

Request for Reimbursement of Funds (RRF) Instructions

A Request for Reimbursement of Funds (RRF) may be submitted to the 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 (January 27, 2020) 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/local-early-action-planning>). The RRF form shall reference the contract number and be signed and submitted to the Department at the following email address: leapreimbursements@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 Attachment 1: Project Timeline and Budget and Statement of Work, 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.

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 LEAP 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/local-early-action-planning>).

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

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

Amount Requested: Specify the amount of LEAP 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 name and business address as shown on the first page of the Standard Agreement.
 - RRF amount is at least 15% of the total grant amount (with exception to the final RRF if less than 15% of the grant balance remains). Please contact the LEAP 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 LEAP 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 LEAP program webpage at: <https://www.hcd.ca.gov/grants-and-funding/programs-active/local-early-action-planning>.

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

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



LEAP GRANTS PROGRAM

Request for Reimbursement of Funds (RRF)

Grantee: _____ Contract No.: _____

Contract Execution Date: _____ Contract Expiration Date: _____

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)

Total Grant Amount	Total Requested to Date	Amount Requested	Remaining Balance
\$	\$	\$	\$

Grantee Certification: As a representative of the entity, I certify, to the best of my knowledge that this report is true in all respects, the reported amounts agree or will agree with the official accounting records, and all disbursements will be or 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 Rep.: _____	Manager: _____
Approval Date: _____	Approval Date: _____
Approved Disbursement Amount: \$	