

Emergency Assistance Fund Manual

Emergency Assistance Fund: COVID-19

April 2020



**United Way of Northern
Nevada and the Sierra**

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Program Contact Information/Technical Assistance

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Notice



The Emergency Assistance Fund is modeled after FEMA's Emergency Food and Shelter Program (EFSP). This manual contains text from the Phase 35 EFSP Manual with some modifications. This manual is intended for use by organizations administering and providing services utilizing Emergency Assistance Funds. This manual must be carefully studied prior to administering the program. This manual is not intended for individuals seeking services. Matters of interpretation must be referred to United Way of Northern Nevada staff.

Publication Statement

This publication was produced with administrative funds donated to the UWNNS's Emergency Assistance Fund.

Reporting Fraud, Theft and Criminal Activity

Should anyone have reason to suspect that EAF funds are being used for purposes contrary to the law and guidelines governing this program, UWNNS staff must be notified immediately via email, written communication, or a phone call.

Preamble

The Emergency Assistance Fund (EAF) was created in March 2020 in response to the COVID-19 pandemic. This fund is modeled after the Emergency Food and Shelter Program (EFSP) which was created in 1983 to supplement and expand the work of local social service agencies, both nonprofit and governmental, to help people with economic emergencies (not disaster-related [i.e., fires of any kind, floods, tornadoes, etc.] emergencies). Like EFSP, EAF funding is open to all organizations helping hungry and homeless people and must be used to supplement feeding, sheltering (including transitional sheltering) and rent/mortgage and utility assistance efforts only. '

While EFSP is governed by a National Board, United Way of Northern Nevada and the Sierra (UWNNS) are the governing entity for EAF funding. A Volunteer Committee is convened by UWNNS to determine the highest need and best use of funds and to select recipient organizations that will provide emergency food and shelter services. UWNNS and the Volunteer committee are frequently assessing the evolving needs of the community and how EAF funding can be utilized to address these needs.

The service area for EAF consists of Carson City and the counties of Washoe, Douglas, Lyon, Churchill, Storey, Elko, White Pine, Eureka, Lander, Humboldt, Pershing, and Mineral.

The Emergency Assistance Fund is a restricted grant. This grant has terms and conditions that apply to ALL parties participating in the grant. The Funding Agreement and EAF Agency Certification Forms for all parties contain statements that incorporate elements of this manual. All parties must ensure their understanding of the of the EAF Manual and the statements on the Certification Forms being signed, as they are agreeing to specific program mandated requirements, including those that do not appear to apply to the types of programs and activities eligible under the EAF. All parties will be held accountable for complying with the provisions of the EAF grant as well as full compliance with applicable requirements including those not specifically stated in this Manual.

Program Highlights



This section is provided to assist in your reading and review of the EAF Responsibilities and Requirements Manual (EAF Manual); it is not a substitute for the entire EAF Manual. All recipient organizations are advised to read the entire EAF Manual thoroughly for complete guidelines regarding their responsibilities, program operations, acceptable expenditures and documentation requirements.

TERMS AND CONDITIONS

All parties need to ensure their understanding of the EAF Manual and the statements on the Agency Certification Forms. By signing the Funding Agreement and Agency Certification Forms, they are agreeing to specific program requirements of UWNNS including those not specifically stated in this Manual. All parties will be held accountable for the provisions of the grant.

ADVERTISING AND ACKNOWLEDGEMENT OF FUNDS

All parties as must acknowledge EAF funding as UWNNS funds awarded through the Emergency Assistance Fund.

AUDIT REQUIREMENTS – THRESHOLDS

Like EFSP, recipient organizations of EAF funding must have their records audited by an independent certified or public accountant if receiving \$100,000 or more in EAF funds. If a recipient organization receives from \$50,000 to \$99,999, they must have an annual accountant's review. UWNNS must ensure that recipient organizations expending \$750,000 or more in Federal funds, comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR 200 of the Office of Management and Budget.

RECIPIENT ORGANIZATION CERTIFICATION FORMS

All recipient organizations are required to sign the Certification Form at the beginning of each funding cycle. A copy of this form must be retained by both UWNNS and the recipient organization. Funds will not be issued to any recipient organization who has not signed and dated the Certification Form. Only the Certification Form provided by UWNNS for the funding cycle will be accepted.

DOCUMENTATION REQUIREMENTS

RECIPIENT ORGANIZATION FORMS

Only EAF provided forms will be accepted by UWNNS. This manual provides explanations and examples of the required documentation for each service category.

SPREADSHEETS FOR ALL PROGRAM CATEGORIES

A spreadsheet for each program category (mass feeding, other food, mass shelter, other shelter, supplies/equipment, rent/mortgage, utilities and administration) must be maintained and must be provided when documentation is reviewed for EAF. The documentation for EAF expenditures must support the information on the spreadsheet. Spreadsheets will provide an overview of how EAF funds were spent and serve as a checklist with which the documentation can be compared. Sample spreadsheets can be found in the Annex section of this manual. Spreadsheets should be in the appropriate order as should the supporting documentation for each individual program category.

PROOF OF PAYMENT

EAF funding is intended to be used as necessary to meet emergency need and expenditures and must be promptly paid to vendors. Generally, payments should be made to vendors within one accounting cycle (normally 30 days). However, the EAF will allow payments made not more than 90 days from the invoice or intake date as appropriate. Recipient organizations must ensure any amount paid and attributed to EAF is still due in its entirety at the time payment is made. Payments made more than 90 days following the invoice or intake date will be considered ineligible and funds will be subject to return to UWNNS. It is the intent of EAF that funds received by recipient organizations are used for costs incurred during the program period and that vendors be paid during the program period to the extent possible. It is also the intent of EAF that goods or services be purchased and used during the program period. Large purchases made at the end of the program period do not meet this intent and may be considered ineligible.

REMINDER – NO FEE REQUIREMENT FOR SERVICE

No individual, family or household may be charged a fee for service or be required to attend religious/counseling services with relation to assistance received under EAF. Please note, EAF does not consider the receipt of donations to an agency to be the same as a fee for service. The receipt of donations does not prevent an agency from participating in the EAF.

REMINDER – CHARGING BACK OF ELIGIBLE EXPENDITURES

Recipient organizations may submit expenditures for items and services procured prior to receiving EAF funds. The expenditures must be incurred during the spending period and be eligible under EAF program guidelines. All documentation requirements for the category in which the expenditures are reported will apply. (Documentation required: Spreadsheets for the categories, documentation including invoices/receipts and proof of payment.)

REMINDER – PAYMENT TO VENDOR (NOT MORE THAN 90 DAYS)

Payments must be made to vendors for all eligible expenditures, by an approved method, not more than 90 days after the receipt/invoice date or the date of the client intake form. Payments made more than 90 days following the invoice or intake date will be considered ineligible and funds will be subject to return to UWNNS.

REMINDER – DOCUMENTATION RETENTION

Recipient organizations are to keep their documentation records for three years after each end of program year. Documentation includes but is not limited to: Certification form, application for funding, approval of funding, Second Payment Request/Interim Report, Final Report, spreadsheets, all expenditure documentation (vendor invoices/receipts and proof of payment). Since documentation

must be retained for three years, all of those years are subject to review/audits at any time, even if the recipient organization has filed Final Reports and received clearing letters.

REMINDER - VOLUNTEER COMMITTEE VOTING – ORGANIZATION AFFILIATION

Volunteer Committee membership must have no relationship to funding and is not a guarantee of funding. Volunteer Committee members must abstain from voting on award applications for their own agency. Volunteer Committee members do not have to abstain from voting on award applications based on religious or other affiliations.

UWNNS Responsibilities

The UWNNS will:

1. Work with the Volunteer Committee to determine the greatest needs in the service area. The Volunteer Committee will make the decision on how the funds are allocated across the service area.
2. Develop the operational manual and establish criteria for expenditure of funds and distributing funds.
3. Notify organizations when new EAF funds are available and when allocations have been made.
4. Provide copies of award notification materials to UWNNS member affiliates and other interested parties.
5. Secure documentation (certification forms, reports, and expenditure documentation) from recipient organizations and ensure that recipient organizations are complying with established guidelines.
6. Distribute funds to selected recipient organizations.
7. Establish an equitable system to accomplish the reallocation of unclaimed or unused funds.
9. Ensure that funds are properly accounted for and that funds due are collected.
10. Provide consultation and technical assistance regarding the program.
11. Compile reports from data received from the recipient organizations and provide information on the UWNNS website and stakeholders as requested.
12. Conduct compliance reviews of food and shelter expenditures made under EAF by recipient organizations.
13. Retain the following records/documentation: monthly and final reports, Interim/Second payment forms, reallocation forms, organization funding applications, certification forms, administrative expense documentation, monthly and final reports, and services documentation.
14. Work with recipient organizations to coordinate services to ensure that there is no duplication of rent/mortgage and utility assistance services.
15. UWNNS staff will communicate with recipient organizations throughout each funding wave to better ensure that there are no compliance issues and no delays in payments. This includes providing technical assistance and obtaining reports from recipient organizations.

Grant Payment Process

UWNNS will process and make payments directly to eligible recipient organizations recommended by the Volunteer Committee for funding and approved by the UWNNS Board of Directors.

UWNNS will not issue any payments to a recipient organization until all requested documentation has been received in its entirety. Payments will also not be issued to recipient organizations with identified exceptions/findings in any compliance review, audit or assessment conducted which includes EAF funding.

Method of Payment

All awards will be paid in two equal installments. UWNNS will make payments to eligible recipient organizations via paper checks.

First Payments

First payments will be made by UWNNS to eligible recipient organizations. Notice of first payments will be made to recipient organizations by UWNNS.

Second Payments

Second payments will be made to eligible recipient organizations once the recipient organization submits an Interim Report/Second Payment Request form. This is a twostep process. The recipient organization must report on the first payment by indicating how the funds were spent to date in the categories through the online form. If funds were unspent, they must be entered in the unspent category on the form. The Interim Report/Second Payment Request must only reflect the total of the first payment issued to the agency. The Interim Report/Second Payment Request must balance to the total of the first payment issued to the agency. Second payment requests must be submitted via email by each recipient organization. UWNNS will advise recipient organizations of the deadline for the submission of the Interim Report/Second Payment Request form. Second payments will also be held until all compliance exceptions (if any) are satisfied by the recipient organization. Recipient organizations with unresolved compliance exceptions or compliance exceptions resolved after the end of the funded phase may not be paid. Notice of second payments will be made to recipient organizations only upon the submission of each recipient organization's Interim Report/Second Payment Request Form.

Subsequent Payments

If a recipient organization receives additional EAF funds after the second payment has been made (e.g., through an additional allocation), UWNNS will issue a subsequent payment to the recipient organization once the reallocation is made; notification will be sent via email.

Client Eligibility

EAF funds are intended to supplement food and shelter programs so that they can better assist individuals economically impacted by the COVID-19 pandemic. Clients must also reside in the service area. Recipient organizations must provide assistance to clients without discrimination (age, race, sex, religion, national origin, disability, gender identity, economic status or sexual orientation) and may not limit services to their current clients. Recipient organizations should provide services with sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illness and to facilitate access for

homeless individuals to other sources of services and benefits. Like EFSP, the verification of proof of citizenship or qualified alien status of any applicant for assistance is not required for EAF; therefore, individuals do not need to be a citizen of the United States of America to receive assistance.

Volunteer Committee Responsibilities

Membership & Voting

Each member of the Volunteer Committee is entitled one vote. Membership must have no relationship to funding and membership is not a guarantee of funding. Volunteer Committee members must abstain from voting on award applications for their own organization. Members do not have to abstain from voting on award applications based on religious or other affiliations. The Volunteer Committee works together to identify the needs of the service area and votes on funding recommendations. These recommendations are then submitted to UWNNS' Board of Directors who vote on whether or not to approve the funding recommendations.

Reallocation of Funds

The Volunteer Committee may reallocate funds at any time should a recipient organization not be able to spend allocated funds or provide required documentation and reports. The Volunteer Committee must also relocate funds for negligence and any other EAF guidelines. The Volunteer Committee must reallocate funds held for recipient organizations if they fail to resolve compliance issues by the date specified by UWNNS.

Recipient Organization Responsibilities

For a recipient organization to be eligible for funding, it must:

- Be a nonprofit 501(c)3 or an agency of government;
- Not be debarred or suspended from receiving Federal funding;
- Have a checking account;
- Have an accounting system or fiscal agent approved by the Volunteer Committee;
- Have a Federal Employer Identification Number (FEIN);
- Have a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and provide along with other required associated information;
- Have a valid email address for program communication and electronic signature processes;
- Conduct an independent annual audit if receiving \$100,000 or more in EAF funds; conduct an annual accountant's review if receiving \$50,000 to \$99,999 in EAF funds. See Annex 12, page 103.
- Conduct annual audit, if expending \$750,000 or more in Federal funds, in compliance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 CFR 200 of the Office of Management and Budget (Uniform Guidance);
- Be providing services and using its other resources in the area in which they are seeking funding;
- Practice nondiscrimination according to Nevada State and federal law (those agencies with a religious affiliation wishing to participate in the program must not refuse services to an applicant based on

religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving EAF funds);

- Have a voluntary board if a private, nonprofit; and,
- To the extent practicable, involve homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services.

Reminder: Keeping contact information up to date is critical for EAF communication. Please update UWNNS at communityimpact@uwnns.org if there are any communication changes in your organization.

If after submitting the Agency Certification Form and Funding Agreement, the recipient organization determines that it cannot or can no longer abide by EAF requirements, they must notify UWNNS immediately. If funds have already been received, they must be returned in their entirety and no expenses may be incurred or charged against the grant.

Recipient Organization Documentation and Disaster Recovery Plan

Recipient organizations should have a disaster recovery plan that ensures continuity of eligible services and records retention under the EAF. Each recipient organization is required to retain EAF records for a period of three years from the submission of the Final Report. Records that should be retained include application and approval of application from UWNNS, signed Certification form, documentation of any reallocations approved by the Volunteer Committee, completed Interim Report/Second Payment Request form, program exceptions granted by the Volunteer Committee, and all expenditure documentation for expenses charged to the EAF. Recipient organizations also need to retain documentation regarding all compliance problems including those outside the retention period until the problem is resolved. Specific information on documentation is provided in the Program Costs (eligible and ineligible) section of this manual.

Recipient Organization Requirements Local agencies selected for funding must adhere to the following 13 requirements:

Knowledge of Requirements

1. Recipient organizations must maintain records according to guidelines set forth in this manual. Consult with UWNNS on matters requiring interpretation or clarification prior to incurring an expense or entering into a contract. It is important to have a thorough understanding of these guidelines to avoid ineligible expenditures and consequent repayment of funds/ Questions that recipient organizations have should be directed to UWNNS staff.

Use of Funds

2. Recipient organizations must provide services within the intent of the program. Funds are to be used on an ongoing basis to supplement and extend food and shelter services, not as a substitute for other program funds or to start new programs. Funds are not to be held or reserved for future use but spent on an as needed basis to supplement and extend existing services. Agencies must have a program in the category for which they are seeking funding.

Bank Accounts/Interest Income

3. Recipient organizations must maintain a checking account in the organization's name in a federally insured bank into which EAF funds are deposited. UWNNS does not require funds to be placed in a separate bank account. Recipient organizations must maintain proper documentation for all

expenditures under this program according to the guidelines. Any interest income must be used for eligible program expenditures, not administrative expenses. If EAF funds are placed in an interest-earning account with other funds, interest must be prorated/calculated for the EAF grant. Recipient organizations that have unspent funds of \$5.00 or more must return the entire unspent amount to UWNNS. (Do not send back unspent funds of \$4.99 or less). Recipient organization expenditures and documentation will be subject to review for program compliance by UWNNS.

Payment to Vendors

4. Recipient organizations must pay for all eligible program expenses by an approved method of payment. Approved payment methods are:

- Recipient organization check,
- Recipient organization debit card,
- Recipient organization credit card–vendor issued (i.e., Sam’s Club, other stores–vendor issued credit card),
- Recipient organization credit card–third party (i.e., American Express, Visa),
- Electronic payment from recipient organization’s bank account.

This program does not allow the reimbursement of staff/volunteers, other recipient organizations or any party other than the vendor of services. Cash payments are ineligible. The use of personal debit cards or credit cards is not allowed.

Reporting

5. Recipient organizations must submit reports to UWNNS by their due dates. When the recipient organization is ready to request its second payment it must be submitted via email. This includes monthly reports and the Interim Report/Second Payment form. UWNNS will advise recipient organizations of report deadlines.

Final Report

6. All recipient organizations must complete the Final Report and submit it through email. Along with the final report, recipient organizations must also submit complete, accurate, legible documentation to support the expenditures claimed in each category on the initial Final Report. Recipient organization’s will be advised of the due date for final reports.

Program Compliance Resolution

7. Recipient organizations must work with UWNNS to quickly clear up any problems related to compliance exception(s) at the end of the program. UWNNS requires that all recipient organizations maintain expenditure and proof of payment documentation as expenses are incurred. It is expected that when documentation is submitted with Final Reports or reviewed under other circumstances, that it is complete and accurate initially when reviewed the first time. UWNNS will notify recipient organizations of problems should the documentation contain errors. Failure of a recipient organization to comply with EAF reporting requirements will result in future funds being withheld. Funding is not guaranteed when compliance problems have been identified, even if resolved.

Lobbying Prohibition and Reporting Requirements

8. Lobbying is not permitted with EAF funds.

Annual Audit Requirement

9. Recipient organizations must comply with audit requirements. For recipient organizations receiving \$100,000 or more in EAF funding, UWNNS requires an independent annual audit in accordance with

Government Auditing Standards. For recipient organizations receiving from \$50,000 to \$99,999, the UWNNS requires an annual accountant's review. For newly funded recipient organizations or recipient organizations funded above the amount requiring an audit or review for the first time, the recipient organization will be eligible to receive funds if it arranges for the audit or review of funds to coincide with the next scheduled annual audit or annual review of its financial affairs.

UWNNS will accept a recipient organization's national/regional annual audit if the following conditions are met:

- The recipient organization is truly a subsidiary of the national organization (i.e., shares a single Federal tax exemption).
- The recipient organization is audited by the national/regional office internal auditors or other person designated by the national/regional office AND the national/regional office is audited by an independent certified public accountant or public accountant or accounting firm, which includes the national/regional organization's review of the recipient organization in a larger audit review.
- A copy of the local audit review along with a copy of the independent audit of the national/regional office will be made available to UWNNS upon request.

Audit Confirmation Request

10. Recipient organizations requesting audit confirmations of funds received for their external auditors must submit a written request to UWNNS.

Technical Assistance

11. Recipient organizations should contact UWNNS at communityimpact@uwenns.org regarding technical assistance and interpretation of guidelines.

Reallocation of Funds

13. Recipient organizations must cooperate and comply with Volunteer Committee reallocation decisions. Volunteer Committee may reallocate funds at their discretion during the current phase.

Service Categories & Program Costs

EAF provides funding for emergency food and shelter programs under six categories.

1. **Served Meals** - The purpose of the Served Meals category is to allow mass feeding facilities to pay for the purchase of food items, items used to prepare and serve food, and other food-related items to assist in the mass feeding of eligible clients. An agency must be awarded funds under Served Meals by the EAF committee in order to have expenditures under this category. The program permits a per meal rate is \$2.00 per meal per person.
 - a. **Eligible Costs** include operational costs (agency's rent/mortgage, utilities, and staff salaries), supplies (food, paper products like paper plates, towels, and toilet tissue, items and utensils used to prepare food like forks, pots, pans, and gloves), cleaning products, and first-aid supplies.
 - b. **Ineligible Costs** include expenditures such as maintenance agreements and food expenditures and staff reimbursements.
 - c. **Required Documentation** – Served Meals Daily Log. see pages 13-14 for more information about required documentation.
2. **Other Food** - The purpose of the Other Food category is to allow agencies such as food pantries and food banks to pay for the purchase of food items to assist in the feeding of eligible clients.

- a. **Eligible Costs** include all food items, diapers and feminine hygiene products, a limited percentage (not to exceed 20% of allocation) of personal care products (soap, hand sanitizer), personal protective equipment (PPE), cleaning products (Clorox wipes, cleaning sprays), boxes and plastic storage bags, and maintenance fees charged by food banks.
 - b. **Ineligible Costs** include items used in serving food (such as eating utensils), paper products, vitamins and first aid products, excessive snacks and sweets, purchases for staff events/functions, food purchases for holiday dinners/events, and staff reimbursements.
 - c. **Required Documentation** – Summary spreadsheet, vendor generated itemized receipts/invoices, and proof of payment. See pages 14-15 for more information about required documentation/
3. **Mass Shelter** - The purpose of the Mass Shelter category is to allow mass shelter providers (five beds or more in one location) to provide on-site housing for clients. An agency must be awarded funds under Mass Shelter by the EAF committee in order to have expenditures under this category. The program permits a per diem rate of \$7.50 per person per night.
 - a. **Eligible Costs** include operational costs (including shelter’s rent/mortgage, utilities, and staff salaries) and shelter supplies (cots, mattresses, soap, linens, blankets, cleaning supplies, diapers, hygiene products, underwear and diapers, and first-aid supplies).
 - b. **Ineligible Costs** include expenditures such as maintenance agreements and food expenditures and staff reimbursements.
 - c. **Required Documentation** – Mass Shelter Per Diem Log. See page 15 for more information about required documentation.
4. **Other Shelter** - The purpose of the Other Shelter category is to allow agencies to provide off-site emergency housing for clients. This category is intended for short-term stays and not as a more permanent residence.
 - a. **Eligible Costs** include lodging charges from a hotel or motel, lodging charges from a nonprofit facility acting as vendor (cannot be from your own agency or another EAF funded agency), agencies may cover up to a total of 30 days, and local taxes added to the bill.
 - b. **Ineligible Costs** include any stays dated outside of the spending period, all payments made in advance (all payments must be dated after the end of the client’s stay), any stays exceeding 30 days, telephone calls, and deposits (keys, damages, deposits, etc.).
 - c. **Required Documentation** – Summary spreadsheet, vendor generated itemized receipts/invoices, proof of payment, and Loss of Income Form to be completed with client. See pages 15-16 for more information about required documentation.
5. **Rent/Mortgage Assistance** - The purpose of the Rent/Mortgage category is to allow agencies to pay up to a one-month amount of rent or mortgage for qualifying clients. Each household may receive this assistance one-time from EAF. Payment of rent must ensure an additional month of residence in the housing unit; landlord must not evict tenant. Payment is made directly to landlord or mortgage company and not paid to clients directly. Like EFSP, rent/mortgage assistance is only provided to clients when all other resources have been exhausted and the assistance is necessary to help them maintain housing.
 - a. **Eligible Costs** include one month of past due balance of rent or mortgage, one month of current balance of rent or mortgage, and first month’s rent. When paying on rent or mortgage for mobile homes, agencies may include the cost of lot fees in the payment

- b. **Ineligible Costs** include more than one month's rent or mortgage payment, first month of new mortgage, deposits, escrow payments, taxes, and insurance, all fees (late fees, condo fees, homeowner fees, etc.).
 - c. **Required Documentation** – Summary spreadsheet, Rent/Mortgage Form to be completed with client and landlord/mortgager, Loss of Income Form to be completed with client, and Proof of Payment. See pages 16-17 for more information about required documentation.
6. **Utilities (Metered and Non-metered) Assistance** - The purpose of the Utilities category is intended to allow agencies to pay a one-month billed amount of a metered (electric, gas, water) or non-metered (propane, firewood, coal) utility bill for qualifying clients. Each household may receive this assistance one-time from EAF.
- a. **Eligible Costs** – With unmetered utilities assistance, agencies may pay for a one-time delivery of a non-metered product used to heat homes. Payments are limited to one delivery per household. Delivery fees are an eligible cost. Agencies cannot pay in advance for deliveries. With metered utilities assistance, agencies can pay for a past due or current utility bill.
 - b. **Ineligible Costs** - Include payments made on agency's own utility bills, any payment exceeding the cost of one delivery, payments made on account, payments made on TV cable, satellite, internet, and phone bills, payments for any type of fuel for automobiles, late fees or deposits, and any payments not made directly to the vendor. Agencies may not pay on a client's non-metered account to help bring down the balance when there has been no delivery.
 - c. **Required Documentation** – Summary spreadsheet, past due or current bill (metered) or delivery receipt (non-metered), Utilities Verification Form, Loss of Income Form, and proof of payment. See pages 17-18 for more information about required documentation.

Required Documentation & Examples

Overview

Documentation refers to those accounting records that support payments for EAF expenditures. Each payment requires two basic accounting records.

First, a copy of the agency's proof of payment made not more than 90 days following the invoice/purchase date or date of intake is required. Proof of payment would include as necessary: Recipient Organization's canceled check returned from the bank payable to the vendor; agency's bank statement showing electronic payment or debit card payment to vendor; or agency's canceled check payable to the credit card company. Do not copy either side of a check that has not been canceled by the bank unless submitting with bank statement for which cancelled checks are not returned.

Note: When a check goes through the bank, it is generally encoded on the bottom of the check. These numbers represent the amount for which the check was processed. The front of the check shows the date of payment and the payee. The bank statement verifies that the check was debited from the agency's account.

For electronic checks and debit purchases, the bank statements must clearly identify the payee by name for each transaction (not a string of codes).

When checks are converted electronically at the time of purchase, it is similar to the use of a debit card. The money is immediately placed on hold in the account by the bank. EAF requires copies of the bank statement to support expenditures paid with agency's electronically converted check and debit card payments.

If an agency cannot provide copies of both sides of the canceled check because the agency's bank does not return checks, the following items are acceptable alternatives:

- Facsimile copies/images of canceled checks (front) from the agency's checking account statements. If submitting facsimile copies/images of checks, the copies must be large enough to read and be clearly legible. Please enlarge prior to photo copying.
- Substitute bank generated checks from the agency's checking account statements. Copies of checks may be available via your bank's website. Copies of bank generated checks must be large enough to read the check date and to whom the check is written. Please enlarge prior to photo copying. If the bank generated check do not show a cancellation on the front, then the bank statement must also be submitted.
- Agency's checking account statements along with a copy of the front of the check when it was issued by the agency.

Second, a copy of the vendor's itemized invoice. All copies of documentation must be clearly legible. An acceptable invoice has the following characteristics:

- It must be vendor-generated and have name of vendor.
- It must have name of purchaser and have date of purchase.
- It must be itemized (description of each item, number of each item, and cost of each item).
- It must have a total purchase.

Documentation may also include:

- Credit card statements showing purchase and payment along with itemized receipt of purchase.
- Vouchers with detailed description of goods or services provided.
- Daily per diem shelter allowance schedule.
- Daily per meal allowance schedule.

Client Confidentiality in Documentation Submitted:

- In submitting documentation to UWNNS staff with their final report, agencies providing services to clients where confidentiality is protected by statute may use a unique identifier.
- If using a unique identifier when submitting documentation for clients served, the agency is required to provide documentation of the statute which applies to the clients served and services provided that are protected.

Note: UWNNS and the Volunteer Committee reserves the right to request additional documentation as deemed necessary to support EAF expenditures (e.g. lay-off notices, landlord letters, billing and payment histories, sign-in logs).

All documentation submitted for review must be complete, clear, and completely legible. Please enlarge prior to copying to ensure readability, if necessary. The ending date for the spending period for all award types is selected by UWNNS. The jurisdiction's spending period start, and end dates are noted in the award letter. For summary spreadsheets, email the original Excel copy to communityimpact@uwnns.org.

Category Specific Documentation

Served Meals Documentation

Served Meals only one type of documentation for submission to UWNNS staff. This documentation is a Per Meal Schedule. This schedule must include the rate of \$2 per meal and a daily count. Dates covered in the schedule must be within the spending period. The per meal schedule replaces the spreadsheet. It is important to ensure that your agency's name and date of submission are included on the spreadsheet. Below is a sample of the Daily Per Meal Log.


DAILY PER MEAL LOG			
DATE	6/30/2020		
ORGANIZATION NAME	ABC Organization		
	ABC Organization		
	ORGANIZATION NAME		
	123 Maple St.		
	Street Address		
	Reno, NV 89509		
	City, State, Zip		
Date (Month/Date/Year)	Number of Meals Served	Per Meal Rate (\$2.00)	Total
04/01/20	21	\$2.00	\$42.00
04/02/20	20	\$2.00	\$40.00
04/03/20	17	\$2.00	\$34.00
04/04/20	15	\$2.00	\$30.00
04/05/20	18	\$2.00	\$36.00
04/06/20	17	\$2.00	\$34.00
04/07/20	16	\$2.00	\$32.00
04/08/20	17	\$2.00	\$34.00
Total Number of Meals		Grand Total	\$282.00



Other Food Documentation

Other Food requires three types of documentation. The first required document is a summary spreadsheet of all expenditures in this category. The spreadsheet must include information about payment, vendor, and EAF amount. See below for an example of and more information on the summary spreadsheet. The second required group of documentation is vendor generated invoices and receipts that provide the vendor's name, are dated, and list the specific items purchased. The third required documentation is proof of payment for each invoice/receipt provided. See pages 12-13 for more information about the approved methods of payment and required documentation.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to UWNNS staff to support ALL expenditures made in Other Food with EAF funds. The spreadsheet must be presented to UWNNS staff in order by payment/check number following the spreadsheet. The documentation provided to support the expenditures attributable to EAF should also be in payment/check number order following the schedule. It is important to ensure that your agency's name and date of submission are included on the spreadsheet. Please refer to the Glossary of Required Spreadsheet Elements to understand the required components of this category's spreadsheet (on page 22).

Date:	6/30/2020	 United Way of Northern Nevada and the Sierra	Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to UWNNS to support all expenditures made with Emergency Assistance Funds.					
Organization Name	ABC Organization							
OTHER FOOD EXPENDITURES								
Payment/Check Number	Payment /Check Date (MM/DD/YY)	Payment /Check Clear Date (MM/DD/YY)	Invoice/Receipt Date (MM/DD/YY)	Invoice/Receipt Number (If no number, enter N/A)	Vendor Name	Invoice/Receipt Amount	Total Check Amount	EFSP Portion of Check Amount
2468	04/04/20	04/07/20		B5055	Food Co.	\$544.00	\$1,000.00	\$260.00
3579	04/16/20	04/21/20		N/A	Harvest Supplier	\$565.00	\$565.00	\$210.00
4680	04/28/20	04/30/20		N/A	Harvest Supplier	\$755.00	\$755.00	\$200.00
5791	05/06/20	05/08/20		B5084	Food Co.	\$898.00	\$150.00	\$200.00
6802	05/19/20	05/21/20		N/A	Harvest Supplier	\$576.00	\$575.00	\$350.00
Credit Card	05/27/20	05/29/20		B601	Food Co.	\$632.00	\$632.00	\$280.00
							Total	\$1,500.00

Mass Shelter Documentation

Mass Shelter requires only one type of documentation for submission to UWNNS staff. This documentation is a Per Diem Schedule. This schedule must include the rate of \$7.50 per day and a daily count. Dates covered in the schedule must be within the spending period. The per diem schedule replaces the spreadsheet. It is important to ensure that your agency's name and date of submission are included on the spreadsheet. Below is a sample of the required Daily Per Diem Log.

DAILY PER DIEM LOG			
Date	6/30/2020		
Organization Name	ABC Organization		
	ABC Organization		
	Organization Name		
	123 Maple St.		
	Street Address		
	Reno, NV 89509		
	City, State, Zip		
Date (Month/Date/Year)	Number of Clients Served	Per Diem Rate (\$7.50 per bed per night)	Total
04/01/20	8	\$7.50	\$60.00
04/02/20	7	\$7.50	\$52.50
04/03/20	6	\$7.50	\$45.00
04/04/20	6	\$7.50	\$45.00
04/05/20	8	\$7.50	\$60.00
04/06/20	7	\$7.50	\$52.50
04/07/20	7	\$7.50	\$52.50
04/08/20	8	\$7.50	\$60.00
04/09/20	9	\$7.50	\$67.50
Total Number of Clients		Grand Total	495.00


Other Shelter Documentation

Other Shelter requires four types of documentation. The first required document is a summary spreadsheet of all expenditures in this category. The spreadsheet must include information about payment, vendor, and EAF amount. See below for an example of and for more information on the summary spreadsheet. The second required group of documentation is an invoice/receipt generated by the hotel/motel. These invoices must include the hotel/motel information such as vendor information, client name, dates of stay, cost per night, week, or month. Nonprofit agencies acting as vendors must also generate invoices. Payment receipts and vouchers are not sufficient unless all of the information is

Emergency Assistance Fund United Way of Northern Nevada and the Sierra

on the documentation and must be signed by a vendor representative. An agency can keep client’s name confidential if required by a state of Nevada statute. The agency must attach a copy of the state-authorized statute and assign unique identifiers to all clients served. The third type of documentation is a completed Loss of Income form for each client that confirms the client has experienced a loss or decrease of income due to the COVID-19 pandemic. See page 19 for a sample of this required form. The fourth required documentation is proof of payment for each invoice/receipt provided. See pages 12-13 for more information about approved methods of payment and required documentation.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to UWNNS staff to support ALL expenditures in the Other Shelter category with EAF funds. The spreadsheet must be presented to UWNNS staff in alphabetical order by clients’ last names. The documentation provided to support the expenditures attributable to EAF should also be in order by clients’ last names following the spreadsheet. It is important to ensure that your agency’s name and date of submission are included on the spreadsheet. Please refer to the Glossary of Required Spreadsheet Elements to understand the required components of this category’s spreadsheet (on page 22).


Date: 6/30/2020				 United Way of Northern Nevada and the Sierra		Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to UWNNS to support all expenditures made with Emergency Assistance Funds.					
Organization Name: ABC Organization											
OTHER SHELTER EXPENDITURES											
Client Last Name (In Alphabetical Order)	Client First Name	Dates of Stay (MM/DD/YY - MM/DD/YY)	Vendor Name	Invoice Date (MM/DD/YY)	Invoice Amount	Invoice Number (if no invoice number, enter N/A)	Payment/ Check Number	Payment/ Check Date (MM/DD/YY)	Payment/ Check Clear Date (MM/DD/YY)	Total Check Amount	EFSF Portion of Check Amount
Anderson	Brittany	04/08/20-04/21/20	Sunshine Motel	04/21/20	\$884.00	N/A	2030	04/23/20	04/25/20	\$1,500.00	\$300.00
Baker	Eve	05/10/20-05/17/20	Sunshine Motel	05/17/20	\$476.00	N/A	2047	05/21/20	05/28/20	\$1,000.00	\$150.00
Gemstone	Damon	04/30/20-05/01/20	Adventure Hotel	05/01/20	\$58.00	8545	2038	05/03/20	05/05/20	\$58.00	\$58.00
Lemon	Jason	05/06/20-05/09/20	Adventure Hotel	05/09/20	\$174.00	8565	2045	05/11/20	05/21/20	\$174.00	\$174.00
Robin	Bryan	04/01/20-04/30/20	Sunshine Motel	04/30/20	\$2,040.00	N/A	Credit	05/05/20	05/06/20	\$2,040.00	\$1,000.00
Stewart	Dorothy	04/05/20-04/08/20	Adventure Hotel	04/08/20	\$174.00	839	2021	04/09/20	04/11/20	\$174.00	\$500.00
Total										\$2,182.00	

Rent/Mortgage Assistance Documentation

This category requires four types of documentation. The first required document is a summary spreadsheet of all expenditures in this category. The spreadsheet must include information about payment, EAF amount, and housing. See below for an example of and for more information on the summary spreadsheet. The second required group of documentation is a completed Rent/Mortgage Verification Form for each client. See page 20 for a sample of this required form. The third type of documentation is a completed Loss of Income form for each client that confirms the client has experienced a loss or decrease of income due to the COVID-19 pandemic. See page 19 for a sample of this required form. The fourth required documentation is proof of payment for each invoice/receipt provided. See pages 12-13 for more information about approved methods of payment and required documentation.

Below is a sample spreadsheet of the elements that must be included in the spreadsheet provided to UWNNS staff to support ALL expenditures made in the Rent/Mortgage category with EAF funds. The spreadsheet must be presented to UWNNS staff in alphabetical order by clients’ last names. The documentation provided to support the expenditures attributable to EAF should also be in order by clients’ last names following the spreadsheet. It is important to ensure that your agency’s name and date of submission are included on the spreadsheet. Please refer to the Glossary of Required

Spreadsheet Elements to understand the required components of this category's spreadsheet (on page 22).

Date:	6/30/2020	 United Way of Northern Nevada and the Sierra	Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to UWNNS to support all expenditures made with Emergency Assistance Funds.								
Organization Name:	ABC Organization										
RENT/MORTGAGE EXPENDITURES											
Client Last Name (In Alphabetic Order)	Client First Name	Client Street Address (No PO Box)	Landlord/Mortgage Company Name	Monthly Rent/Mortgage Amount	Due Date (MM/DD/YY)	Month Covered w/Payment (MM/YYYY)	Payment/Check Number	Payment/Check Date (MM/DD/YY)	Payment/Check Clear Date (MM/DD/YY)	Total Check Amount	EFSP Portion of Check Amount
Forrester	Vickie	246 Boulder Wy., Reno, NV 89509	Kelly Morgan	1,000.00	04/01/20	04/2020	1357	04/03/20	04/05/20	\$2,000.00	\$1,000.00
Newman	Lewis	357 Sunrise St., Apt 121, Sparks, NV 89434	Highway Point Apts	1,400.00	05/01/20	05/2020	2468	05/04/20	05/08/20	\$1,400.00	\$700.00
Philips	Summer	169 Evergreen Ct., Reno, NV 89512	Desert Sun Home Mortgage	1,200.00	05/01/20	05/2020	3579	05/03/20	05/05/20	\$2,400.00	\$1,200.00
Ryder	William	357 Sunrise St., Apt 203, Sparks, NV 89436	Highway Point Apts	1,000.00	04/01/20	04/2020	4680	04/05/20	04/05/20	\$1,000.00	\$1,000.00
Corinthos	Kyle	1035 Bleaker St, Reno, NV 89509	Brooke Spencer	1,100.00	05/01/20	05/2020	5791	05/02/20	05/05/20	\$1,100.00	\$1,100.00
Total										\$5,000.00	

Utilities Assistance Documentation

Utilities Assistances require five types of documentation. The first required document is a summary spreadsheet of all expenditures in this category. The spreadsheet must include information about payment, vendor, client, and service provided. See below for an example of and more information on the summary spreadsheet. The second group of documentation required is a bill. For non-metered utilities assistance, the delivery bill must be vendor generated and list the name and address of the vendor, type of product and amount delivered, date of delivery, and amount billed. For metered utilities assistance, the bill can either be a current or past due bill. Price quotes, purchase orders, payment receipts and check stubs are not sufficient. The third required form is the Utilities Verification Form. See page 21 for a sample of that form. The fourth required document is a completed Loss of Income form for each client that confirms the client has experienced a loss or decrease of income due to the COVID-19 pandemic. See page 19 for a sample of this required form. The fifth required documentation is proof of payment for each invoice/receipt provided. See pages 12-13 for more information about approved methods of payment and required documentation.

Below is a sample spreadsheet of the elements that must be included in the spreadsheets provided to the UWNNS to support ALL expenditures made in the Utilities category with EAF funds. The spreadsheet must be presented to UWNNS staff in alphabetical order by clients' last names. The documentation provided to support the expenditures attributable to EAF should also be in order by clients' last names following the spreadsheet. It is important to ensure that your agency's name and date of submission are included on the spreadsheet. Please refer to the Glossary of Required Spreadsheet Elements to understand the required components of this category's spreadsheet (on page 22).

Date:	6/30/2020	 United Way of Northern Nevada and the Sierra	Spreadsheets alone are not sufficient. Documentation must be obtained, maintained, retained and submitted to UWNNS to support all expenditures made with Emergency Assistance Funds.
Organization Name:	ABC Organization		

UTILITY EXPENDITURES

Client Last Name (In Alphabetic Order)	Client First Name	Client Street Address (No PO Box)	Vendor Name	Type of Service	Due Date/ Delivery Date* (MM/DD/YY)	Billing Period Covered w/Payment* (MM/DD/YY- MM/DD/YY)	Payment/ Check Number	Payment / Check Date (MM/DD/YY)	Payment / Check Clear Date (MM/DD/YY)	Total Check Amount	EFSP Portion of Check Amount
Collins	Victor	950 Sawyer St., Reno, NV 89509	Sunshine Electricity	Electric	04/15/20	03/01/20-	1021	04/15/20	04/17/20	\$75.00	\$75.00
Wyatt	Nicole	864 Leaf Wy., Sparks, NV 89434	Sunshine Electricity	Electric	05/15/20	05/01/20- 05/31/20	1056	05/05/20	05/08/20	\$100.00	\$100.00
Tumbler	Quinn	743 Apple Cider Ct, Reno, NV 89512	Sunshine Electricity	Electric	04/15/20	04/01/20- 04/30/20	1036	04/16/20	04/17/20	\$150.00	\$150.00
Witt	Katie	551 Bridgewater Wy., Reno, NV 89502	Sunshine Electricity	Electric	05/15/20	5/1/2020- 05/31/20	1061	05/25/20	05/26/20	\$78.00	\$78.00
Parker	Eric	676 Horseshadow Ln, Reno, NV 89511	Sunshine Electricity	Electric	04/15/20	04/01/20- 04/30/20	1045	04/08/20	04/10/20	\$86.00	\$86.00
Total										\$489.00	\$489.00

Sample Loss of Income Form (Required for Other Shelter, Rent/Mortgage, and Utilities)



Emergency Assistance Fund 2020 Loss of Income Certification Form

I, _____, certify that one of the following describes my situation:

- I have lost my job because of the COVID-19 Pandemic and am now unable to pay for rent/mortgage or utilities (circle one)
- My wage(s) have decreased as a result of the COVID-19 pandemic, and I am now unable to pay for rent/mortgage or utilities (circle one)

Number of People in the Household: _____ Adults _____ Children (Under 18 years old)

Please use the box below to provide more information about how the COVID-19 pandemic has negatively impacted your employment and budget.

(Client Name – Please Print)

(Client Signature)

(Date)

(Agency Name)

(Agency Staff Name – Please Print)

(Agency Staff Signature)

(Date)

Sample Rent/Mortgage Form (Required for Rent/Mortgage)



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Emergency Assistance Fund – Rent/Mortgage Form

This form must be completed in its entirety by the Organization providing service, as all information is required, for each rent/mortgage payment made with Emergency Assistance Funds. Failure to provide complete, required information will result in a compliance exception.

Client Information: Date (month/day/year): _____

Client Name: _____

Client Address: _____
(complete street address)

_____ (city/state/zip)

Type of Assistance: Rent (check one) Mortgage (check one)
 Past due rent Past due mortgage
 Current month's rent Current month's mortgage
 First month's rent (effective/move in date _____) (month/day/year)

The monthly rent/mortgage payment is \$ _____

The total owed (including the amount above) is \$ _____

The one month amount being paid by this agency is \$ _____

The amount being paid is for the month of (month/year) _____

The one month amount being paid is/was due on (month/day/year) _____

The one month amount being paid is past due in its entirety at time of payment (check one): Yes No

Number of people in the household: _____ Adults (18 and over) and _____ Children (Under 18 years old)

Emergency Assistance Fund guidelines allow for the payment of mortgage principal and interest only. Current rent/mortgage payments may be made up to 10 calendar days before the due date. First month's rent may be paid up to 30 days prior to move-in date. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. First month's mortgages are not allowed.

Verification (To be completed by Organization's staff):

Staff Name: _____

Staff Signature: _____

Date (month/day/year): _____

Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):

This is to confirm that rent/mortgage for _____ for the property
(name of individual or family)

at _____ with
(complete address, street number and name, city, state, zip code)

a monthly rent amount of \$ _____ (rent only: includes no deposits, late fees, or other charges) or with a mortgage

with a monthly payment of \$ _____ (principal and interest only; no escrow payments or other fees) is/was

due on _____ (month/day/year). The total amount currently owed is \$ _____. The individual/

family now has rent/mortgage due/past due for the month(s) of _____ (month/year).

Landlord/Mortgage Holder Name: _____ Phone: _____

Address: _____
(street/city/state)

Landlord /Mortgage Holder Signature: _____ Date (Mo/Day/YR): _____

Important: Payment will guarantee residency for an additional 30 days!

Sample Utilities Verification Form (Required for Utilities Assistance)

METERED UTILITY VERIFICATION FORM



This form must be completed in its entirety by the organization providing services, as all information is required for each utility payment made with Emergency Assistance Funds. Metered utility assistance includes gas, electric and water for individuals or households. (The individual utility bill which shows the one month past due amount must be attached along with a copy of the proof of payment to this form to verify eligibility of expenditures.) Failure to provide complete, required information will result in a compliance exception.

The attached utility bill or client's billing and payment history from the vendor charged to the Emergency Assistance Fund supports the information provided below:

Client Information (required):

Name: _____

Customer Account Number: _____

Complete Address: _____
Street/City/State/Zip

Complete Service Address: _____
Street/City/State/Zip

Utility Payment Type (Circle One): Electric Gas Water

The attached bill covers _____ to _____ and is a one-month billing period. The attached bill is/was due on _____ (month/day/year).

The one-month amount charges being paid from this bill are for (check one):

current month's utilities past due utilities.

The amount being paid of \$ _____ is for the month of _____ (month/year), which was due on _____ (month/day/year) and does not exceed one month's billing.

The payment being made by this agency is still entirely past due and is part of the total amount owed at the time this agency is providing payment.

Emergency Assistance Fund guidelines allow for the payment of utility assistance up to 10 calendar days before it is due. No deposits, late fees or other service fees are eligible.

Agency/LRO Use:

Because this information was not clearly stated on the attached bill, the information has been verified with the utility company and noted by service dates and one month amounts on the attached bill/history.

The following information must be completed:

Verified on (month/day/year): _____

Verified with (name of utility company) _____

Verified with (name of utility company staff) _____

Name of LRO staff conducting verification: _____

Signature of LRO staff conducting verification: _____

Glossary of Required Spreadsheet Elements.

Refer to this guide to better understand the elements that are required in spreadsheet documentation.

1. **Billing Period Covered with Payment:** Service period paid for client's utility bill; is a non-metered utility bill is paid, indicate not applicable (N/A) on the spreadsheet. The required date format is MM/DD/YY-MM/DD/YY.
2. **Client First Name:** Legal name of the individual seeking assistance (this only applies to Other Shelter, Rent/Mortgage, and Utilities)
3. **Client Last Name:** Legal name of the individual seeking assistance (this only applies to Other Shelter, Rent/Mortgage, and Utilities)
4. **Client Street Address:** The physical residence of the individual seeking assistance; the individual must be responsible for the service at the address (this only applies to Rent/Mortgage and Utilities). P. O. Boxes are not allowed.
5. **Dates of Stay:** For assistance made in Other Shelter category, indicate the dates the clients stayed in the motel, hotel, etc. The required format is MM/DD/YY.
6. **Due Date:** Date the client's rent/mortgage and/or utility bills had to be paid (this only applies to Rent/Mortgage and Utilities).
7. **Delivery Date:** If a non-metered utility bill (propane, firewood, coal, kerosene) is paid, indicate the date of delivery to the client. The required date format is MM/DD/YY.
8. **EAF Portion of Invoice Amount:** Portion of the purchase paid with EAF funds; the column must be totaled on each page if multiple pages are required for the category. The total amount must be provided for the category on the last page, if multiple pages are required.
9. **Invoice/Receipt Amount:** Total cost of purchase as listed on the invoice or receipt.
10. **Invoice/Receipt Date:** Date the vendor prints on the invoice or receipt. The required date format is MM/DD/YY.
11. **Invoice/Receipt Number:** Preprinted number on the invoice/receipt from vendors; if there is no invoice number, indicate not applicable (N/A) on the spreadsheet.
12. **Landlord/Mortgage Company Name:** Individual or company that a client is required to pay their rent or mortgage payment to each month.
13. **Month Covered with Payment:** Service period paid for client's rent/mortgage or utility (month paid). The required date format is MM/DD/YY-MM/DD/YY. Should indicate the month of coverage provided by payment.
14. **Monthly Rent/Mortgage:** A client's regular/usual rent or mortgage (principal and interest only) for one month as listed on the client's Rent Verification Form and lease/mortgage paperwork. No deposit, late fees, or other fees.
15. **Page Numbers:** Number all pages of the spreadsheets, when multiple pages are required for a category.
16. **Payment/Check Clear Date:** Date the payment/check goes through banking system (also known as cancellation date of a check); EAF generally references the check or the bank statement for this information. If an agency's debit/credit card is used, the date will be same as the purchase date (do not include the card number). The required date format is MM/DD/YY.
17. **Payment/Check Date:** Date the payment/check is issued (date printed on the check) to pay vendors; if an agency's credit/debit card is used, indicate the date of the purchase (do not include the card number.)
18. **Payment/Check Number:** Preprinted number on check used to pay vendors for service; if an agency's credit/debit card is used, indicate credit card or debit card in the cell in the spreadsheet (do not include the card number).
19. **Total Check Amount:** Cost paid to vendors for services provided for agency or clients; can include partial or total EAF payment.
20. **Vendor Name:** Company or individual that provided services for agency or clients.