024 -<br>6/30/2024 | Fourth Quarter<br>7/1/2024 -<br>9/30/2024 |
|---|-------------------------------|--|---|---|--|---|
| # of unduplicated persons served/<br>Total Program Budget |                               |  |   |   |  |   |

**III. Public Service Grant Council funds must exclusively serve a priority need. Using the table below, indicate the Total Number of Participants and those served with Public Service Grant funds or the Total Number of Priority Need Participants served.**

# Quarterly Programmatic Report

## Referrals to other Agencies

**Top Agency Referral (include total number of referrals)**

**Number of Referrals to Other PSG Agencies**

**Is your program on track to reach the number of participants you set out to serve?**

**What challenges have you faced in serving your priority population? What is being done to address these challenges?**

**How is your program impacting the priority population? What successes have you experienced?**

|                |                |   |  |  |
|----------------|----------------|---|--|--|
|                |                | <b>For COJ Use Only. Do not complete.</b> |  |  |
| Rev. 10/23/23  |                |   |  |  |
| * Prepared By: | * Approved By: | Approved By:                              |  |  |
| Agency:        | Agency:        | City of Jacksonville                      |  |  |
| Name:          | Name:          | Name:                                     |  |  |
| Title:         | Title:         | Title:                                    |  |  |
| Date:          | Date:          | Date:                                     |  |  |
| Signature:     | Signature:     | Signature:                                |  |  |

\* I certify that the above information is true and complete and that funds received were utilized in accordance with Chapter 118 of the City of Jacksonville Municipal Code.

# Monthly Fiscal Reporting

- General Information
- Invoice Sample
- Monthly Fiscal Report
- Acceptable Backup documentation samples
- Disallowable Expenses
- Annual/Audit Reporting Requirements

# Fiscal Reporting Requirements

- Monthly Financial Reports should be e-mailed to your contract administrator by the 15<sup>th</sup> of each month--**except September's report which is due October 7, 2024.**
- **Financial Documentation back-up** is required with each reimbursement request, to include an invoice and receipts/invoices (not just the spreadsheet). **Financial reimbursements will not be processed without the required documentation.** Please include COJ funded employees only. If your narrative does specify bonuses, then such will not be reimbursed.
- Invoices **MUST** be numbered with the PO#-01,02,03 and date
  - Example- Sept- 654321-23-01/ Oct-654321-23-02
- It is recommended to create a chart or spreadsheet to help guide through your documentation.
- If not reimbursable, accounts need to be in a separate bank account or a separate accounting system so that receipts and disbursements can be track separately.



# Monthly Fiscal Report

PUBLIC SERVICE GRANT PROGRAM  
MONTHLY FINANCIAL REPORT  
Fiscal Year 2021/2022

Name of Agency: \_\_\_\_\_ Agency Name \_\_\_\_\_

Program Title: \_\_\_\_\_ Program Name \_\_\_\_\_

Month Beginning: \_\_\_\_\_ October 1, 2023 \_\_\_\_\_

Month Ending: \_\_\_\_\_ October 31, 2023 \_\_\_\_\_

| PART I: SUMMARY OF EXPENDITURES            | APPROVED BUDGET | REVISED APPROVED BUDGET | ACTUAL RECEIPTS THIS MONTH | TOTAL RECEIPTS YEAR-TO-DATE | REMAINING BALANCE |
|--|-----------------|-------------------------|----------------------------|-----------------------------|-------------------|
| Public Service Grant <b>Funds Received</b> | \$ -            | \$ -                    | \$ -                       | \$ -                        | \$ -              |
|  |                 |                         |                            |                             |                   |

This form is used:

- to track expenses
- for verification and approval of your Annual Reports or Audits
- must match program audit & expenses.
- **Please Do Not change the formulas imbedded in the chart**
- Any revised budget must be approved by your Contract Manager and entered in the Revised Approved Budget column.

# Monthly Fiscal Report

| PART II: EXPENDITURES                    | APPROVED | REVISED         | PROJECTED         | TOTAL                     | REMAINING |
|--|----------|-----------------|-------------------|---------------------------|-----------|
|  | BUDGET   | APPROVED BUDGET | START UP EXPENSES | EXPENDITURES YEAR-TO-DATE | BALANCE   |
| <b>Compensation (1200)</b>               |          |                 |                   |                           |           |
| Salaries/Wages (1200)                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Salaries/Wages (1200)                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Salaries/Wages (1200)                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Salaries/Wages (1200)                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Salaries/Wages (1200)                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Salaries/Wages (1200)                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| <b>Benefits</b>                          |          |                 |                   |                           |           |
| FICA and Med Tax (2101)                  | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Health Insurance (2304)                  | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Retirement                               | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Dental                                   | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Life Insurance                           | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Worker's Compensation                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Unemployment                             | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Other (LT Disability)                    | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| <b>Occupancy Expenses</b>                |          |                 |                   |                           |           |
| Professional Fees & Services (not audit) | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Office & Other Supplies                  | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Other-Equipment                          | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Local Mileage                            | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
|  | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| <b>Direct Client Expenses</b>            |          |                 |                   |                           |           |
| Client Rent                              | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Client Food                              | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Client Medical                           | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Client Other                             | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| Client Other                             | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |
| <b>TOTALS</b>                            | \$ -     | \$ -            | \$ -              | \$ -                      | \$ -      |

Rev. 09-9-10

Prepared By:

Agency:

Name:

Title:

Date:

Signature:

Approved By:

Agency:

Name:

Title:

Date:

Signature:

**For COJ Use Only. Do not complete**

Approved By:

City of Jacksonville:

Name: John Snyder

Title: Human Services Planner III

Date:

Signature:

\*This request is submitted pursuant to Section 837.06, Florida Statutes

# Monthly Report Acceptable Financial Backup

- Salaries/Benefits
  - Paystubs or General Ledgers—we do NOT need timesheets!
- Operating Expenses
  - Bills/Invoices **AND** form of payment
- Client Expenses
  - Receipts/Invoices
    - Ensure they are clear with dates and amounts.
    - Try to put the receipts in order as listed on your spreadsheet

**Please eliminate any guess work for us!**

- **Assume we know nothing about your program, and you want to get paid as soon as possible.**
- **If you're asking for LESS than what is billed, write it on the receipt/ paystub.**
- **If its unclear Who/What is being reimbursed, write it out to eliminate guess work; otherwise, we will set it aside and move on to next invoice.**

# General Ledger of Expense Example

General Ledger Activity  
 from May 01, 2022 to May 31, 2022  
 from 20-110-70020 to 20-110-72030

Employee's title/positions listed.

| Date   | Type     | Reference       | Entity Num      | Name                                 | Dist. Memo               | Debit  | Credit            | Balance       |  |
|--|----------|-----------------|-----------------|--------------------------------------|--------------------------|--|-------------------|---------------|--|
| <b>20-110-70020 PUBLIC SERVICE GRANT-FOOD-PROFESSIONAL SALARIES</b>      |          |                 |                 |                                      |                          |  |                   |               |  |
| BEGBAL   |          |                 |                 |                                      |                          |  |                   |               |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | [REDACTED] - Admin Assistant         |                          | 605.68   | 0.00              | 14,803.15     |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | DAVIS, ELIZABETH - Admin Assistant   |                          | 672.54   | 0.00              | 15,408.83     |  |
|  |          |                 |                 |                                      |                          | <b>20-110-70020 PUBLIC SERVICE GRANT-FOOD-PROFESSIONAL SALARIES</b>      | <b>\$1,278.22</b> | <b>\$0.00</b> |  |
| <b>20-110-70040 PUBLIC SERVICE GRANT-FOOD-TECHNICIAN SALARIES</b>        |          |                 |                 |                                      |                          |  |                   |               |  |
| BEGBAL   |          |                 |                 |                                      |                          |  |                   |               |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | [REDACTED] - Chef                    |                          | 1,666.66   | 0.00              | 87,105.55     |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | [REDACTED] - Kitchen Manager         |                          | 756.25   | 0.00              | 88,772.21     |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | [REDACTED] - Client Intake Clerk     |                          | 582.80   | 0.00              | 90,111.26     |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | RHODES, DONALD - Kitchen Assistant   |                          | 438.15   | 0.00              | 90,549.41     |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | [REDACTED] - Client Intake Clerk     |                          | 462.88   | 0.00              | 91,012.29     |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | [REDACTED] - Kitchen Assistant       |                          | 480.35   | 0.00              | 91,472.64     |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | [REDACTED] - Kitchen Assistant       |                          | 469.35   | 0.00              | 91,941.99     |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | [REDACTED] - Kitchen Manager         |                          | 577.50   | 0.00              | 92,519.49     |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | [REDACTED] - Chef                    |                          | 1,666.66   | 0.00              | 94,186.15     |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | [REDACTED] - Kitchen Assistant       |                          | 593.34   | 0.00              | 94,779.49     |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | [REDACTED] - Client Intake Clerk     |                          | 666.69   | 0.00              | 95,446.18     |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | [REDACTED] - Client Intake Clerk     |                          | 545.27   | 0.00              | 95,991.45     |  |
|  |          |                 |                 |                                      |                          | <b>20-110-70040 PUBLIC SERVICE GRANT-FOOD-TECHNICIAN SALARIES</b>        | <b>\$8,885.90</b> | <b>\$0.00</b> |  |
| <b>20-110-71020 PUBLIC SERVICE GRANT-FOOD-LIFE INSURANCE PREMIUMS</b>    |          |                 |                 |                                      |                          |  |                   |               |  |
| BEGBAL   |          |                 |                 |                                      |                          |  |                   |               |  |
| 05/01/2022   | AP-Bill  | TMO5753533 0001 | 3808            | METLIFE SMALL BUSINESS CENTER        | PSG LIFE INSURANCE PREM. | 29.35  | 0.00              | 377.42        |  |
| 05/02/2022   | AP-Bill  | 737633184406    | thehartfordgrou | THE HARTFORD GROUP BENEFITS DIVISION |                          | 2.04   | 0.00              | 406.77        |  |
|  |          |                 |                 |                                      |                          | <b>20-110-71020 PUBLIC SERVICE GRANT-FOOD-LIFE INSURANCE PREMIUMS</b>    | <b>\$31.39</b>    | <b>\$0.00</b> |  |
| <b>20-110-71030 PUBLIC SERVICE GRANT-FOOD-MEDICAL INSURANCE PREMIUMS</b> |          |                 |                 |                                      |                          |  |                   |               |  |
| BEGBAL   |          |                 |                 |                                      |                          |  |                   |               |  |
| 05/02/2022   | AP-Bill  | 737633184406    | thehartfordgrou | THE HARTFORD GROUP BENEFITS DIVISION |                          | 3.55   | 0.00              | 6,040.20      |  |
| 05/02/2022   | AP-Bill  | 75722057        | _florida_blue   | Florida Blue                         |                          | 500.00   | 0.00              | 6,043.75      |  |
|  |          |                 |                 |                                      |                          | <b>20-110-71030 PUBLIC SERVICE GRANT-FOOD-MEDICAL INSURANCE PREMIUMS</b> | <b>\$503.55</b>   | <b>\$0.00</b> |  |
| <b>20-110-72010 PUBLIC SERVICE GRANT-FOOD-EMPLOYER FICA</b>              |          |                 |                 |                                      |                          |  |                   |               |  |
| BEGBAL   |          |                 |                 |                                      |                          |  |                   |               |  |
| 05/13/2022   | GJ Entry | J0522-003       |                 | EMPLOYER FICA                        |                          | 297.54   | 0.00              | 6,423.05      |  |
| 05/27/2022   | GJ Entry | J0522-012       |                 | EMPLOYER FICA                        |                          | 304.56   | 0.00              | 6,727.61      |  |
|  |          |                 |                 |                                      |                          | <b>20-110-72010 PUBLIC SERVICE GRANT-FOOD-EMPLOYER FICA</b>              | <b>\$602.10</b>   | <b>\$0.00</b> |  |



# Spreadsheet Example

| Check number | Vendor                               | Client     | Amount             | PSG                |                     |
|--------------|--------------------------------------|------------|--------------------|--------------------|---------------------|
| 103          | Hover Girl Properties                | [REDACTED] | \$ 1,500.00        | \$ 300.00          | \$ 1,200.00         |
| 104          | The Waves                            | [REDACTED] | \$ 1,099.00        | \$ 300.00          | \$ 799.00           |
| 107          | Heritage Florida Properties Holdings | [REDACTED] | \$ 1,007.00        | \$ 300.00          | \$ 707.00           |
| 108          | San Pablo Property Holdings          | [REDACTED] | \$ 790.00          | \$ 300.00          | \$ 490.00           |
| 111          | Otter Run Apartments                 | [REDACTED] | \$ 1,500.00        | \$ 300.00          | \$ 1,200.00         |
| 112          | Kernan Oaks Apartments               | [REDACTED] | \$ 1,460.00        | \$ 300.00          | \$ 1,160.00         |
| 113          | Woodhollow Apartments                | [REDACTED] | \$ 1,469.83        | \$ 300.00          | \$ 1,169.83         |
| 114          | STVNBKY2,LLC                         | [REDACTED] | \$ 1,250.00        | \$ 300.00          | \$ 950.00           |
| 115          | Jax Sober Living                     | [REDACTED] | \$ 1,200.00        | \$ 300.00          | \$ 900.00           |
| 116          | Kernan Oaks                          | [REDACTED] | \$ 1,499.00        | \$ 300.00          | \$ 1,199.00         |
| 119          | Jax Sober Living                     | [REDACTED] | \$ 1,200.00        | \$ 300.00          | \$ 900.00           |
| 120          | Oaks of Atlantic                     | [REDACTED] | \$ 1,126.75        | \$ 300.00          | \$ 826.75           |
| 121          | 21st Mortgage                        | [REDACTED] | \$ 871.10          | \$ 300.00          | \$ 571.10           |
| 123          | Captain Kirk Property                | [REDACTED] | \$ 1,150.00        | \$ 300.00          | \$ 850.00           |
| 124          | The Edge @ Town Center               | [REDACTED] | \$ 998.00          | \$ 300.00          | \$ 698.00           |
| 125          | The Waves                            | [REDACTED] | \$ 371.00          | \$ 300.00          | \$ 71.00            |
| 126          | Jax Sober Living                     | [REDACTED] | \$ 700.00          | \$ 300.00          | \$ 400.00           |
| 128          | First Bank                           | [REDACTED] | \$ 1,090.32        | \$ 300.00          | \$ 790.32           |
| 129          | Portside East                        | [REDACTED] | \$ 735.45          | \$ 300.00          | \$ 435.45           |
| 130          | Jax Sober Living                     | [REDACTED] | \$ 800.00          | \$ 300.00          | \$ 500.00           |
| 131          | Jax Sober Living                     | [REDACTED] | \$ 800.00          | \$ 300.00          | \$ 500.00           |
| 132          | Jay Miles                            | [REDACTED] | \$ 1,500.00        | \$ 300.00          | \$ 1,200.00         |
| 133          | Kernan Oaks                          | [REDACTED] | \$ 1,300.00        | \$ 300.00          | \$ 1,000.00         |
| 134          | The Edge                             | [REDACTED] | \$ 1,189.00        | \$ 300.00          | \$ 889.00           |
| 135          | Portside                             | [REDACTED] | \$ 1,034.00        | \$ 300.00          | \$ 734.00           |
| 136          | Ocean Park                           | [REDACTED] | \$ 1,144.02        | \$ 300.00          | \$ 844.02           |
| 137          | TIAA                                 | [REDACTED] | \$ 1,082.64        | \$ 300.00          | \$ 782.64           |
| 139          | Phillip Lucas                        | [REDACTED] | \$ 800.00          | \$ 300.00          | \$ 500.00           |
| 147          | The Beach House                      | [REDACTED] | \$ 1,080.00        | \$ 300.00          | \$ 780.00           |
| 151          | The Beach House                      | [REDACTED] | \$ 1,080.00        | \$ 300.00          | \$ 780.00           |
| VOUCHER      | JEA                                  | [REDACTED] | \$ 370.71          | \$ 125.00          | \$ 245.71           |
| VOUCHER      | JEA                                  | [REDACTED] | \$ 200.00          | \$ 125.00          | \$ 75.00            |
| VOUCHER      | JEA                                  | [REDACTED] | \$ 182.74          | \$ 125.00          | \$ 57.74            |
| <b>TOTAL</b> |                                      |            | <b>\$33,580.56</b> | <b>\$ 9,375.00</b> | <b>\$ 24,205.56</b> |

The chart clearly shows the amount paid out for Client Rent or Utilities and the amount being charged to PSG funds.

# More Documentation Examples

## Example of Client Expenses Chart

|    | A        | B                | C                    | D          | E |
|----|----------|------------------|----------------------|------------|---|
| 1  |          |                  |                      |            |   |
| 2  |          |                  | July 2022 PSG - Food |            |   |
| 3  | DATE     | VENDOR           |                      | AMOUNT     |   |
| 4  | 07/15/22 | Family Dollar    |                      | \$34.00    | 1 |
| 5  | 06/07/22 | Publix           |                      | \$17.00    | 2 |
| 6  | 07/02/22 | Family Dollar    |                      | \$22.75    | 3 |
| 7  | 07/13/22 | Restaurant Depot |                      | \$1,407.12 | 4 |
| 8  | 07/21/22 | Restaurant Depot |                      | \$1,686.68 | 5 |
| 9  | 07/22/22 | Restaurant Depot |                      | \$288.69   | 6 |
| 10 |          |                  |                      |            |   |
| 11 |          | TOTAL            |                      | \$3,456.24 |   |

\*\*\* Duplicate Pay Stub \*\*\*

Employee ID: [REDACTED]  
 Check Number: [REDACTED]  
 Check Date: 11/18/2021  
 Pay Period Start: 10/31/2021  
 Pay Period End: 11/13/2021

Jacksonville

| Code                     | Description              | Pay Rate | Hours | Current Amount    | Year-To-Date Hours | Year-To-Date Amount |
|--------------------------|--------------------------|----------|-------|-------------------|--------------------|---------------------|
| HOL                      | HOLIDAY                  | \$28.84  | 8.00  | \$230.77          | 64.00              | 1,711.55            |
| PLSAL                    | PERSONAL LEAVE SAL       | \$28.84  | 8.00  | \$230.77          | 136.00             | 3,634.62            |
| SAL                      | SALARY                   | \$28.84  | 64.00 | \$1,846.16        | 1,640.00           | 43,692.21           |
| <b>GROSS PAY</b>         |                          |          |       | <b>\$2,307.70</b> |                    | <b>\$50,688.38</b>  |
| 128                      | LEGAL                    |          |       | \$10.00           |                    | 220.00              |
| 137                      | AFLAC-STD                |          |       | \$37.44           |                    | 823.68              |
| 160                      | 54 LP EMP ONLY           |          |       | \$93.50           |                    | 1,883.61            |
| 172                      | AD&D                     |          |       | \$0.10            |                    | 2.20                |
| 173                      | LIFE INSURANCE EMPL ONLY |          |       | \$0.45            |                    | 9.90                |
| 176                      | DENTAL DMO EMPLOYEE ONLY |          |       | \$2.22            |                    | 48.84               |
| <b>TOTAL DEDUCTIONS</b>  |                          |          |       | <b>\$143.71</b>   |                    | <b>\$2,988.23</b>   |
| Federal Tax              |                          |          |       | \$253.31          |                    | 5,179.55            |
| FICA Social Security Tax |                          |          |       | \$137.15          |                    | 3,022.87            |
| FICA Medicare Tax        |                          |          |       | \$32.07           |                    | 706.96              |
| <b>TAXES WITHHELD</b>    |                          |          |       | <b>\$422.53</b>   |                    | <b>\$8,909.38</b>   |
| <b>NET PAY</b>           |                          |          |       | <b>\$1,741.46</b> |                    | <b>\$38,790.77</b>  |

# 2,307.70  
 x 10%  
 -----  
 # 230.77

Notice how the paystub has the amount that is being charged to the grant written out.

# Chapter 118.301- Disallowable Expenses

- (A) Each recipient of appropriations made pursuant to this Chapter is responsible for assuring that City funds in its possession are expended as follows: **It's not on this office**
- (1) City funds expended by a recipient shall be in accordance with governing laws and regulations of the state and the City.
  - (2) Recipients shall expend City funds in accordance with the budget approved by the City Council, Mayor, Public Service Grant Council, Grant Monitor or Cultural Council.
  - (3) Appropriation moneys may not be expended for the following purposes:
    - (i) Losses arising from uncollectible accounts and other claims, and related costs. **This is bad debt/ prior expenses, collection agencies, fees**
    - (ii) Contributions to a contingency reserve or a similar provision for unforeseen events. **No reserve accounts or reimbursement for unused leave, deposits**
    - (iii) Contributions and donations to other groups or organizations. **No agencies membership, clubs, or other organizations**

# Chapter 118.301(A)3

- (iv) Costs of amusements, social activities and incidental costs relating thereto, such as meals, beverages, lodgings, rentals, transportation and gratuities. **We can pay for clients' food, activities related to grant, but not staff, or volunteers and only actual cost of conference not travel.**
- (v) Costs resulting from violations of or failure to comply with federal, state and local laws and regulations. **No fines or late fees (e.g., JEA)**
- (vi) The salaries and costs of the office of the governor of a state or the chief executive of a political subdivision. These costs are considered a cost of general state or local government.
- (vii) The salaries and other costs of the Legislature or similar local governmental bodies such as County commissioners, City councils and school boards, whether incurred for purposes of legislation or executive direction.
- (viii) Interest on borrowings (however represented), bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith. **Late Fees and Fines.**
- (ix) Non-cash Expenses as defined in Section 118.104 **No administrative Overhead only those % of admin staff directly related to program.**
- (x) Costs of any audits required under this Chapter

# Chapter 118.301

(4) Equipment, property, or tangible personal property purchased with City Grant funding, must be non-consumable and consistent with City capitalization level requirements. **If you purchase a computer, printer or laptop and next year you don't receive grant funding those items could come back to COJ-(Lease).**

(5) Unless otherwise stated in the agreement, the appropriation funds are to be expended during the City's Fiscal year. **Therefore, if funds are left over in your account they revert to COJ. This is also why expenses incurred after September can't be reimbursed. Think of your contract as an 11-month contract.**

118.301(B) A grant monitor shall report changes, if any, in the City funds budget to the City Council Auditor's Office annually. **There is a deadline in place for budget changes for this reason.**

# Fiscal Annual/Audit Reporting

- **118.201f-3** In the case of each recipient receiving City funding less than \$100,000 from the City, furnishing an annual report of receipts and expenditures of City funds in such form as the Council Auditor shall prescribe. This report shall be certified as to its accuracy by the Financial Officer/Treasurer of the recipient's organization. This report shall be on a fiscal year of October 1 through September 30 and shall be due on November 15 of each year.
- **118.201f-4** In the case of each recipient receiving City funding, either from one City funding source or cumulatively from several City funding sources, an amount from \$100,000 to \$500,000, furnishing the City a copy of an audit report in accordance with Generally Accepted Auditing Standards (GAAS) issued by the Auditing Standards Board of the American Institute of Certified Public Accountants (AICPA). This report shall be due within 120 days of the close of the recipient's fiscal year and this report shall present information based on the City's fiscal year of October 1 through September 30.

# Annual Report vs. Audit

- Each agency is required to turn in either an Annual Report or an Audit at the end of the contract terms.
  - Funding less than \$100,000-Annual Report
  - Funding \$100,000 or more-Audit
- Annual Report is due November 15, 2024 for FY 2023 PSG funding < /\$100,000
- Single Audit required for programs with funding over \$100,000 from combined Chapter 118 City of Jacksonville funds due **120 days after your FY ends.**

# Council Auditor's Annual Report Requirement

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Program Title:</b>         |  | <input style="width:100%;" type="text"/> |   |
| <b>Contact Name:</b>          | <input style="width:100%;" type="text"/>     | <b>Title:</b>                            | <input style="width:100%;" type="text"/>        |
| <b>Address:</b>               | <input style="width:100%;" type="text"/>     | <b>City, State, Zip:</b>                 | <input style="width:100%;" type="text"/>        |
| <b>Phone:</b>                 | <input style="width:100%;" type="text"/>     | <b>E-mail:</b>                           | <input style="width:100%;" type="text"/>        |
| <b>Fiscal Year Beginning:</b> | <input type="text" value="October 1, 2022"/> | <b>Fiscal Year Ending:</b>               | <input type="text" value="September 30, 2023"/> |
| <b>Fiscal Year of Agency:</b> | <input type="text" value="30-Sep"/>          |  |   |

| <b>PART I: REVENUES</b>                  | APPROVED<br>BUDGET      | ACTUAL<br>RECEIPTS<br>THIS YEAR |              | REMAINING<br>BALANCE |               |                              |
|--|-------------------------|---------------------------------|--------------|----------------------|---------------|------------------------------|
| Public Service Grant Funds               | \$ -                    | \$ -                            |              | \$ -                 |               |                              |
| Bank Interest earned in past fiscal year |                         | \$ -                            |              | \$ -                 |               |                              |
| <b>PART II: EXPENDITURES</b>             |                         |                                 |              |                      |               |                              |
| <b>Line Item<br/>Acct #</b>              | <b>Check<br/>Number</b> | <b>Date</b>                     | <b>Payee</b> | <b>Purpose</b>       | <b>Amount</b> | <b>REMAINING<br/>BALANCE</b> |
| 1  |                         |                                 |              |                      | \$ -          | \$ -                         |

# Council Auditor's Annual Report Requirement

| PART II: EXPENDITURES   |              |      |                |         |  |  |                   |  |
|---|--------------|------|----------------|---------|--|--|-------------------|--|
| Line Item Acct #  | Check Number | Date | Payee          | Purpose | Amount                                   |  | REMAINING BALANCE |  |
| 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  |              |      |                |         | \$ -                                     | \$                                       | -                 |  |
| Notes:  |              |      |                |         | <b>TOTALS</b>                            | \$ -                                     | \$ -              |  |
| 1. If you are required to maintain a Separate Bank Account, please attach a copy of your September 30th bank statement and a copy of the corresponding bank account reconciliation. |              |      |                |         | <b>Bank Charges Paid For Fiscal Year</b> | \$ -                                     |                   |  |
| 2. On a separate page, please report the amount and description of any outstanding Public Service Grant obligations.  |              |      |                |         | <b>Account Balance For End of Year</b>   | \$ -                                     |                   |  |
| Rev. 09-9-10  |              |      |                |         |  | <b>For COJ Use Only. Do not complete</b> |                   |  |
| * Prepared By:  |              |      | * Approved By: |         |  | Approved By:                             |                   |  |
| Agency:   |              |      | Agency:        |         |  | City of Jacksonville:                    |                   |  |
| Name:   |              |      | Name:          |         |  | Name: John Snyder                        |                   |  |
| Title:  |              |      | Title:         |         |  | Title: Human Services Planner II         |                   |  |
| Date:   |              |      | Date:          |         |  | Date:                                    |                   |  |
| Signature:  |              |      | Signature:     |         |  | Signature:                               |                   |  |

\* I certify that the above information is true and complete and that funds received were disbursed in accordance with Chapter 118 of the City of Jacksonville Municipal Code and pursuant to Section 837.06, Florida Statutes

# Council Auditor's Audit Requirement

- Financial auditing schedule for agencies receiving Public Service Grant allocations in excess of \$100,000

**Name of Agency**

SUPPLEMENTARY INFORMATION  
 SCHEDULE OF THE SOURCE AND STATUS OF FUNDS  
 RECEIVED FROM THE CITY OF JACKSONVILLE, FLORIDA  
 For Audit Period **List Audit Dates**

**Public Service Grant**

Contract Number:

**Contract Period: 10/1/23 - 09/30/24**

Award Amount:

|                           | Approved<br>Budget | 10/01<br>UR FY | UR FY<br>9/30 | Budget<br>9/30 | Remaining |
|---------------------------|--------------------|----------------|---------------|----------------|-----------|
| <b>Cash Receipts:</b>     |                    |                |               |                |           |
| City of Jacksonville      | \$                 | \$             | \$            | \$             |           |
| <b>Cash Disbursement:</b> |                    |                |               |                |           |
| Name of Budget Line       |                    |                |               |                |           |
| Item of expenditure       | \$                 | \$             | \$            | \$             |           |

**Name of Other Grant**

Contract Number:

Contract Period: 10/1/21 - 09/30/22

Award Amount:

|                           | Actual<br>Budget | 10/01<br>UR FY | UR FY<br>9/30 | Budget<br>9/30 | Budget<br>Remaining |
|---------------------------|------------------|----------------|---------------|----------------|---------------------|
| <b>Cash Receipts:</b>     |                  |                |               |                |                     |
| City of Jacksonville      | \$               | \$             | \$            | \$             |                     |
| <b>Cash Disbursement:</b> |                  |                |               |                |                     |
| Name of Budget Line       |                  |                |               |                |                     |
| Item of expenditure       | \$               | \$             | \$            | \$             |                     |

# Annual Monitoring

- Administrative Items
- Financial Items
- Personnel
- Programmatic Items

# Annual Monitoring Requirements

## Exhibit C from contract

**Please have the following information available:**

### Administrative

- ✓ Agency charter and/or bylaws -PSGC Awards only
- ✓ Current listing of the Board of Directors to include terms & if successive define -PSGC Awards only
- ✓ Minutes of the Board of Directors meetings during the last twelve months-especially the one where BOD approved budget. -PSGC Awards only
- ✓ Documentation of Board members being provided with program financial reporting -PSGC Awards only
- ✓ Nepotism policy -PSGC Awards only
- ✓ Conflict of interest policy/non-partisan for employees and board members -PSGC Awards only
- ✓ Current permit(s) to solicit funds by the State -All
- ✓ Copies of County & State Licenses -All
- ✓ Licenses, certifications, accreditations, health inspection reports, etc., as required -All
- ✓ Verification agency is registered/incorporated as a nonprofit organization -All
- ✓ IRS letter of exemption from federal taxes under Section 501(c)(3), Internal Revenue Code -All

# Annual Monitoring – Continued

## Fiscal

- ✓ Documentation of fund-raising expenses being justified-All
- ✓ Administrative procedures manuals (accounting, personnel, purchasing, etc.) - All
- ✓ Latest published audit report and PSG management letter – all deficiencies noted have been corrected and cleared -All
- ✓ Organization response to the PSG management letter -All
- ✓ Newest IRS Form 990 -PSGC Awards only
- ✓ All basic books of accounting (Quick Books printout or other computerized bookkeeper records in place of general ledger, cash receipt or cash disbursement journals regarding grant funds) –All
- ✓ Current approved and balanced operating budget detailed by cost center, source of funds and expenditure category that is balanced -All
- ✓ Contract invoices and supporting documentation-usually turned in with fiscal report -All
- ✓ PSG funded travel reimbursement vouchers-usually turned in with fiscal report –All
- ✓ 5-year PSG record retention policy documented-All

# Annual Monitoring – Continued Programmatic

## Personnel

- ✓ HIPPA requirements documented-All
- ✓ Written policy prohibiting discrimination on the basis of race, religion, sex, nationality, handicap, or military status for employment, board membership or program services – All
- ✓ PSG funded employee personnel files, performance evaluations, job descriptions, timesheets, staff training logs, etc. –**PSG Awards only**
- ✓ Property control records on funded property only –All
- ✓ Background checks required for personnel working with children or persons with developmental disabilities -All
- ✓ All current insurance policies and supporting documentation -All
- ✓ All assignments and subcontracts of contract and grant funds by the funder contain all clauses and provisions required by the COJ executed contract -All

# Annual Monitoring - Continued

## Programmatic

- ✓ Facilities safe, well maintained & physically accessible to customers - All
- ✓ Copies of educational materials made available to the public - All
- ✓ Supporting documentation for the quarterly reports - **PSGC awards only**
- ✓ Program eligibility requirements to include community outreach and program partnerships/collaborations **PSG awards only**
- ✓ Program client records (samples) **PSG awards only**
- ✓ Client satisfaction survey samples **PSG awards only**

# Questions & Answers

