



SAN DIEGO

**Regional Task Force
on the Homeless**

**HHAP Grant Program
Onboarding Guide
2021
ZoomGrants**

Agency Contact Information

1. Project Name: Please name your project based on the HHAP Program Area. *Examples include: Street Outreach, Safe Parking, SOAR or Diversion. If more than one area applies, include both (Ex: Safe Parking and Outreach).*

2. Amount Requested: This should match the amount in your executed HHAP contract.

3. Application Information (Primary Contact): This section should include the person who will be the primary Project Manager (PM) for the HHAP Project. The PM will communicate information to your organization's internal team including fiscal and program staff.

4. Organizational Information: legal name, address, telephone

5. CEO or Executive Director: This person is accountable for the financial/contractual agreements.

6. Collaborators: It is now **mandatory** for your organization to list the fiscal and program staff for the project with the appropriate access given (you must invite them in ZoomGrants as a collaborator).

The screenshot shows the ZoomGrants application form for 'HEAP Yoga Outreach'. The form is titled 'HEAP Yoga Outreach' and shows a requested amount of '\$ 200,000.00'. The 'Agency Contact Information' tab is selected, showing a 'Request for Reimbursement' and 'Monthly Cumulative Report' options. Below the tabs, there is a section for 'Collaborators' with a table listing two individuals: Jess Torres and Lahela Mattox. The table has columns for Email Address, First Name, Last Name, Title, and Editing Access (Application, Monthly Cumulative Report, Request for Reimbursement). Jess Torres is listed as Program Analyst with access to Application and Monthly Cumulative Report. Lahela Mattox is listed as Chief Operating Officer with access to Application and Monthly Cumulative Report. There is also a section for 'Additional Contacts for this Application' with a text input field for email addresses.

HEAP Yoga
Outreach
\$ 200,000.00 requested

Agency Contact Information | Application Questions | Budget | Personnel Detail & Projected Outcomes | Documents

Request for Reimbursement | Monthly Cumulative Report | Monthly Cumulative Report Totals

Agency Contact Information

Instructions [Show/Hide](#)

Please use your program area as a title: Safe Parking, SOAR, Diversion or Outreach

Collaborators

Collaborators can only edit application data (answers). They cannot submit, archive, or delete this application.

Email Address	First Name	Last Name	Title	Editing Access	Status	
				Application	Monthly Cumulative Report	Request for Reimbursement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add to Additional Contacts (below)						
jess.torres@rthsd.org	Jess	Torres	Program Analyst	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lahela.mattox@rthsd.org	Lahela	Mattox	Chief Operating Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Contacts for this Application

Additional Contacts will be copied on all emails sent to the application owner regarding this application. Enter ONLY email addresses separated by a comma.

No names. No titles. No phone numbers.

Enter email addresses of additional people that you want copied on messages that are sent to you regarding this application.

Application Questions Tab

1. Project Area
2. Organization Information & Mission Statement
3. Dedicated Youth Program
4. Which activities best describe your program?
5. Scope of Services (Use Scope of Services from your organization's executed HHAP contract).
6. California Housing First
7. Collaborators
8. Partners
9. Compliance with Subcontractors

Applicant View

Application Status: Not Submitted

Apply Now/Start Application

Agency Contact Information

Application Questions

Budget

Personnel Detail & Projected Outcomes

Documents

Request for Reimbursement

Monthly Cumulative Report

Monthly Cumulative Report Totals

Application Questions

Instructions [Show/Hide](#)

1. Project Service Area(s)

Identify all jurisdictions that will be affected by the programs listed in the application.

- ☐ City of Carlsbad
- ☐ City of Chula Vista
- ☐ City of Coronado
- ☐ City of Del Mar
- ☐ City of El Cajon
- ☐ City of Encinitas
- ☐ City of Escondido
- ☐ City of Imperial Beach
- ☐ City of La Mesa

Budget Tab

Revenue, Expenses and Budget Narrative: This information should match your executed HHAP contract.

[illegible]

Personnel Details and Projected Outcomes Tab

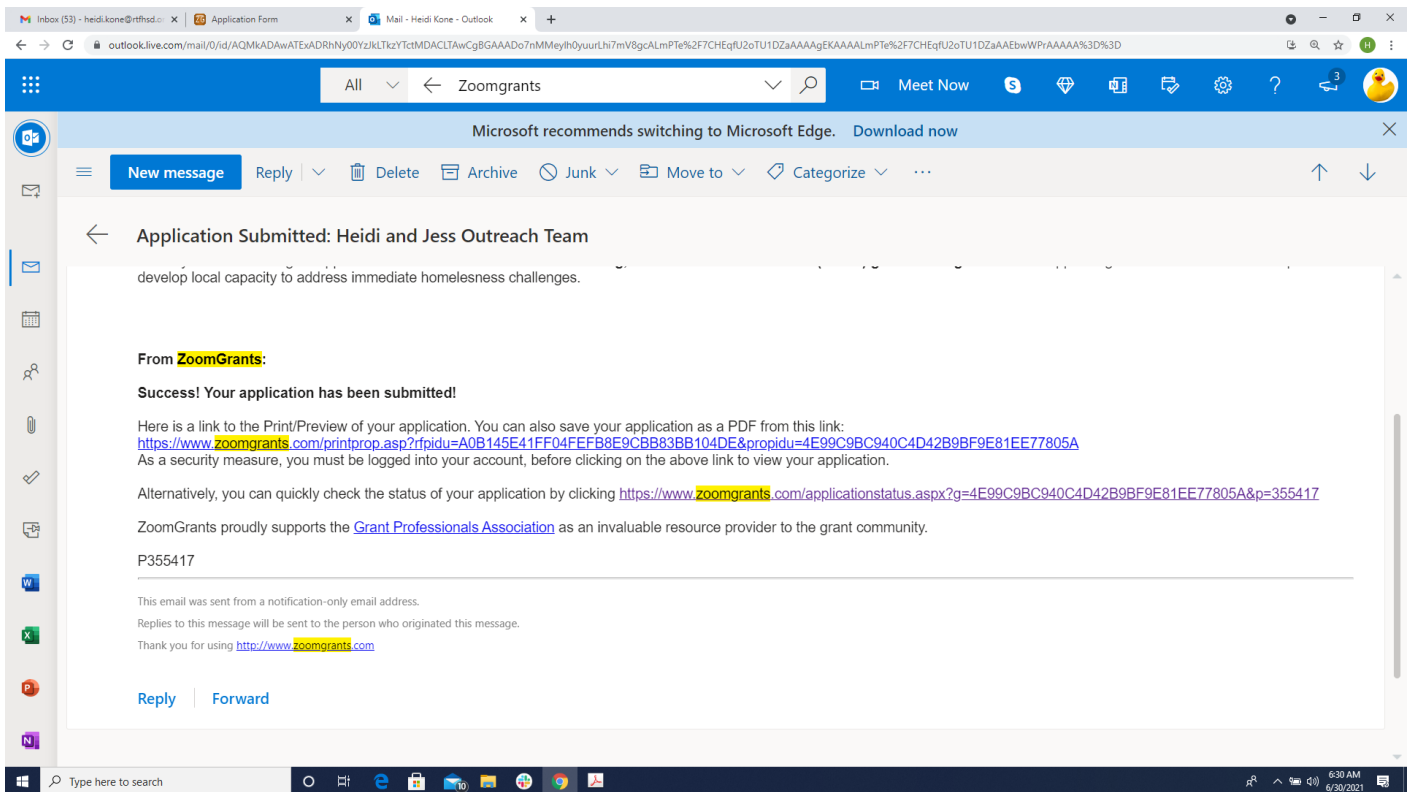
This information should match your executed contract. (fringe benefits line item and your outcome table).

[illegible]

Next Steps

1. Once you have completed all of the Tabs, submit your application.
2. Your application will be reviewed and if any changes need to be made you will be contacted by Grants & Contracts to make edits.
3. If everything is in order, your application will be approved.

Note: You won't see the Post Award Tabs until after RTFH has approved your Application. These include your Request for Reimbursement and your Monthly Program Report



Request for Reimbursement (RFR)

Expenditure Form

1. RFR's are due on the 15th of the following month (*June expenses submitted 7/15/21*)
2. Only use the line item labels in your executed contract.
3. Negatives line items are not allowed.
4. Review the remaining balance for each line item by reviewing the "Expenses" table are the bottom of the RFR Tab.

https://www.zoomgrants.com/invoicepropfundsrc.asp?1=1&invoiceid=179064&f=gprop&display=h_kone@hotmail.com&k=0B82CC4F3CCC486DA88EF66F6073FDD4 - Google Chrome

zoomgrants.com/invoicepropfundsrc.asp?1=1&invoiceid=179064&f=gprop&display=h_kone@hotmail.com&k=0B82CC4F3CCC486DA88EF66F6073FDD4

Expenses

Line Item (from application)	Description	Adjusted Approved Budget Approved by RTFH (includes other Approved Budget Approved by RTFH)	Requested Funding Amount	Approved
Personnel*	Personnel*	\$50,000.00	\$25,000.00	\$ <input type="text"/>
Rental Assistance		\$0.00		\$ <input type="text"/>
Program Operations	Program Operations	\$50,000.00	\$25,000.00	\$ <input type="text"/>
Program Delivery Supplies	Program Delivery Supplies	\$50,000.00		\$ <input type="text"/>
Travel/Mileage	Travel/Mileage	\$25,000.00		\$ <input type="text"/>
Administration (Maximum of 7% of total Program Costs)	Administration (Maximum of 7% of total Program Costs)	\$25,000.00		\$ <input type="text"/>
			\$50,000.00	

Have you uploaded the Required Expenditure Reporting Form?

Type here to search

4:54 PM 6/29/2021

Supporting Documentation

1. General Ledger showing claimed expense.
2. All claimed expenses, must be highlighted (see example provided)
3. All line items categories (personnel, fringe, program delivery, transportation, operations, etc) need to include a summarized total and those totals should match the expenditure report submitted.

General Ledger					
General Ledger Code	Balance	Date	Debit	Description	Balance
1234	40,100.00	6/1/2021	\$2.00	John Doe	\$40,098.00
1235		6/1/2021	\$3.00		\$40,095.00
1236		6/1/2021	\$4.00	Food	\$40,090.00
1237		6/1/2021	\$5.00		\$40,085.00
1238		6/1/2021	\$6.00		\$40,080.00
1234		6/2/2021	\$2.00	Jane Doe	\$40,078.00
1235		6/2/2021	\$3.00		\$40,075.00
1236		6/2/2021	\$4.00		\$40,071.00
1237		6/2/2021	\$5.00		\$40,066.00
1238		6/2/2021	\$6.00		\$40,060.00
1234		6/2/2021	\$2.00	John Doe	\$40,058.00
1235		6/2/2021	\$3.00		\$40,055.00
1236		6/3/2021	\$4.00		\$40,051.00
1237		6/3/2021	\$5.00		\$40,046.00
1238		6/3/2021	\$6.00	HMIS	\$40,040.00
1234		6/3/2021	\$2.00		\$40,038.00
1235		6/3/2021	\$3.00		\$40,035.00
1236		6/3/2021	\$4.00	Food	\$40,031.00
1237		6/3/2021	\$5.00		\$40,026.00
1238		6/4/2021	\$6.00	Utilities	\$40,020.00
1234		6/4/2021	\$2.00		\$40,018.00
1235		6/4/2021	\$3.00		\$40,015.00
1236		6/4/2021	\$4.00	Food	\$40,011.00
1237		6/4/2021	\$5.00		\$40,006.00
1238		6/4/2021	\$6.00		\$40,000.00
1234		6/4/2021	\$2.00		\$39,998.00
1235		6/4/2021	\$3.00		\$39,995.00
1236		6/4/2021	\$4.00	Food	\$39,991.00
1237		6/4/2021	\$5.00		\$39,986.00
1238		6/4/2021	\$6.00	Utilities	\$39,980.00

Summary of Expenses for RTFH from GL		
General Ledger Code	Program Expenses	Total
1234	Personnel	\$6.00
1236	Program Delivery	\$12.00
1238	Operating	\$18.00
Total		\$36.00

***This should match your Expenditure Report**

HHAP Program Outcomes Report

1. Program Outcome Reports are due on the 15th of the following month (*June outcomes due on July 15, 2021*).

HHAP Monthly Cumulative Program Report

1. Program Type
2. Have you inputted all client data into HMIS?
3. How many unduplicated homeless persons did you serve to-date?
4. How many unduplicated at risk of homelessness persons did you serve to date?
5. How many unduplicated unsheltered homeless persons did you serve to date?
6. How many unduplicated homeless persons entered permanent housing to date?
7. Are there any issues you would like to share with RTFH in regards to implementation of your project?

HMIS

1. All **awarded** HHAP programs in HMIS are up and running: 6/1/21 is the HHAP program start date. If your agency has not received notice, reach out to support@rtfhds.org to confirm.
2. All HHAP programs will utilize the standard APR for reporting purposes.
3. If your HHAP award is **pending**, once you receive your Award Letter and Executed Contract from Grants & Contracts, HMIS will be notified and your organization should contact support@rtfhds.org.
4. You may reach out at any time to support@rtfhds.org for anything **HMIS related** or with assistance running reports.

Contacts and Resources

Heidi Kone Grants & Contract Manager - heidi.kone@rtfhhsd.org or (858)292-7627 Ext 15

Jess Torres, Program Analyst - jessica.torres@rtfhhsd.org or (858)292-7627 Ext 23

Note: All information and resources for HHAP will be posted on the Grants & Contracts Page