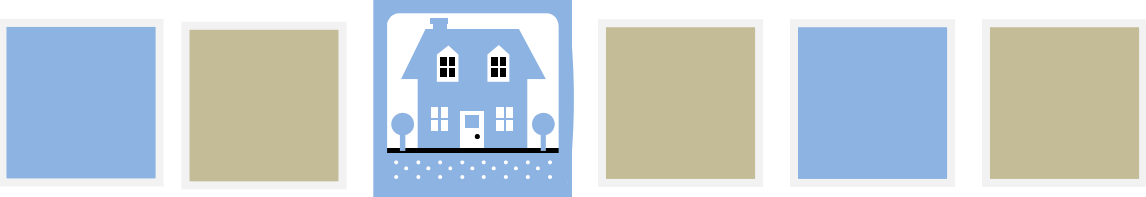




Community Development Block (CDBG) Grant

Voucher Procedures

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



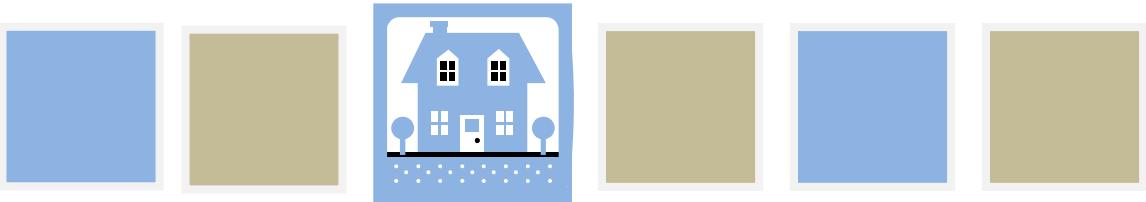
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PURCHASE ORDER AND PAYMENT VOUCHER PROCEDURES

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).*

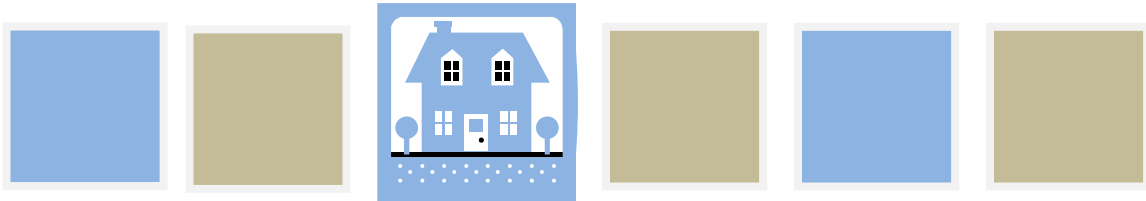
Several examples of tables are shown in this document (see pages 14-22) of the reporting required for federally funded CDBG projects. These tables or similar instruments must tabulate the required information as provided. Direct Benefit reporting **can be** submitted with each partial payment reimbursement,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



## RECAPTURE FUNDS LETTER

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.

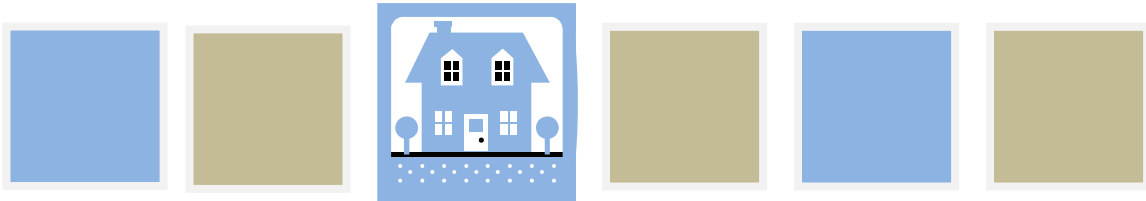
Sincerely,

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

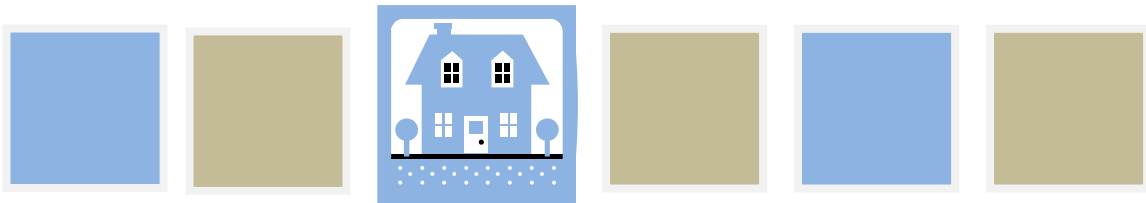
### IV. If requesting material costs:

- 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.

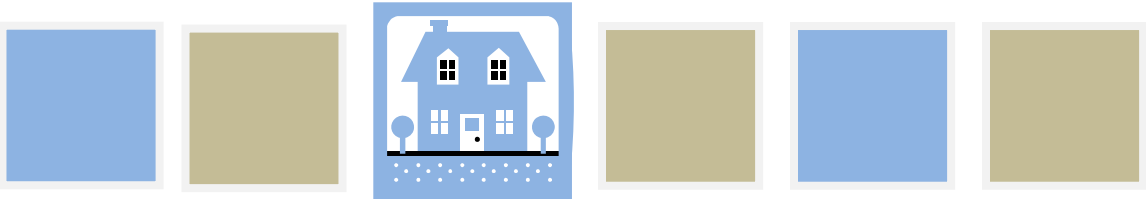
Signature: \_\_\_\_\_

Date Executed: \_\_\_\_\_



DIRECT BENEFITS REPORTS

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

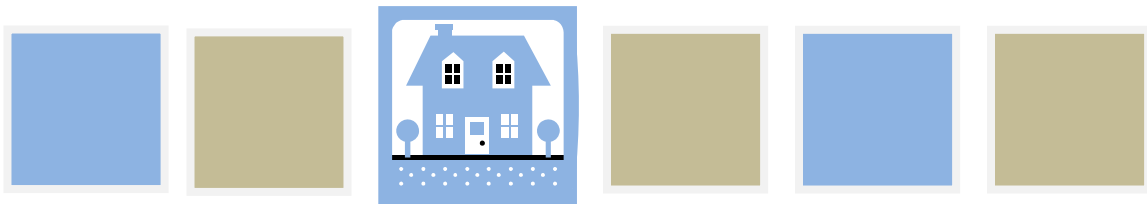




## DIRECT BENEFITS REPORTS

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)**

Contract Number: CT-xxx-xx		Organization Name:		Annual Report Date:	
Period of Record (Date)	Accomplishment		Public Facilities & Infrastructure : Of the Total Persons, Number of		
	Proposed Units	Actual Units	With New or Continuing Access to a Service or Benefit	With Improved Access to a Service or Benefit	Receive a Service or Benefit that is No Longer Substandard
<b>TOTAL</b>					

**DIRECT BENEFITS REPORTS**

**MATRIX CODE 3 | LOW/MOD LIMITED CLIENTELE (LMC)**

Contract Number: CT-xxx-xx		Organization Name:												Annual Report Date:				
Period of Record (Date)	Accomplishment		Direct Benefit Data by Persons: Race/Ethnicity						Income Levels						Public Services: Of the Total Persons, Number of			
	Proposed Units	Actual Units	Female-Headed Households	White	Black/African American	Asian	Other Multi-racial	Hispanic/Latino	Extremely Low	Low	Moderate	Non-Low/ Moderate	With New or Continuing Access to a Service or Benefit	With Improved Access to a Service or Benefit	Receive a Service or Benefit that is No Longer Substandard	Homeless Persons Given Overnight Shelter	Beds Created in Overnight Shelter or Other Emergency Housing	
<b>TOTAL</b>																		

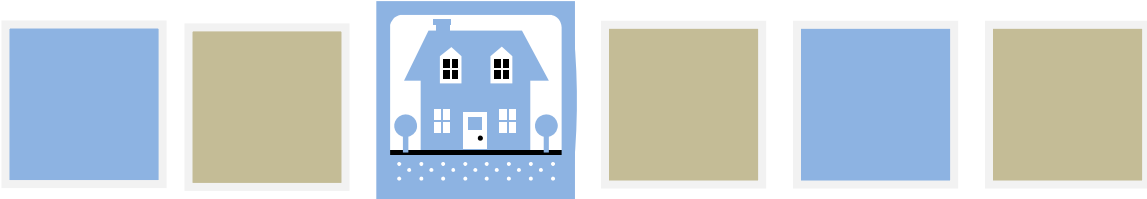




DIRECT BENEFITS REPORTS

MATRIX CODE 5 | PUBLIC SERVICE (GENERAL)

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





**DIRECT BENEFITS REPORTS**

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

<b>Contract Number: CT-xxx-xx</b>		<b>Organization Name:</b>		<b>Annual Report Date:</b>	
	<b>Proposed Units</b>	<b>Actual Units</b>	<b>Public Facilities &amp; Infrastructure : Of the Total Persons, Number of</b>		
<b>Period of Record (Date)</b>			<b>With New or Continuing Access to a Service or Benefit</b>	<b>With Improved Access to a Service or Benefit</b>	<b>Receive a Service or Benefit that is No Longer Substandard</b>
<b>TOTAL</b>					



DIRECT BENEFITS REPORTS

MATRIX CODE 14A | REHABILITATION; SINGLE UNIT RESIDENTIAL

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

