



FY 2025

**Grants & Contract Compliance Division
Grant Orientation Workshop**

Finance Department

Anna Brosche – Director & CFO

Maribel Hernandez, Chief – Grants and Contract Compliance

Jeneen Hampton – Grant Administrator

Grant Monitoring Team

Staff Contact Information

Human Services Planner Supervisor

John Snyder – (904)255-8202

jsnyder@coj.net

Grant Monitors

Ashleigh Brew (904) 255-8638

abrew@coj.net

Willie Coleman (904) 255-8115

wcoleman1@coj.net

Tracy Isreal (904) 255-8221

tisrael@coj.net

Tiffany Wells (904) 255-8547

twells1@coj.net



Congratulations on Your Award!

- Public Service Grants (PSG) (Competitive) and Direct Appropriations (DA) (Non-competitive) are administered by the **Finance Department** through the **Grants & Contract Compliance Division**. The **Public Service Grant Council** determines PSG awardees, and the Mayor recommends Direct Appropriations which are approved by City Council.
- Contract term is October 1, 2024 – September 30, 2025. Note: **No expenditures may be made after September 30, 2025.**



GCCD Awards Training

Table of Contents

- **General Contract Information** (Slides 4-8)
 - Insurance Requirements (Slides 6-7)
 - Budget Amendments (Slides 8-9)
 - Technical Amendments (Slide 10)
- **Quarterly Reporting Requirements** (Slides 12-13)
 - Forms added to report (Slide 13)
- **Fiscal Reporting Requirements** (Slides 14-32)
 - Monthly report (Slides 14-15)
 - Sample backup (Slides 16-23)
 - Invoicing instructions (Slide 24)
 - Disallowable expenses (Slides 25-26)
 - Annual Report or Audit (Slides 28-32)
- **Annual Monitoring** (Slides 33-37)



Standard Insurance & Indemnification Requirements

- **Indemnification:** Recipient and its subsidiaries **or subcontractors (the “Indemnifying Party”)** shall hold harmless, indemnify, and defend the City of Jacksonville and the City’s members, officers, officials, employees and agents (collectively, the “Indemnified Parties”) from and against, without limitation, any and all claims, suits, actions, losses, damages, injuries, liabilities, fines, penalties, costs and expenses of whatsoever kind or nature, which may be incurred by, charged to or recovered from any of the foregoing Indemnified Parties for: General Tort, Environment or Intellectual Property.
- **Insurance:**

Workers’ Compensation	Florida Statutory Coverage
Employers’ Liability	\$ 100,000 Each Accident
	\$ 500,000 Disease Policy Limit
	\$ 100,000 Each Employee/Disease



Standard Insurance & Indemnification Requirements

- **Commercial General Liability**
 - \$2,000,000 General Aggregated
 - \$2,000,000 Products & Comp. Ops. Agg.
 - \$1,000,000 Personal/Advertising Injury
 - \$1,000,000 Each Occurrence
 - \$ 50,000 Fire Damage
 - \$ 5,000 Medical Expenses
- **Automobile Liability** \$1,000,000 Combined Single Limit
(Coverage for all automobiles, owned, hired or non-owned used in performance of the Services) – Must obtain Risk Management approval for waiver
- **Professional Liability**
 - \$1,000,000 Per Claim
 - \$2,000,000 Aggregate

(Only if program has personnel who are licensed or certified by the State) – Must obtain Risk Management approval for waiver
- **Sexual Molestation**
 - \$1,000,000 Per Claim
 - \$2,000,000 Aggregate

(Only if program includes direct supervision of children, special needs, and/or senior citizens) – Must obtain Risk Management approval for waiver
- Additional Insured, Waiver of Subrogation, Recipients are Primary, Recipients responsible for Deductible or Self-Insurance Provisions, Carrier Qualification-A.M.Best A-VII or better



General Contract Information

City Grant Contract

Budget Amendments

- Budget amendments requested by the Recipient must be received and logged in by the Grant Monitor no later than **September 30, 2025**. Budget amendment requests received after **September 30, 2025**, will **NOT** be considered.
- There must be an approved line item to transfer funds. **Line items cannot be created by awardee or city staff.**
- Budget amendments can be approved by the Grant Administrator, if the request is **less than 10% of each Budgeted Line Item affected.**
- Requests for more than 10% of the budget line item must be presented to the Public Service Grant Council (PSG) or City Council (DA) for approval.



General Contract Information

City Grant Contract

Budget Amendments *(Requested by agency)*

To request a Budget Amendment, the awardee must submit the following to their Grant Monitor:

- Signed letter explaining the change and why
- Budget Amendment Form (Template provided by city)
- Updated budget form and budget narrative (City Budget forms submitted with your application).
- The overall approved budget must remain the same and cannot be amended.



General Contract Information

City Grant Contract

Technical Amendments *(Initiated by City staff)*

- Requested by GCCD staff when an error occurs for misallocation of funds or disallowable expenses, after the contract has been fully executed.
- The Grant Monitor will notify the agency as soon as possible, that a technical amendment will need to be submitted to amend their budget.
- There must be an approved line item to transfer funds. **Line items cannot be created by city staff.**
- Technical amendments must be initiated by the Grant Monitor no later than **September 30, 2025.**
- Technical amendments can be approved by the Grant Administrator, if the request is **less than 10% of each Budgeted Line Item affected.**
- Requests for more than 10% of the budget line item must be presented to the Public Service Grant Council (PSG) or City Council (DA) for approval.



General Contract Information

City Grant Contract

IMPORTANT

- Recipient should submit its final request for City Funds, and all required supporting documentation in accordance with *Section V*, no later than **October 7, 2025**. A request for a payment of fiscal year 2024–2025 funds, including any retainage amount being held. Any unused funds submitted by Recipient by October 7, 2025, will revert back to the City as unencumbered funds, and the accompanying purchase order shall be reduced by the amount of the unencumbered funds and will no longer be accessible to Recipient.



General Contract Information

Required Site Visits & Monitoring

Introduction Site Visit

- Your grant monitor will conduct an introductory site visit within 90 days of receipt of the fully executed contract. The purpose of this site visit is for introductions, program/facility tour, review contract budget and requirements and answer questions.

Annual Site Monitoring

- Annual site monitoring will take place mid-contract.
- Requirements from monitoring may vary depending on whether it is a PSG or Direct Appropriation.
- Your monitoring requirements can be found in *Exhibit B* of your fully executed contract.



Quarterly Reporting Requirements

Quarterly Programmatic Reports

1. For contracts that begin October 1, 2024, Quarterly Programmatic Reports (according to your contract) are due to your Grant Monitor on the following dates:
 - Q1: January 15, 2025
 - Q2: April 15, 2025
 - Q3: July 15, 2025
 - Q4: October 7, 2025
2. Please complete the required form with your goals and objectives from *Section VI* of your application or *Exhibit A* in your contract.
3. Process objectives and short/long term objectives will be reviewed by city staff, as needed, to understand outcomes of programs. Changes may be required, and technical support will be provided, if needed.





Quarterly Programmatic Report



Quarterly Programmatic Report Grants and Contract Compliance Division 2024-2025

Name of Agency: _____

Program Title: _____

Priority Need Category: _____

Fiscal Year: _____ Reporting Period: _____

Section 1 – Programmatic Impact: Referring to *Section VI* of your grant application/contract, state your progress in meeting the goals and objectives for the program. Include the baseline target and data source. *Example* – Objective: 90 participants will be promoted by September 2023. Baseline: 80 (2020). Data Source: Student record/ GED logbook

Goal #1:							
Objectives	Activities	Actual Baseline 2023-2024	First Quarter 10/1-10/31	Second Quarter 1/1-3/31	Third Quarter 4/1-6/30	Fourth Quarter 7/1-9/30	YTD 2024-2025

Goal #2:							
Objectives	Activities	Actual Baseline 2023-2024	First Quarter 10/1-10/31	Second Quarter 1/1-3/31	Third Quarter 4/1-6/30	Fourth Quarter 7/1-9/30	YTD 2024-2025

Monthly Fiscal Reporting

- General Information
- Invoice Sample
- Monthly Fiscal Report
- Acceptable Backup Documentation Samples
- Monthly Invoicing Instructions
- Disallowable Expenses
- Annual/Audit Reporting Requirements



Fiscal Reporting Requirements

- Monthly Financial Reports should be e-mailed to your grant monitor by the 15th of each month. **Note: September's report is due October 7, 2025. This is due to finalizing finances for the the City's Fiscal Year end of September 30th.**
- **Financial Documentation Back-up** is required with each reimbursement request, to include valid proof of payment. This may be pay stubs, payroll journals, paid invoices, bank/credit card statements or a copy of a **CLEARED** check. We can no longer accept General Ledgers as back-up documentation. Financial reimbursements will not be processed without the required documentation. When asking for compensation reimbursement, please only include grant funded employees.
- Invoice **MUST** be numbered with the PO# first. Example– 654321-25-09
- The GCCD Reimbursement Form is required to be completed, to help guide us through ensuring all required documentation is included.
- If expenses are not reimbursable, accounts should have a separate bank account or a separate accounting system so that receipts and disbursements can be tracked separately.



Monthly Fiscal Report

COJ PUBLIC SERVICE GRANT PROGRAM					
MONTHLY FINANCIAL REPORT (Start-up)					
Fiscal Year 2024/2025					
Name of Agency:	ABCD Jax Inc.				
Program Title:	Shelter Program				
Month Beginning:	Start-up		Month Ending:	Start-up	
PART I: SUMMARY OF REVENUE	APPROVED BUDGET	REVISED APPROVED BUDGET	PROJECTED START UP EXPENSES	TOTAL RECEIPTS YEAR-TO-DATE	REMAINING BALANCE
Public Service Grant Funds Received		\$ -	\$ -	\$ -	\$ -

Monthly Financial Report (MFR)

- Used to track expenses.
- Used for verification and approval of your annual reports or audits.
- Used to verify program audit & expenses.
- The *Revised Approved Budget* column should ONLY be used, if you have an approved revised budget amendment approval letter from our office.
- **Important Change:** Please use the MFR provided by your grant monitor. Submit the updated EXCEL version each month. **PDF format will not be accepted.**



Monthly Fiscal Report

Client Other	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -
Awardee Use Only.			For COJ Use Only. Do not Complete.		
Prepared By:	Reviewed By:		Reviewed By:		
Agency:	City of Jacksonville		City of Jacksonville		
Name:	Name:		Name:		
Title:	Title: Human Services Planner III		Title: Human Services Planner Supervisor		
Date:	Date:		Date:		
Signature:	Signature:		Signature:		
*This request is submitted pursuant to Section 837.06, Florida Statutes					

Monthly Financial Report (MFR)

- Ensure that the “Prepared By” box is fully completed and signed.
- Double check your remaining balance to ensure accuracy and alert your grant monitor in the event of an error.



Acceptable Financial Backup

Salaries/Benefits

- Redacted paystubs or official system generated payroll journals (no internal generated tracking or journals) — **Please do NOT include timesheets**

Operating Expenses

- Bills/Invoices **AND** proof of payment
- Proof of payment includes a paid invoice, bank or credit card statements verifying payment withdrawal or a copy of the cleared check from the bank.

Client Expenses

- Receipts/Invoices **AND** proof of payment
- Proof of payment includes a paid invoice, bank or credit card statements showing the payment withdrawn or a copy of the cleared check from the bank.
- Ensure receipts and/or invoices have clear dates and amounts.



Acceptable Financial Backup (*Cont'd*)

To ensure prompt processing

- Receipts must be in the order listed on your spreadsheet.
- Review all documents before submission to ensure all proof of payment for requested reimbursements are included.
- Please be sure your request is very clear on who and what the reimbursement request is for. Highlight, circle or notate on your requests, if necessary.
- If you ever have doubts, please reach out to us for clarity.



Spreadsheet Example

Check number	Vendor	Client	Amount	PSG	
103	Hover Girl Properties	[REDACTED]	\$ 1,500.00	\$ 300.00	\$ 1,200.00
104	The Waves	[REDACTED]	\$ 1,099.00	\$ 300.00	\$ 799.00
107	Heritage Florida Properties Holdings	[REDACTED]	\$ 1,007.00	\$ 300.00	\$ 707.00
108	San Pablo Property Holdings	[REDACTED]	\$ 790.00	\$ 300.00	\$ 490.00
111	Otter Run Apartments	[REDACTED]	\$ 1,500.00	\$ 300.00	\$ 1,200.00
112	Kernan Oaks Apartments	[REDACTED]	\$ 1,460.00	\$ 300.00	\$ 1,160.00
113	Woodhollow Apartments	[REDACTED]	\$ 1,469.83	\$ 300.00	\$ 1,169.83
114	STVNBKY2,LLC	[REDACTED]	\$ 1,250.00	\$ 300.00	\$ 950.00
115	Jax Sober Living	[REDACTED]	\$ 1,200.00	\$ 300.00	\$ 900.00
116	Kernan Oaks	[REDACTED]	\$ 1,499.00	\$ 300.00	\$ 1,199.00
119	Jax Sober Liv	[REDACTED]	\$ 1,200.00	\$ 300.00	\$ 900.00
120	Oaks of Atlantic	[REDACTED]	\$ 1,126.75	\$ 300.00	\$ 826.75
121	21st Mortgage Corp	[REDACTED]	\$ 871.10	\$ 300.00	\$ 571.10
123	Captain Kirk Property Manage	[REDACTED]	\$ 1,150.00	\$ 300.00	\$ 850.00
124	The Edge @ Town Center	[REDACTED]	\$ 998.00	\$ 300.00	\$ 698.00
125	The Waves	[REDACTED]	\$ 371.00	\$ 300.00	\$ 71.00
126	Jax Sober Living	[REDACTED]	\$ 700.00	\$ 300.00	\$ 400.00
128	First Bank	[REDACTED]	\$ 1,090.32	\$ 300.00	\$ 790.32
129	Portside East	[REDACTED]	\$ 735.45	\$ 300.00	\$ 435.45
130	Jax Sober Living	[REDACTED]	\$ 800.00	\$ 300.00	\$ 500.00
131	Jax Sober Living	[REDACTED]	\$ 800.00	\$ 300.00	\$ 500.00
132	Jay Miles	[REDACTED]	\$ 1,500.00	\$ 300.00	\$ 1,200.00
133	Kernan Oaks	[REDACTED]	\$ 1,300.00	\$ 300.00	\$ 1,000.00
134	The Edge	[REDACTED]	\$ 1,189.00	\$ 300.00	\$ 889.00
135	Portside	[REDACTED]	\$ 1,034.00	\$ 300.00	\$ 734.00
136	Ocean Park	[REDACTED]	\$ 1,144.02	\$ 300.00	\$ 844.02
137	TIAA	[REDACTED]	\$ 1,082.64	\$ 300.00	\$ 782.64
139	Phillip Lucas	[REDACTED]	\$ 800.00	\$ 300.00	\$ 500.00
147	The Beach House	[REDACTED]	\$ 1,080.00	\$ 300.00	\$ 780.00
151	The Beach House	[REDACTED]	\$ 1,080.00	\$ 300.00	\$ 780.00
VOUCHER	JEA	[REDACTED]	\$ 370.71	\$ 125.00	\$ 245.71
VOUCHER	JEA	[REDACTED]	\$ 200.00	\$ 125.00	\$ 75.00
VOUCHER	JEA	[REDACTED]	\$ 182.74	\$ 125.00	\$ 57.74
TOTAL			\$33,580.56	\$ 9,375.00	\$ 24,205.56

The chart clearly shows the amount paid out for Client Rent or Utilities and the amount charged to PSG funds.



Examples:

Example of Client Expenses Chart

	A	B	C	D	E
1					
2			July 2022 PSG - Food		
3	DATE	VENDOR	AMOUNT		
4	07/15/22	Family Dollar	\$34.00		1
5	06/07/22	Publix	\$17.00		2
6	07/02/22	Family Dollar	\$22.75		3
7	07/13/22	Restaurant Depot	\$1,407.12		4
8	07/21/22	Restaurant Depot	\$1,686.68		5
9	07/22/22	Restaurant Depot	\$288.69		6
10					
11		TOTAL	\$3,456.24		

*** Duplicate Pay Stub ***

[Redacted]

Employee ID: [Redacted]
 Check Number: [Redacted]
 Check Date: 11/18/2021
 Pay Period Start: 10/31/2021
 Pay Period End: 11/13/2021

Jacksonville

[Redacted]

Code	Description	Pay Rate	Hours	Current Amount	Year-To-Date Hours	Year-To-Date Amount
HOL	HOLIDAY	\$28.84	8.00	\$230.77	64.00	1,711.55
PLSAL	PERSONAL LEAVE SAL	\$28.84	8.00	\$230.77	136.00	3,634.62
SAL	SALARY	\$28.84	64.00	\$1,846.16	1,640.00	43,692.21
GROSS PAY				\$2,307.70		\$50,688.38
128	LEGAL			\$10.00		220.00
137	AFLAC-STD			\$37.44		823.68
160	54 LP EMP ONLY			\$93.50		1,883.61
172	AD&D			\$0.10		2.20
173	LIFE INSURANCE EMPL ONLY			\$0.45		9.90
176	DENTAL DMO EMPLOYEE ONLY			\$2.22		48.84
TOTAL DEDUCTIONS				\$143.71		\$2,988.23
Federal Tax				\$253.31		5,179.55
FICA Social Security Tax				\$137.15		3,022.87
FICA Medicare Tax				\$32.07		706.96
TAXES WITHHELD				\$422.53		\$8,909.38
NET PAY				\$1,741.46		\$38,790.77

2,307.70
 x 10%

 # 230.77

Notice how the paystub indicates the amount to be charged to the grant.



Examples of Proof of Payment

08/08	5349	7,354.49
08/26	5350	12,159.58
08/26	5351	30.00
08/09	5352	2,817.50
08/15	5353	296.25
08/12	5354	500.00
08/16	5355	13,631.06
08/21	5357 *	165.83
08/19	5358	1,740.00
08/21	5359	4,781.16
08/23	5361 *	350.00
08/19	5362	50.00
08/22	5363	534.62

Notice how the agency provided the invoice as well as a copy of the bank statement, confirming proof of payment. The payment from the bank statement is indicated and clearly correlates with the invoice.

Airgas AIRGAS USA, LLC
an Air Liquide company PO Box 5249 Marietta, GA 30065-2249

STANDARD INVOICE

INVOICE DATE: [REDACTED] PAYER: [REDACTED] INVOICE NO: [REDACTED] BILL TO: [REDACTED]

Manage Your Account Online 24/7
Access order history, view cylinder balances, get proofs of delivery, pay invoices and more – visit Airgas.com today

For all information about returns, please visit us online at Airgas.com/terms-of-sale. Please send new or updated blanket purchase orders to: airgassouthbpo@airgas.com

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

BILL TO: [REDACTED]

PSG ACUTE CARE \$165.83

005035 3

00611/2024

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT, PLEASE CALL 800-727-0893

ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME
[REDACTED]	[REDACTED]	07/22/2024	[REDACTED]	[REDACTED]

PO / RELEASE	ORDERED BY	SHIP VIA	PAYMENT TERMS	ORDER DATE
[REDACTED]	[REDACTED]	ARGTRK	NET 30	07/19/2024

DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHPD	UOM	QTY BLD	CYLINDER SHPS	NETS	UNIT PRICE	UOM	AMOUNT
8144922485	NI GMPDEWARFILL10L	1	CL				80.20	CL	80.20 N
	NITROGEN GMP DEWAR REFILL 10 LT								(R)
	Delivery Flat Fee								80.20
	Fuel Charge Flat								49.00
	Airgas Hazmat Charge								10.22
									26.41
	Airgas Hazmat Charge (R) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale								

Sale subtotal: 80.20

AMOUNT 165.83

FOR WIRE TRANSFER PAYMENTS



Monthly Invoicing Instructions

To ensure prompt processing

- After submission of your monthly fiscal report, your Grant Monitor will review and work with you on any discrepancies.
- After you receive an email back from your Grant Monitor APPROVING your report, you are ready to submit your invoice.
 - Note: Any premature invoice submissions MAY result in a delay of your payment process. Please wait for the approval of your Contract Manager before submitting.
- Create an email, attaching ONLY your invoice (1 page in, PDF format), using the following email address and subject line.
 - TO :coj1cloudinvoices@coj.net
 - CC: (Your Grant Monitor)
 - Subject: Invoice, Agency Name, Month & Year (Ex- Invoice JaxABC Inc 042024). If you have more than one contract in this office, please add the program name (JAXABC Inc, Foodbank 042024).



Chapter 118.301 – Disallowable Expenses

Each recipient of funding made pursuant to this Chapter is responsible for assuring that City funds in its possession are expended as follows:

- City funds expended by a recipient shall be in accordance with governing laws and regulations of the state and the city.
- Recipients shall expend city funds in accordance with the budget approved by the City Council, Mayor, Public Service Grant Council, Grant Monitor or Cultural Council.
- Appropriation monies may not be expended for the following purposes:
 - (i) Losses arising from uncollectible accounts and other claims, and related costs. **e.g., Bad debt/ prior expenses, collection agencies, fees**
 - (ii) Contributions to a contingency reserve or a similar provision for unforeseen events. **e.g., No reserve accounts or reimbursement for unused leave, deposits**
 - (iii) Contributions and donations to other groups or organizations. **e.g., No reimbursement allowed for membership, clubs, or other organizations**



Chapter 118.301(a)(3)

- (iv) Costs of amusements, social activities and incidental costs relating thereto, such as meals, beverages, lodgings, rentals, transportation and gratuities. **e.g., Clients' food, activities related to grant, can be reimbursed. Note: staff or volunteers are non-reimbursable. Only actual cost of conferences are allowable expenses, not travel.**
- (v) Costs resulting from violations of or failure to comply with federal, state and local laws and regulations. **e.g., No fines or late fees (i.e., JEA, electricity)**
- (vi) The salaries and costs of the office of the Governor of a state or the Chief Executive of a political division. These costs are considered a cost of general state or local government.
- (vii) The salaries and other costs of the Legislature or similar local governmental bodies such as County Commissioners, City Councils and School Boards, whether incurred for purposes of legislation or executive direction.
- (viii) Interest on borrowings (however represented), bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith. **e.g., Late fees and fines.**
- (ix) Non-cash expenses as defined in Section 118.104 **e.g., No administrative overhead only the % of administrative staff directly related to program.**
- (x) Costs of any audits



Chapter 118.301

118.301(a)

(xi) Equipment, property, or tangible personal property purchased with City Grant funding, must be non-consumable and consistent with City capitalization level requirements.

(xii) Unless otherwise stated in the agreement, the appropriation funds are to be expended during the City's fiscal year. **Therefore, if there are funds remaining in your account they will revert to the city. This is also why expenses incurred after September 2025 cannot be reimbursed.**

118.301(b) A grant monitor shall report any budget changes, if any, to the City Council Auditor's office annually. **This includes all budget and technical amendments.**



Fiscal Annual/Audit Reporting

- **118.201(f)(3)** In the case of each recipient receiving City funding less than \$100,000 from the City, furnishing an annual report of receipts and expenditures of City funds in such form as the Council Auditor shall prescribe. This report shall be certified as to its accuracy by the Financial Officer/Treasurer of the recipient's organization. This report shall be on a fiscal year of October 1 through September 30 and shall be due on November 15 of each year.
- **118.201(f)(4)** In the case of each recipient receiving City funding, either from one City funding source or cumulatively from several City funding sources, an amount from \$100,000 to \$500,000, furnishing the City a copy of an audit report in accordance with Generally Accepted Auditing Standards (GAAS) issued by the Auditing Standards Board of the American Institute of Certified Public Accountants (AICPA). This report shall be due within 120 days of the close of the recipient's fiscal year and this report shall present information based on the City's fiscal year of October 1 through September 30.



Annual Report vs. Audit

- Each agency is required to submit either an Annual Report or Audit at the end of the contract term based on the following:
 - Funding less than \$100,000 = Annual Report
 - Funding \$100,000 or more = Audit
- Annual Report is due November 15, 2025, for FY2025 PSG funding less than \$100,000. Annual reports must be signed by 2 members of the organization, one of them being the CFO or Treasurer. These should be “wet” signatures or signatures made using a document signing application (not typed into excel).
- Single Audit is required for programs with funding over \$100,000 from combined Chapter 118 City of Jacksonville funds. Audit is due **120 days after your fiscal year ends.**



Council Auditor's Annual Report Requirement

CITY GRANT PROGRAM ANNUAL FINANCIAL REPORT Fiscal Year 2024/2025						
Name of Agency:		<input type="text" value="ABCD Jax Inc."/>				
Program Title:		<input type="text" value="Shelter Program"/>				
Contact Name:		<input type="text"/>	Title:		<input type="text"/>	
Address:			City, State, Zip:		<input type="text"/>	
Phone:	<input type="text"/>	E-mail:	<input type="text"/>	Fax:	<input type="text"/>	
Fiscal Year Beginning:		<input type="text" value="October 1, 2024"/>	Fiscal Year Ending:		<input type="text" value="September 30, 2025"/>	
Fiscal Year of Agency:		<input type="text"/>				
PART I: REVENUES		APPROVED BUDGET	ACTUAL RECEIPTS OF CITY FUNDING THIS YEAR	PENDING AMOUNT TO BE RECEIVED THIS YEAR	REMAINING BALANCE	
Public Service Grant Funds Received		<input type="text" value="\$ -"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ -"/>	
Bank Interest earned in past fiscal year		<input type="text" value="\$ -"/>			<input type="text" value="\$ -"/>	
PART II: EXPENDITURES						
Line Item Acct #	Check Number	Date	Payee	Purpose	Amount	REMAINING BALANCE
1					<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>



Council Auditor's Annual Report Requirement

PART II: EXPENDITURES								
Line Item Acct #	Check Number	Date	Payee	Purpose	Amount		REMAINING BALANCE	
1					\$ -	\$	-	
2					\$ -	\$	-	
3					\$ -	\$	-	
4					\$ -	\$	-	
5					\$ -	\$	-	
6					\$ -	\$	-	
7					\$ -	\$	-	
8					\$ -	\$	-	
9					\$ -	\$	-	
10					\$ -	\$	-	
11					\$ -	\$	-	
12					\$ -	\$	-	
13					\$ -	\$	-	
14					\$ -	\$	-	
15					\$ -	\$	-	
16					\$ -	\$	-	
17					\$ -	\$	-	
18					\$ -	\$	-	
19					\$ -	\$	-	
20					\$ -	\$	-	
21					\$ -	\$	-	
22					\$ -	\$	-	
23					\$ -	\$	-	
24					\$ -	\$	-	
25					\$ -	\$	-	
TOTALS					\$ -	\$	-	
<p>Notes:</p> <p>1. If you are required to maintain a Separate Bank Account, please attach a copy of your September 30th bank statement and a copy of the corresponding bank account reconciliation.</p> <p>2. On a separate page, please report the amount and description of any outstanding Public Service Grant obligations.</p>					<p>Bank Charges Paid For Fiscal Year</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: right;">\$ -</p>	<p>Account Balance For End of Year</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: right;">\$ -</p>		
<small>Rev. 09-9-10</small>						For COJ Use Only. Do not complete		
<p>* Prepared By:</p> <p>Agency: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Signature: _____</p>			<p>* Approved By:</p> <p>Agency: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Signature: _____</p>			<p>Approved By:</p> <p>City of Jacksonville:</p> <p>Name: John Snyder</p> <p>Title: Human Services Planner II</p> <p>Date: _____</p> <p>Signature: _____</p>		
<p>* I certify that the above information is true and complete and that funds received were disbursed in accordance with Chapter 118 of the City of Jacksonville Municipal Code and pursuant to Section 837.06, Florida Statutes</p>								



Council Auditor's Audit Requirement

Financial audit schedule for agencies receiving Public Service Grant allocations in excess of \$100,000

Name of Agency

SUPPLEMENTARY INFORMATION
 SCHEDULE OF THE SOURCE AND STATUS OF FUNDS
 RECEIVED FROM THE CITY OF JACKSONVILLE, FLORIDA
 For Audit Period **List Audit Dates**

Public Service Grant

Contract Number:
Contract Period: 10/1/24 - 09/30/25
 Award Amount:

		<u>Approved Budget</u>	<u>10/01 UR FY</u>	<u>UR FY 9/30</u>	<u>Budget Remaining</u>
Cash Receipts:					
City of Jacksonville	\$	\$	\$	\$	
Cash Disbursement:					
Name of Budget Line					
Item of expenditure	\$	\$	\$	\$	

Name of Other Grant

Contract Number:
 Contract Period: 10/1/21 - 09/30/22
 Award Amount:

		<u>Actual Budget</u>	<u>10/01 UR FY</u>	<u>UR FY 9/30</u>	<u>Budget Remaining</u>
Cash Receipts:					
City of Jacksonville	\$	\$	\$	\$	
Cash Disbursement:					
Name of Budget Line					
Item of expenditure	\$	\$	\$	\$	



Annual Monitoring

- Governance
- Audits and Records
- Human Resources Administration
- Programmatic



Annual Monitoring Requirements

Exhibit B

Please have the following information available:

- ✓ Agency charter and/or bylaws
- ✓ Bylaws state that Recipient does not support partisan organizations, politicians, or candidates for political office
- ✓ Current listing of the Board of Directors to include terms & demographics if available
- ✓ Minutes of the Board of Directors meetings during the last twelve months-specifically those that reflect BOD approved budget
- ✓ Documentation of Board Members provided with program financial reporting
- ✓ Nepotism Policy
- ✓ Conflict of interest Policy/Non-partisan for employees and Board Members
- ✓ Current permit(s) authorizing approval to solicit funds by the State
- ✓ Copies of County & State Licenses
- ✓ Licenses, certifications, accreditations, health inspection reports, etc., as required
- ✓ Verification agency is registered/incorporated as a nonprofit organization
- ✓ IRS letter of exemption from federal taxes under Section 501(c)(3), Internal Revenue Code



Annual Monitoring (*Cont'd*)

Audits and Records

- ✓ Justification of fundraising expenses
- ✓ Administrative financial procedures manuals (accounting, personnel, purchasing, etc.)
- ✓ Latest published audit report or annual report– all deficiencies noted have been corrected and cleared
- ✓ Newest IRS Form 990
- ✓ All basic books of accounting (Quick Books printout or other computerized bookkeeping records in place of general ledger, cash receipt or cash disbursement journals regarding grant funds)
- ✓ Current board approved and balanced operating budget detailed by cost center, source of funds and expenditure category that is balanced
- ✓ Contract invoices and supporting documentation-usually submitted with fiscal report
- ✓ PSG funded travel reimbursement vouchers-usually submitted with fiscal report
- ✓ 5-year record retention policy documented



Annual Monitoring – Continued Programmatic

Human Resources Administration

- ✓ Board approved personnel policies and procedures
- ✓ HIPPA requirements documented
- ✓ Written policy prohibiting discrimination on the basis of race, religion, sex, nationality, handicap, or military status for employment, board membership or program services
- ✓ Grant funded employee personnel files, performance evaluations, job descriptions, timesheets, staff training logs, etc.
- ✓ Property control records on funded property only
- ✓ Background checks required for personnel working with children or persons with developmental disabilities
- ✓ All current insurance policies and supporting documentation
- ✓ All assignments and subcontracts of contract and grant funds by the funder contain all clauses and provisions required by the COJ executed contract



Annual Monitoring (Cont'd)

Programmatic

- ✓ Facilities safe, well maintained & physically accessible to customers
- ✓ Copies of educational materials made available to the public
- ✓ Supporting documentation for the quarterly reports
- ✓ Maintain an adequate data collection system for collecting, recording, and reporting performance information.
- ✓ Program eligibility requirements to include community outreach and program partnerships/collaboration
- ✓ Program client records (samples)
- ✓ Client satisfaction survey samples

For a full list of the annual monitoring requirements, please refer to Exhibit B of your contracts.





Grant Monitoring Team

Staff Contact Information

Grant Administrator

Jeneen Hampton – (904)255-5026

jhampton@coj.net

Human Services Planner Supervisor

John Snyder – (904)255-8202

jsnyder@coj.net

Grant Monitors

Ashleigh Brew (904) 255-8638

abrew@coj.net

Willie Coleman (904) 255-8115

wcoleman1@coj.net

Tracy Isreal (904) 255-8221

tisrael@coj.net

Tiffany Wells (904) 255-8547

twells1@coj.net

