



QUARTERLY GRANTEE MEETING

AUGUST 13, 2025

AGENDA

INTRODUCTIONS

UPDATES:

5 YEAR PLAN

CGAP

CHG CONTRACT STATUS

REIMBURSEMENT REQUESTS – NEW PROCESS

AMENDMENT REQUESTS

MONITORING



INTRODUCTIONS

- Carl Borg, Program Manager
- Virginia McCaslin, Grants Program Analyst
- Leah Noldan, Contracts Coordinator



UPDATES

5 YEAR LOCAL PLAN UPDATES

Plan objectives

The local plan must include the 2024-2029 State Homeless Housing Strategic Plan objectives:

- Promote an equitable, accountable and transparent homeless crisis response system
- Strengthen the homeless service provider workforce
- Prevent episodes of homelessness whenever possible
- Prioritize assistance based on the greatest barriers to housing stability and the greatest risk of harm
- Seek to house everyone in a stable setting that meets their needs

Provider Survey

[Homeless Housing Plan 2025 Update: Provider Survey Questions](#)

<https://kcowa.us/kchhd>

**COORDINATED
GRANTS
APPLICATION
PROCESS (CGAP)**

CGAP Updates

- **Applications Reviewed (basic eligibility)**
- **GRC Trained**
- **Applications in Scoring**
- **Interviews: 8/26 and 8/27**
- **Schedules – Sent on 7/30**

<https://kcowa.us/kchhd>

CHG CONTRACTS – STATUS UPDATE

Contracts are currently being drafted or in routing.

Shelters, Coordinated Entry, Homeless Prevention/Eviction Prevention and Rapid Rehousing.

Commerce contract was delayed until the end of June.



ANNUAL
EXPENDITURE
REPORTS DUE

EXPENDITURE REPORTS

Each year in September we complete the State Fiscal Year (SFY) Expenditure Report.

This report is VERY important – I'm asking that all of our contractors have their report submitted with a due date of August 15th (this Friday). If you have not yet completed this report – please hurry. Let me know if you need an extension (1-2 days) or records from prior years at cderenbu@kitsap.gov

The intent of the report is to capture the entire cost to operate your programs, and the amounts used from various funding sources that contribute to the cost to operate programs.



REIMBURSEMENT REQUESTS

REIMBURSEMENT REQUEST CHANGES

Changes to The Reimbursement Request Process

- Human Services leadership has directed our Division to implement process changes to speed up payment processing
 - *No longer providing Detailed Expenses information or Backup with the request**
 - *Diverse Spend Report still required with reimbursement requests for CHG funded contracts*
 - *Requests with minor mistakes which can be easily corrected by KCHHD staff will be done on behalf of the organization and an email noting there were corrections will be sent, please review and include the changes noted in your next invoice. When more significant issues are identified the billing may be sent back requesting corrections and resubmission*
- Starting for July 2025 expenses

**Backup documentation must be still be maintained on file and provided upon request*

Complete the Summary Worksheet

Changes

- The “Prior Invoice” column has been eliminated, the Cumulative to Date must include all expenses to date for the cost category, including the current request amount.
- Billing Description moved to the top of the form

REIMBURSEMENT REQUEST CHANGES

SUMMARY OF EXPENSES WORKSHEET

element and step-by-step directions to prepare and submit your reimbursement request.

2. Save the file, then use "File > Print >" and choose Microsoft Print to PDF (or Adobe PDF) to create a PDF file of this worksheet.

3. Use the link below to go to the KCHHD Online Reimbursement Request Submission Form. Complete the online form and attach the PDF to your Reimbursement Request.

<https://www.cognitofrms.com/KitsapCounty/KCHHDReimbursementRequestForm>

No Yes ←



KITSAP COUNTY
HOUSING & HOMELESSNESS DIVISION EXPENSE REPORT

DEPARTMENT OF HUMAN SERVICES
614 Division Street, MS - 23
Port Orchard, WA 98366

Contract Number: Invoice #

Organization:

Program/Project Title:

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED AND EXPENDED BETWEEN THE TIME PERIODS OF (DATES):

FROM: TO:

BILLING DESCRIPTION	AMOUNT
INVOICE TOTAL	\$0.00

Grant Funding Source	Cost Category	Current Budget	This Request	Cumulative to Date Including This Request	Contract Balance

Use the information contained in the Billing Description box on the left to complete the "Billing Description" Section of the KCHHD Online Reimbursement Request Submission Form.

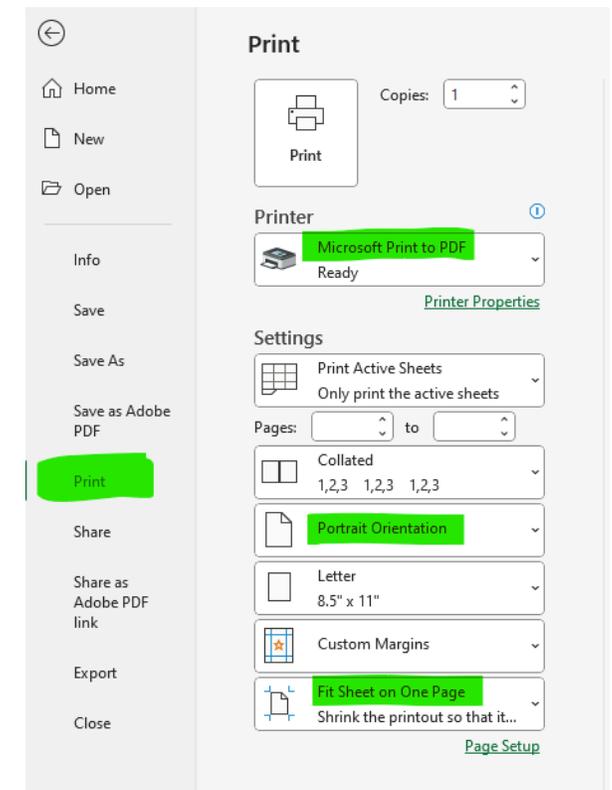
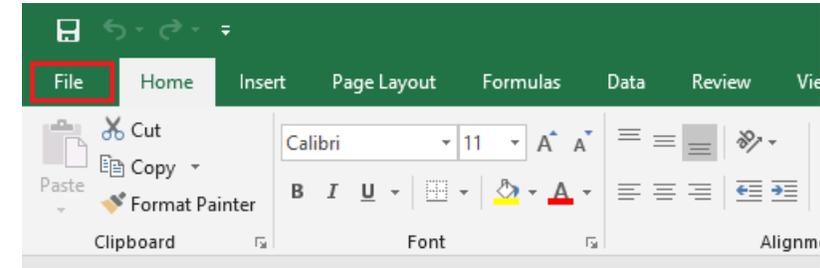


REIMBURSEMENT REQUEST CHANGES

Exporting a PDF File

- You will create a PDF File of the Summary worksheet for your reimbursement submission

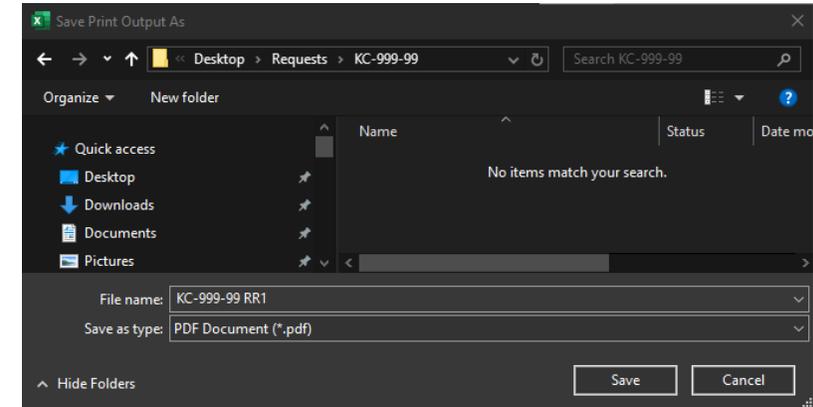
- From the “Summary” Worksheet open the “File” menu.
- In the File Menu pick “Print” in the left pane. Select Printer as “Microsoft Print to PDF” (or Adobe PDF). Set Orientation as “Portrait” and “Fit Sheet on One page”



REIMBURSEMENT REQUEST CHANGES

Exporting a PDF File

3. Select “Print”. A Windows Explorer window will appear. Type a name for the PDF file (suggest including contract number and invoice number) and choose a save to location. Save (make sure save to type is “*.pdf”)
4. Begin a Reimbursement Request on Cognito and attach your Expense Report Form PDF



Invoice Total
\$0.00

Attach Expenditure Report Form (.pdf) *

upload or drag files here.

For AHGP/HHGP starting Aug 2025 only versions 1.3.0 (or higher) for the 2025 KCHHD Expenditure Report Form will be accepted for processing for AHGP/HHGP Grants.

For CHG/HEN Grants on the State Fiscal Year SFY26-27 starting Aug 2025 only versions 1.3.0 (or higher) of the 2025 KCHHD Expenditure Report Form will be accepted for processing for CHG/HEN and CHG-EHF Grants.

ERA2 grantees may use the latest version of the KCHHD Expenditure Report Form versions 1.3.0 (or higher).

*Backup Documentation must still be maintained on file and provided upon request.

See the [KCHHD Grant Recipients Page](#) to download the most recent versions of the Expenditure Report Forms.

REIMBURSEMENT REQUEST CHANGES

What about the Expense Details?

- No longer required for reimbursement request submission, but we have included the worksheet for contractor to optionally use if desired. You Do Not submit this worksheet as part of your reimbursement request, it is just for contractor records.
- Error highlighting has been moved from the Summary worksheet to the ExpenseDetail worksheet.

OPTIONAL - For Contractor Records Only				Expense Details Total	
<i>The ExpenseDetails worksheet is not required for submission or review of submitter's reimbursement requests. If desired, this worksheet may be used for a submitter to create a record of the expenses claimed during the Expense Report period.</i>				\$0.00	
Reimbursement Request Detailed Statement of Expenses					
Cost Category	Expense Description - include the following elements	Expenditure Date	Amount	Cost Category Subtotals	Subtotal
Use the picklist to indicate the appropriate cost category for each expense. The Picklist will only contain cost categories populated on the 'Summary' worksheet. To clear a cost category, select the cell and press the Delete key.	<u>List to whom the expense is paid</u> - vendor, employee 1st initial and last name, company, etc. <u>Expense Description</u> - salary, office supplies, rent, deposit, mileage (\$0.70/mi), etc. <u>Time Period Covered</u> - date range of when the service or assistance was provided. If purchase enter the date in which the purchase was made. Must occur within contract period.	(Date Paid) List the date that the bill, invoice, or payroll was paid by your agency (not the date of the bill or invoice).	Indicate the amount paid to the vendor, company, or staff member. In some cases, the request amounts may be less than the total of the bill or invoice. If so, indicate this on the bill in your records.	CHG Standard - Administration	\$0.00
				EHF SFY26 - Operations	\$0.00

REIMBURSEMENT REQUEST CHANGES

Monitoring

Rather than a small sampling of fiscal documentation, monitoring will be a deep dive ensuring all expenses claimed were eligible along with other monitoring elements.

- The HS Fiscal Manager will be copied on or sent any Fiscal related formal corrective actions.
- All supporting documentation of expenses claimed must be maintained for each request submitted. This documentation should be maintained in an organized and easily referenced manner and kept on file with the submitting agency for a minimum of six years from the date of final payment.
- Please refer to the Supporting Documentation Lists and Examples available on the Grant Recipients Page (linked below).

<https://www.kitsap.gov/hs/Pages/HH-Grant-Recipients-page.aspx>



AMENDMENT REQUESTS

AMENDMENT REQUESTS

Requests for Budget Amendments or Scope of Work Amendments

- No later than three months before the end of the contract period
 - *In special circumstances, exceptions may be made by the Housing and Homelessness Division Manager.*
- Must be submitted in writing
 - Amendment Request Form
 - Addressed to Division Manager, submitted to Contract Manager
 - Includes request and reason
- Process:
 - Reviewed by the Contract Manager and Division Manager and either approved or denied.
 - Approved Contract Amendment requests will be routed through the County contracts process.
 - Following internal county routing, a contract amendment will be sent to the contract signer in your agency.



MONITORING

MONITORING

There will be changes to the way monitoring is performed.

Separate fiscal monitoring *(details to come)*

Site visit scheduling will begin soon



QUESTIONS / AGENCY UPDATES

KCHHD Staff contact information on next slide



CONTACT INFORMATION

CONTRACTS OR REIMBURSEMENTS:

LEAH NOLDAN, LNOLDAN@KITSAP.GOV

AHGP/HHGP PROGRAMS, SWS:

VIRGINIA MCCASLIN, VMCCASLIN@KITSAP.GOV

CHG, HEN:

CARL BORG, CEBORG@KITSAP.GOV

HMIS, DATA, TECHNICAL ISSUES:

CORY DERENBURGER, CDERENBU@KITSAP.GOV