Community Development Block (CDBG) Grant

Voucher Procedures

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
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PURCHASE ORDER AND PAYMENT VOUCHER PROCEDURES

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
Each Subrecipient receiving an allocation of funds from the Ocean County Community Development Block Grant (CDBG) or another federal program shall be reimbursed for goods provided and/or services performed for the specific project activity described in the Subrecipient Agreement.

The Subrecipient Agreement reads that the County of Ocean shall reimburse the Subrecipient upon submission of a bona fide Ocean County Payment Voucher. If the Subrecipient desires a Direct Payment, a letter requesting the agreement be changed to read Direct Payment in lieu of Reimbursement, for prior approval, must be submitted to the CDBG Liaison Office, Ocean County Department of Planning.

Upon receipt of a fully executed Subrecipient Agreement, an Ocean County Purchase Order will be released by the County of Ocean. This document indicates that funding has been encumbered by the Ocean County Treasurer. The following describes the procedures to be utilized for the reimbursement of funds which have been expended by the Subrecipient for goods and services received.

**PURCHASE ORDER**

A description of services and/or goods provided for payment request must be listed on the first page of payment voucher.

The amount requested shall be entered on the first page of the payment voucher.

The authorized representative must complete and sign the second page of the payment voucher in the Claimant’s Certification and Declaration section and return it to their Program Monitor.

The Subrecipient shall retain a copy of the payment voucher submitted to the County for their records.

**REIMBURSEMENT PROCEDURES**

The Subrecipient will draw a check made payable to the vendor, and will submit a copy of the check with the County payment voucher.

If the Subrecipient elects to accomplish the project activity by utilizing their employees, no award of a contract is involved.

The following documents must be submitted by the Subrecipient to the CDBG Program Monitor (s) in order to be approved for reimbursement of funds expended by the Subrecipient:

1. A fully executed County Payment Voucher
2. A “Reimbursement Certification” form
3. A copy of a paid voucher by the Subrecipient
4. Copies of all bills, invoices and other documents which support the amount being submitted for reimbursement

5. Copy of cancelled check to vendor/contractor

6. If applicable, payrolls (WH347) from awarded contract and all subcontractors for the period being submitted for reimbursement in compliance with the Federal Davis Bacon Wage Rates regulation

7. If applicable, original “Payroll Verification” form

The CDBG Reimbursement Checklist is on page 9 and the two (2) Reimbursement Certifications appear on pages 11-12.

DIRECT BENEFITS REPORTS

CDBG projects generally service Low/Mod Area (LMA), Low/Mod Limited Clientele (LMC), and Low/Mod Housing (LMH). The general rule of thumb is that each CDBG project for its type of service requires direct benefits reporting.

- Low/Mod Housing (LMH) requires both a Low/Mod Housing Direct Benefits Report (see page 21) and a Client List of names and addresses that received housing rehabilitation from the CDBG program federal funds (see page 22).

Several examples of tables are shown in this document (see pages 14-22) of the reporting required for federally funded CDBG projects. These tables or similar instruments must tabulate the required information as provided. Direct Benefit reporting can be submitted with each partial payment reimbursement, however, it must be submitted with final payment reimbursement.

If you have a question or a concern about how to report direct benefits, please contact the Planning Department at (732) 929-2054.
RECAPTURE OF REMAINING FUNDS LETTER

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
December 7, 2012

Name
CDBG Program Monitor
Ocean County Department of Planning
129 Hooper Avenue
P.O. Box 2191
Toms River, N.J. 08754

Re: CDBG Contract CT-xxx-xx

Dear Name:

As you are aware, the Organization Name was awarded a $xx,xxx.xx Community Development Block Grant (CDBG) for Fiscal Year 20xx. The Township has expended to date $xx,xxx.xx on the project.

At this time, the Township is closing out, CT-xxx-xx, and it is returning the amount of $xx,xxx.xx in contract funds to the CDBG program administered by the Ocean County Planning Department.

It is my understanding that this action will have no impact on the Organization Name ability to apply for CDBG funds in future years should such grants become available. If you have any questions or comments on any of the above feel free to contact the Ocean County Planning Department at 732-929-2054.

Sincerely,

Name
Title
CDBG REIMBURSEMENT CHECKLIST

Ocean County Consortium & Brick, Jackson, Lakewood, and Toms River Townships
CDBG REIMBURSEMENT CHECKLIST

I. Purchase Orders:
   a. □ Amount requesting has been completed on the original Purchase Order (pg. 1)
   b. Claimant’s Certification and Declaration has been completed on the original Purchase Order (pg. 2)

      □ Claimants Name
      □ Date
      □ Signature
      □ Official Position of signer
      □ Fed I.D.
      □ Social Security #

II. Reimbursement Certificate:
   a. □ has been completed and signed (material cost only, do not include salaries)

III. If requesting reimbursement for payroll (salaries):
   a. □ Certified Payrolls have been provided
   b. □ Copies of fringe benefits have been provided (medical benefits, etc.)
   c. □ Payroll Reimbursement Certificate has been completed and signed (payroll amount only)
   d. Federal Davis Bacon Wage Compliance: **
      □ Wage rates & job classifications match up with Davis Bacon Wage Rates for bid date ***
      □ Bid documents (include Attachment E: Federal Regulations) were provided to Ocean County Planning Department
      □ Compliance with Procurement Process
      □ Contract was awarded to lowest bidder & documentation has been provided to Ocean County Planning Department
      □ Construction Start Date has been provided to the Ocean County Planning Department
      □ HUD 4010 has been complied with (Davis Bacon & Overtime Pay compliance)

   ** Applies to payroll costs of $2,000 or above when work is not completed in-house (by municipal/non-profit staff)
   *** If State Wages are higher, then Wage Rates should match New Jersey Prevailing Wage Rates

IV. If requesting material costs:
   a. □ Material cost breakdown has been provided
   b. □ Copies of receipts/purchase orders have been provided
   c. □ Copies of returned paid checks (s) have been provided for the amount requested on the Purchase Order
REIMBURSEMENT CERTIFICATIONS

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
GOODS AND SERVICES
REIMBURSEMENT CERTIFICATION

I, Name of Authorized Official, Title, of the Organization Name hereby certifies that $xx,xxx.xx has been expended for goods and services specified on Ocean County Payment Voucher in connection with the Ocean County Community Development Block Grant (CDBG) Subrecipient Agreement, Contract Number CT-xxx-xx, for a project entitled Project Title. The Ocean County Payment Voucher submitted herewith, dated Date, represent a request for reimbursement in the amount indicated above.

Furthermore, I certify that all applicable regulations have been met in the performance of project activity.

Signature: __________________________

Date Executed: ______________________
PAYROLL
REIMBURSEMENT CERTIFICATION

I, Name of Authorized Official, Title, the Labor Compliance Designee for Organization Name, hereby certify that I have reviewed the attached payrolls for compliance with the Federal Wage Determination and the State Prevailing Wage Determination, if applicable to this Subrecipient project activity.

Furthermore, I certify that all jobs and trades are properly classified, workers are being paid the higher of the applicable rates Federal or State of New Jersey for their classification, and the applicable fringe benefit rate is being paid to either an approved plan or in cash.

Signature: __________________________
Date Executed: __________________________
DIRECT BENEFITS REPORTS

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
DIRECT BENEFITS REPORTS

MATRIX CODE 3 | PUBLIC FACILITY & IMPROVEMENTS (GENERAL)

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
**DIRECT BENEFITS REPORTS**

**MATRIX CODE 3 | LOW/MOD LIMITED AREA (LMA)**

<table>
<thead>
<tr>
<th>Contract Number: CT-xxx-xx</th>
<th>Organization Name:</th>
<th>Annual Report Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period of Record (Date)</th>
<th>Proposed Units</th>
<th>Actual Units</th>
<th>With New or Continuing Access to a Service or Benefit</th>
<th>With Improved Access to a Service or Benefit</th>
<th>Receive a Service or Benefit that is No Longer Substandard</th>
</tr>
</thead>
<tbody>
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<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Benefits Name by Session</td>
<td>Race/Ethnicity</td>
<td>Direct Benefits Name by Session</td>
<td>Race/Ethnicity</td>
<td>Direct Benefits Name by Session</td>
<td>Race/Ethnicity</td>
</tr>
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<td>---------------</td>
</tr>
<tr>
<td>Male</td>
<td>Black/African American</td>
<td>Female-Headed Households</td>
<td>Hispanic/Latino</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Low/Moderate Limited Clientele (LMC)</td>
<td>Hispanic/Latino</td>
<td>Low/Moderate Limited Clientele (LMC)</td>
<td>Hispanic/Latino</td>
<td></td>
</tr>
<tr>
<td>Low/Moderate Limited Clientele (LMC)</td>
<td>Low/Moderate Limited Clientele (LMC)</td>
<td>Male</td>
<td>Black/African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely Low Income Levels</td>
<td>Hispanic/Latino</td>
<td>Female-Headed Households</td>
<td>Hispanic/Latino</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Extremely Low Income Levels</td>
<td>Hispanic/Latino</td>
<td>Female-Headed Households</td>
<td>Hispanic/Latino</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>Low/Moderate Limited Clientele (LMC)</td>
<td>Female-Headed Households</td>
<td>Hispanic/Latino</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>Low/Moderate Limited Clientele (LMC)</td>
<td>Female-Headed Households</td>
<td>Hispanic/Latino</td>
<td>White</td>
<td></td>
</tr>
</tbody>
</table>
DIRECT BENEFITS REPORTS

MATRIX CODE 5 | PUBLIC SERVICE (GENERAL)

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
### Direct Benefits Reports

**Matrix Code 5 | Low/Moderate Limited Clientele (LMC)**

**Contract Number:** CT-xxxxxx  
**Organization Name:**  
**Annual Report Date:**

<table>
<thead>
<tr>
<th>Period of Record/Date</th>
<th>Proposed Units</th>
<th>Actual Units</th>
<th>Direct Benefit by Persons: Race/Ethnicity</th>
<th>Income Level</th>
<th>Public Services: Of the Total Persons, Number of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Female-Headed Households</td>
<td>White</td>
<td>Black/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

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Note: The table contains placeholders for data and is not fully populated. The actual data would typically include specific numbers for each category based on the organization's report.
### DIRECT BENEFITS REPORTS

**MATRIX CODE 5 | LOW/MOD LIMITED AREA (LMA)**

<table>
<thead>
<tr>
<th>Contract Number: CT-xxx-xx</th>
<th>Organization Name:</th>
<th>Annual Report Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Period of Record (Date)</th>
<th>Proposed Units</th>
<th>Actual Units</th>
<th>Public Facilities &amp; Infrastructure : Of the Total Persons, Number of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>With New or Continuing Access to a Service or Benefit</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>With Improved Access to a Service or Benefit</td>
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<tr>
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<td></td>
<td>Receive a Service or Benefit that is No Longer Substandard</td>
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</tr>
</tbody>
</table>

**TOTAL**
DIRECT BENEFITS REPORTS

MATRIX CODE 14A | REHABILITATION; SINGLE UNIT RESIDENTIAL

Ocean County Consortium &
Brick, Jackson, Lakewood, and Toms River Townships
**DIRECT BENEFITS REPORTS**

**MATRIX CODE 14A | LOW/MOD HOUSING UNITS (LMH)**

<table>
<thead>
<tr>
<th>Period of Record (Date)</th>
<th>TOTAL</th>
<th>DIRECT BENEFITS REPORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Accomplishment</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Direct Benefit Data by Race/Ethnicity</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Income Levels</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Organization Name:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Proposed Units</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Actual Units</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Phase Highlight</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Owner</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Renter</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Phase Highlight</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Owner</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Renter</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Public Services: Of the Total Persons, Number of</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Lead Paint: Applicable Lead Paint Requirements</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Lead Hazard Remediation Actions:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>(For Rehabilitation only)</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Homeowner Rehab: Of the Total Owner Units, Number of</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Exempt: No</strong></td>
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<tr>
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<td></td>
<td><strong>Paint Disturbed</strong></td>
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<td></td>
<td><strong>Exempt: Hard costs ≤ $5,000</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Otherwise Exempt</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>housing constructed 1978 or later</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Annual Report Date:</strong></td>
</tr>
</tbody>
</table>

**Housing Condition**
- Housing: Existing before 1978
- Housing: Constructed before 1978

**Income Levels**
- Extremely Low
- Low
- Moderate
- Non-Low/Moderate

**Race/Ethnicity**
- Hispanic/Latino
- Black/African American
- White
- Asian
- Other Multi-Racial
- Asian
- Black/African American
- Hispanic/Latino
- Other Multi-Racial

**Public Services**
- Of the Total Persons
- Number of

**Lead Paint**
- Applicable Lead Paint Requirements

**Units Moved from Substandard to Standard (HQS or Local Code)**

**Exempt**
- No Paint Disturbed
- Hard costs ≤ $5,000
- Otherwise Exempt

**Units Converted or Improved Access to Service or Benefit**
- Designated QBW or Better

**Lead Paint**
- Hard costs > $25,000
- Hard costs $5,000 - $25,000

**Units Moved to Standard or Improved Access to Service or Benefit**
- Hard costs ≤ $25,000
- Hard costs > $25,000

**Units Occupied by Elderly**

**Units Moved to Standard or Improved Access to Service or Benefit**
- Limited Income Units

**Satisfaction with Lead Paint**
- Satisfied
- Others

**Income Levels**
- Low Income
- Moderate Income

**Race/Ethnicity**
- Black/African American
- Hispanic/Latino
- White
- Asian
- Other Multi-Racial

**Proposed Units**
- Total

**Actual Units**
- Total

**Total**
| ID | DATE | NAME | ADDRESS | CITY | MUNI | ST | ZIP | WORK | SUPPLIERS | COST |