



**City of Atlanta – Department of Grants and Community Development (DGCD)
Home Investment Partnerships Program (HOME)
Reimbursement Checklist**

Submission Package must follow the order of items listed below. Failure to submit all required documentation will result in delay in reimbursing eligible expenses.

Submit Reimbursement Requests using the options listed below:

- For files up to 10GB send directly via the grant payments email: grantpayments@atlantaGA.gov
- For files over 10GB send via the grant portal: <https://web.atlantaga.gov/gcdrp/GCDRP>

HOME Reimbursement Items	Contained in Submission (Select Yes, No or N/A)	Explanation
1 HM-1 Form with Certifying signature, title, and date. Ensure all the fields are completed in its entirety.	Choose an	This form should be the cover page for each monthly submission.
2 Completed HOME Reimbursement Request Form with Certifying signatures.		Site identification, vendor name, invoice number, payroll journal control number, description of item or service, date of item or service, date of transaction or service, check or transaction number, the amount paid, client case number if applicable, the title of preparer along with the date of preparation.
3 Clear images of cleared checks, proof of electronic payments OR Bank Statement(s) that support reimbursements on this request		Clear images of the front and back of all cleared checks. Each cleared check should be accompanied by detailed invoices that show the services rendered. Check numbers supporting this request should be highlighted OR Bank statements must show the financial transactions that are included in this reimbursement request. Agencies should not submit reimbursement until after checks have cleared the bank, regardless of the dates the checks were written.
4 Payroll reimbursement reports.		Payroll Register and signed Timesheets must include highlighted entries that support this request. Personnel Activity Reports (PARs) must be signed and dated by the employee and the supervisor.



5	General Ledger Report (GL Report)	GL Detail Activity Report containing all the transactions to support any items for which reimbursements are being requested. The GL transaction details must be highlighted to approve request and include the vendor's name, payment amount, date, and check number or transaction ID.
6	Current signed Lease Copy – see explanation for exception.	Lease (Copies of the entire lease for first time clients, copies of the first page of the lease for current clients; The lease period must cover the months for which reimbursements are being requested. <u>The client's Personal Identifying Information (PII) should be redacted from the Lease and a Unique Identifier utilized</u> If this form doesn't apply to your project, please enter " Not Applicable " on the first line of the form, sign, and submit.
7	Program Income Reporting and Documentation	If indicated on the Reimbursement Request Form, Program Income must be documented with a Program Income Expenditure Summary Form and a bank statement to verify that program income is being properly tracked. If this form doesn't apply to your project, please select NA enter " Not Applicable " on the first line of the form, sign, and submit.
8	HOME Match Log and Supporting Documentation	The HOME program requires a 25% match for every dollar of HOME funds spent on affordable housing activities. This means that for every \$4 of HOME funds used, \$1 must come from non-federal matching contributions. Agency must provide a match log and proof of match expenditures being applied to applicable reimbursement.
9	Accomplishment Report	Completed applicable accomplishment report to beneficiary detail for clients served. (Ex: HM-3 TBRA Accomplishment Form, DPA Accomplishment etc.)
10	Construction Disbursement Request Checklist (<i>applicable to construction and rehab projects only</i>)	Section 3 and MBE/WBE reports, and Construction Disbursement Request Checklist
11	Reimbursement Checklist	Signed reimbursement checklist (this document) Ensure all four pages are included, and signatures of both the preparer and authorized representative are included. When the preparer and authorized representative are the same, sign twice.



Certification Statement

Pursuant to the City of Atlanta Code of Ordinances, Subrecipient Agreement, 2 CFR Part 200, and applicable HUD regulations, the City of Atlanta (the "City") reserves the right to audit the Subrecipient's performance under this Agreement. The Subrecipient shall comply with all applicable federal, state, and local laws and regulations, including but not limited to those outlined in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and HUD regulations specific to the funding source.

Record Keeping and Retention Requirements

The Subrecipient shall maintain complete and accurate books, records, and accounts that adequately document the performance under this Agreement, including all costs incurred, sources of funds, and expenses, by both the Subrecipient and any subcontractors (collectively, "Subrecipient Records"). All costs must be allowable, allocable, and reasonable under 2 CFR Part 200 Subpart E (Cost Principles).

Subrecipient shall retain, at no additional cost to the City, all such Subrecipient Records in a reasonably accessible location for the required retention period outlined in the subrecipient agreement or as otherwise required by law or HUD regulations if longer. If any litigation, claim, negotiation, audit, or other action involving the Subrecipient Records is initiated prior to the expiration of the retention period, such records must be retained until the completion of the action and resolution of all issues or the end of the retention period, whichever is later.

Access to Records

The Subrecipient Records may be inspected, audited, and copied by the City, HUD, or any of their representatives, including auditors from the Office of the Inspector General, during normal business hours and at any time deemed reasonable by the City. The Subrecipient shall provide access to all records, including financial records, supporting documents, and any other documents necessary to ensure compliance with the requirements of this Agreement, 2 CFR Part 200, and applicable HUD regulations.

Reimbursement of Disallowed Costs

If any audit or inspection of Subrecipient's performance, including the performance of any subcontractor, reveals that the City or HUD has overpaid any amounts or that any costs were disallowed under applicable regulations, the Subrecipient shall promptly refund the overpayment amount to the City. Additionally, the Subrecipient shall pay interest on the overpaid amount at the rate of one and one-half percent (1.5%) per month, or the maximum rate permissible under Applicable Law, whichever is lower, from the date the overpayment was made until the date the overpayment is refunded to the City. The City reserves the right to recover any funds deemed to have been used inappropriately under federal, state, or local law.

Compliance with HUD Program-Specific Requirements

The Subrecipient shall ensure compliance with all HUD program-specific requirements applicable to the funding received under this Agreement. This includes, but is not limited to, adherence to Fair Housing and Equal Opportunity (FHEO) regulations, environmental review requirements under 24 CFR Part 58, and any additional conditions specified by HUD for the grant program. The Subrecipient is responsible for ensuring that any subcontractors also comply with these requirements.



Corrective Actions and Enforcement

In the event of non-compliance with any of the terms of this Agreement, including any HUD regulations, the City reserves the right to take appropriate corrective actions, which may include suspension of payments, termination of the Agreement, or any other remedies available under federal, state, or local law. Subrecipient shall cooperate fully in any corrective action or enforcement process initiated by the City or HUD.

Acknowledgement

By signing below, the Subrecipient certifies that it understands and agrees to comply with all requirements outlined in this certification and any applicable laws, regulations, and guidelines. The Subrecipient further certifies that the information presented as part of this reimbursement request is true and correct to the best of their knowledge and belief.

Printed Name and Title of Staff Preparing Reimbursement: _____

Signature of Staff Preparing Reimbursement: _____

Contact Email: _____

Date: _____

Printed Name and Title of Authorized Subrecipient Representative: _____

Signature of Authorized Representative: _____

Date: _____