

Request for Reimbursement of Funds (RRF) Instructions

A Request for Reimbursement of Funds (RRF) may be submitted to the California Department of Housing and Community Development (Department) for expenses incurred for eligible activities as identified in Exhibit A (Scope of Work) of the Standard Agreement.

No costs incurred prior to the date of the Notice of Funding Availability (December 15, 2022) may be charged to Program funds. Only approved and eligible costs incurred for work after the NOFA date, continued past the date of the execution date of the Standard Agreement, and completed during the grant term will be reimbursable. Approved and eligible costs incurred prior to the NOFA date are ineligible. Eligible expenditures may be reimbursed subject to the terms and conditions of the Standard Agreement after the contract has been executed by the State.

The RRF must be for a minimum of 15 percent of the maximum grant amount awarded. RRF packages shall include the Cash Request Summary itemizing all expenditures for competed activities (Cash Request Summary template found on the program's webpage at <https://www.hcd.ca.gov/grants-and-funding/programs-active/prohousing-incentive-pilot-program>). The RRF form shall reference the contract number and be signed and submitted to the Department at the following email address: PIPreimbursements@hcd.ca.gov.

RRFs submitted to the Department must be accompanied by supporting documentation. RRFs without supporting documentation will not be paid. Supporting documentation shall include at a minimum the following information:

- 1) Names of the Grantee's personnel performing work;
- 2) Dates and times of project work;
- 3) Itemized costs in accordance with the Project Timeline and Budget and Statement of Work (Exhibit E of the Standard Agreement), including identification of each employee, contractor, subcontractor staff who provided services during the period of the invoice, the number of hours and hourly rates for each of the Grantee's employees, contractor(s), sub-recipient(s) or subcontractor's staff member(s), authorized expenses with receipts, and contractor, sub-recipient and subcontractor invoices; and
- 4) Any other documents, certifications, or evidence deemed necessary by the Department prior to disbursement of grant funds.

Please Note: If this RRF form has an address different from that submitted with the grantee's original application, a newly signed Government Agency Taxpayer ID Form with the must be submitted to the Department. An electronic copy of this form is available at https://www.bcsd.ca.gov/hcfc/documents/gov_tin_form.pdf.

The Department must reimburse all jurisdictions prior to June 30, 2025. To ensure that the Grantee's expenditures are reimbursed on or before June 30, 2025, the Grantee shall deliver to the Department all final invoices for reimbursement and Close-out reports on or before March 30, 2025. Invoices received after that date may not be processed.

Form Fields

Grantee and Grant Contract No.: Enter contractor name and contract number as shown on the Standard Agreement.

Contract Execution Date: The date signed by the Department on the Standard Agreement.

Contract Expiration Date: The contract term end date on the Standard Agreement.

Contact person information and entity address: Enter the contact person name, title, phone number, and email address for the Department to contact for questions regarding the reimbursement request. Enter the Grantee entity address as shown on the Standard Agreement.

Cash Request Number: Enter the request number for each new RRF. Cash Requests should be numbered consecutively (i.e. 1, 2, 3...).

Final Request Box: Check the Final Request box on your last RRF only. In addition, include the final PIP Close Out Report with the final RRF (see the program webpage for reporting templates at <https://www.hcd.ca.gov/grants-and-funding/programs-active/prohousing-incentive-pilot-program>).

Total Grant Amount: The maximum grant amount as specified in the Standard Agreement.

Total Requested to Date: Specify the cumulative total of PIP funds requested from previously submitted RRFs.

Amount Requested: Specify the amount of PIP funds requested in the individual RRF.

Balance: Calculate the remaining balance of the grant after the Amount Requested would be disbursed.

Contractor Certification: The RRF must be signed by the Authorized Representative (or designee) as indicated in the contract resolution certified by the Grantee's governing body. Designees, if applicable, must either be detailed in the resolution (by name and/or title) or have a letter on file with the Department signed by the Authorized Representative designating the individual to act on their behalf.



Request for Reimbursement of Funds (RRF) Checklist

To minimize HCD's review and processing times, please fulfill the following prior to emailing a reimbursement request:

- Completed and signed RRF form, attached with all supporting documentation (receipts, invoices, timecards, checks, etc.) as a single PDF document. Do not send files or links to such as Dropbox, OneDrive etc.
 - RRF Grantee entity name and street address match the contractor's name and business address as shown on the first page of the Standard Agreement.
 - RRF amount is at least 15 percent of the total grant amount (with exception to the final RRF if less than 15 percent of the grant balance remains). Please contact the PIP Reimbursements Team if there may be difficulty in meeting this requirement.
- *Completed Cash Request Summary (Excel sheet) attached to the email as a separate document to the RRF packet. Amounts requested for reimbursement should be within budgeted amounts for each Task in accordance with the grant application's approved Timeline and Budget.
- (Final RRF only) *Completed PIP Grant Close Out Report. Unless requested by HCD, deliverables such as reports, ordinances, and studies are not required to be submitted with the final RRF package.

* Template found on the PIP program webpage at: <https://www.hcd.ca.gov/grants-and-funding/programs-active/prohousing-incentive-pilot-program>.

The Department may request other documents, certifications, or evidence as deemed necessary prior to disbursement of grant funds.

For questions regarding PIP grant reimbursement requests and the Standard Agreement, please email the PIP Reimbursements Team at PIPreimbursements@hcd.ca.gov with a reference to the contract number in the email subject.



PROHOUSING INCENTIVE PILOT (PIP) PROGRAM

Request for Reimbursement of Funds

Grantee _____ Grant No. _____

Contract Execution Date _____ Contract Expiration Date 6/30/2025

Contact Name _____ Title _____

Phone Number _____ E-mail _____

Send Payment To: (Address MUST match the address on the Government Agency Taxpayer ID Form submitted to the Department)

Street Address _____

City/State/Zip _____

Attention: _____ Title _____

Cash Request Number () Final Request (Check only if last request)

Amount of Grant	Total Requested to Date	Reimbursement Amount Requested	Balance

Pursuant to Section 701(B) of the guidelines, the Department may withhold 10 percent of the grant until grant terms have been fulfilled.

Detail of funded activities:

Documentation for all expenditures listed below must be attached. Please refer to attached instructions for additional information. If more space is needed attach a separate sheet outlining each activity as noted below:

Activity	Date of Completion	PIP Funds Requested
Total Requested		\$ 0.00

Grantee Certification: As a representative of the City/County, I certify, to the best of my knowledge that this report is true in all respects, the reported amounts agree with the official accounting records, and all disbursements have been made for the purposes and conditions as detailed in the Standard Agreement of this grant.

Note: Reimbursement requests must be signed by the authorized representative as designated in the signed resolution, or if a designee, the designee must be on file with the Department.

Name _____ Title _____
(Please print) (Please print)

Signature _____ Date _____

For HCD Use Only

Program Representative: _____ Manager: _____

Approval Date: _____ Approval Date: _____

Approved Reimbursement Amount: \$ _____