

# Reimbursement Request - AD-ISP-AEPH-005-04/2022ISP02 11/30/2023

EGMS ID Status Subaward ID Payment Period

RR-ISP-AEPH-005-013 Approved AD-ISP-AEPH-005-04 11/1/2023 - 11/30/2023

## Overview

#### **General Information**

Subrecipient Reference # Subrecipient Organization Budget Period

AD-ISP-AEPH-005-04/2022ISP02 11/30/2023 L. A. FAMILY HOUSING CORPORATION 2/1/2023 - 12/31/2023

Created Date Submitted Date Most Recent Invoice Reporting Period Submitted

01/12/2024 1:05 PM 01/18/2024 9/1/2023 - 9/30/2023

### **Reimbursement Request Summary**

Awarded Amount Year to Date Spent Year to Date Unspent Balance

\$1,906,028.00 \$817,400.00 \$1,088,628.00

Outstanding Advance to be Recouped Advance Recouped this Request Advance Remaining after this Request

\$0.00 \$0.00

Balance Available for Payment

\$1,088,628.00

Spent this Request Disallowed Amount this Request Net Spent this Request

\$188,647.00 \$0.00 \$188,647.00

Payment Amount this Request Payment Remaining after this Request

\$188,647.00 \$899,981.00





## Reimbursement Request Budget

					4					
Budget Category	Budget Category	Funding Account EGMS ID	Awarded Amount	Total Spent	Awarded Balance	Spent this Request	Disallowed Amount this Request	Net Spent this Request	Disallowed Amount Reason	Total Project Cost
: HCID/ City General Fund/ / Exp.6/30/2024	33 : Supportive Services/Financial Services (Non-Personnel)	FA-NGO-277	\$150,000.00	\$50,459.00	\$99,541.00	\$1,370.00	\$0.00	\$1,370.00		
: HCID/ City General Fund/ / Exp.6/30/2024	33 : Supportive Services/Financial Services (Non-Personnel)	FA-NGO-415	\$70,200.00	\$29,871.00	\$40,329.00	\$0.00	\$0.00	\$0.00		
: HCID/ City General Fund/ / Exp.6/30/2024	33 : Supportive Services/Financial Services (Non-Personnel)	FA-NGO-276	\$150,000.00	\$59,840.00	\$90,160.00	\$41,916.00	\$0.00	\$41,916.00		
: HCID/ City General Fund/ / Exp.6/30/2024	34 : Supportive Services/Financial Services (Personnel)	FA-NGO-277	\$460,000.00	\$202,192.00	\$257,808.00	\$36,360.00	\$0.00	\$36,360.00		
: HCID/ City General Fund/ / Exp.6/30/2024	34 : Supportive Services/Financial Services (Personnel)	FA-NGO-276	\$480,000.00	\$189,375.00	\$290,625.00	\$36,195.00	\$0.00	\$36,195.00		
: HCID/ City General Fund/ / Exp.6/30/2024	37 : Operating Costs (Non-Personnel)	FA-NGO-277	\$217,413.00	\$104,831.00	\$112,582.00	\$1,362.00	\$0.00	\$1,362.00		





: HCID/ City General Fund/ / Exp.6/30/2024	37 : Operating Costs (Non-Personnel)	FA-NGO-276	\$205,140.00	\$106,520.00	\$98,620.00	\$54,294.00	\$0.00	\$54,294.00	
: HCID/ City General Fund/ / Exp.6/30/2024	40 : Admin	FA-NGO-277	\$82,741.00	\$35,750.00	\$46,991.00	\$3,909.00	\$0.00	\$3,909.00	
: HCID/ City General Fund/ / Exp.6/30/2024	40 : Admin	FA-NGO-276	\$83,514.00	\$35,574.00	\$47,940.00	\$13,241.00	\$0.00	\$13,241.00	
: HCID/ City General Fund/ / Exp.6/30/2024	40 : Admin	FA-NGO-415	\$7,020.00	\$2,988.00	\$4,032.00	\$0.00	\$0.00	\$0.00	

## **Funding Accounts - Advance Recoup**

EGMS ID: FA-NGO-277

Title: City GF 22-23 ISP (Motel 2)

**Grantor:** HCID

Funding Source: City General Fund

Strategy:

**Program:** City Inside Safe Program

**CFDA Number:** 





**FAIN:** 

**Start Date:** 07/01/2022 **End Date:** 06/30/2024

**Approved Amount:** \$910,154

**Spent:** \$0.00

**Outstanding Advance to be Recouped:** \$0.00

**Spent this Request:** \$43,001.00

Net Spent this Request: \$43,001.00

Advance Recouped this Request: \$0.00

EGMS ID: FA-NGO-276

**Title:** City GF 22-23 ISP (Willow Tree Motel)

**Grantor:** HCID

Funding Source: City General Fund

Strategy:

**Program:** City Inside Safe Program

**CFDA Number:** 

**FAIN:** 

**Start Date:** 07/01/2022 **End Date:** 06/30/2024

**Approved Amount:** \$918,654

**Spent:** \$0.00

**Outstanding Advance to be Recouped:** \$0.00

**Spent this Request:** \$145,646.00





Net Spent this Request: \$145,646.00

Advance Recouped this Request: \$0.00

EGMS ID: FA-NGO-415

Title: City GF 22-24 ISP- Forest Lawn Drive (RV Focus) (Willow Tree Inn)

**Grantor:** HCID

Funding Source: City General Fund

Strategy:

Program: City Inside Safe Program

**CFDA Number:** 

**FAIN:** 

**Start Date:** 07/01/2022 **End Date:** 06/30/2024

**Approved Amount:** \$77,220

**Spent:** \$0.00

Outstanding Advance to be Recouped: \$0.00

Spent this Request: \$0.00

Net Spent this Request: \$0.00

Advance Recouped this Request: \$0.00

### Certification

I certify that the cost outlined in this reimbursement request is permissible per the terms defined in the subaward contract. Furthermore, I affirm that the information contained herein is, to the best of my knowledge and belief, accurate and complete.





#### Yes

I certify that all applicable invoices, receipts, and any other pertinent documentation has been attached to this reimbursement request.

### Yes

If asset purchases are part of this reimbursement request, I certify that I have obtained LAHSA's prior approval for the purchase of the assets and that I have uploaded the completed asset purchase authorization form.

## Yes

## Responsibilities

Approvers					
Name	Responsibility	Description			
Janice Eisma	Final Approver	Supervisor			

Responsibilities			
Name	Responsibility		
Sonia Soto	Interceptor		
Nicholas Kimble	Owner		

Financial Responsibilities			
Name	Responsibility		
Nicholas Kimble	Primary Financial Responsibility		
	Secondary Financial Responsibility		





Stephanie Klasky-Gamer	Financial Approver

Program Responsibilities				
Name Responsibility				
Danny Konsulian	Primary Program Responsibility			
Secondary Program Responsibility				

## Attachments

Supporting Documents Checklist						
Description	Mandatory	Status	Template Link	Subrecipient Document Link		
Scope of Required Services (for reference)	Optional	Active	View	Not Applicable		
Reimbursement Certification Form	Optional	Active	View	Not Applicable		
Asset Purchase Authorization Form	Optional	Active	Not Applicable	Not Applicable		
Cost Verification Forms (required if funded by ESG)	Optional	Active	Not Applicable	Not Applicable		
Supporting Financial Documentation (e.g.Trial Balance, P	Mandatory	Active	Not Applicable	View		
Spend down Tracker	Mandatory	Active	View	View		

Files: Add additional files at your discretion





Title	Classification	File Extension	Description	Attached on
RR-ISP-AEPH-005-014_TB 01.23.24.pdf	Other	pdf		01/23/2024 12:18 AM

Internal Notes					
Title	Description	Created Date	Created By		
GL/PL Reviewed.	GL/PL Reviewed. All expenses supported, no issues found.	01/23/2024 12:42 AM	Sonia Soto		

# History

Date	Assigned To	Actual Approver	Comments	Status	Overall Status
Step : Step 1					Approved
01/23/2024 10:07 AM	Janice Eisma	Janice Eisma	Approved.	Approved	
Approval Request Submitted					
01/23/2024 12:42 AM	Sonia Soto	Sonia Soto	Submitted for approval.	Started	
Step : Financial Approver					Approved
01/22/2024 5:40 PM	Stephanie Klasky-Gamer	Stephanie Klasky-Gamer	approve	Approved	
Approval Request Submitted					
01/18/2024 4:15 PM	Nicholas Kimble	Nicholas Kimble	Submitted for approval.	Started	

## Field History





EGMS ID	Changed Field	New Value	Old Value	Changed By	Changed On
RR-ISP-AEPH-005-013	Status	Approved	Submitted for Approval	Janice Eisma	01/23/2024 10:07 AM
RR-ISP-AEPH-005-013	Program Income Spent To Date	\$0.00		Janice Eisma	01/23/2024 10:07 AM
RR-ISP-AEPH-005-013	Status	Submitted for Approval	Submitted to Grantor	Sonia Soto	01/23/2024 12:42 AM
RR-ISP-AEPH-005-013	Status	Submitted to Grantor	Submitted for Financial Approval	Stephanie Klasky-Gamer	01/22/2024 5:40 PM
RR-ISP-AEPH-005-013	Status	Submitted for Financial Approval	Created	Nicholas Kimble	01/18/2024 4:15 PM
RR-ISP-AEPH-005-013	Interceptor	Sonia Soto		Nicholas Kimble	01/18/2024 4:15 PM
RR-ISP-AEPH-005-013	Fiscal Officer	Janice Eisma		Nicholas Kimble	01/18/2024 4:15 PM
RR-ISP-AEPH-005-013	TermsAgreement	Yes		Danny Konsulian	01/18/2024 3:40 PM

