

# CITY OF JACKSONVILLE

FY 2021

## Annual Post-Award Public Service Grants Contract Review Workshop

Finance & Administration Department  
Patrick Greive, Director

Kendra Mervin, Grant Administrator

Public Service Grant Council  
Bob Baldwin, Chairperson

01/12/2021  
10:00 AM  
2 hours

# Current Situation

- ❖ Public Service Grants are administered under the Finance & Administration Department and Public Service Grant Council
- ❖ The Grant Administrator is responsible for administering Public Service Grants and Public Service Grant Council Funding
- ❖ The contract began October 1, 2020 & end September 30, 2021

# Opportunities For Improvement

## Public Service Grant Contract

- ❖ Monitoring visit- after July (after deadline)
  - ❖ Will start scheduling in June
- ❖ Budget Changes
  - Remember that there must be an approved line item in order for us to move money into. We cannot create a line item. It must not change scope of application. PSGC awardee the total amount of budget changes throughout year <10%
  - Budget amendments requested by the Recipient must be received and logged in by the Contract Administrator by September 30, 2021. Budget amendment requests received after September 30, 2021 will not be considered and will be returned to the Recipient.



# Opportunities For Improvement


## Public Service Grant Contract

- ❖ Insurance - Same as Last Year (Exhibit D & E)
  - ❖ Also must be reviewed and signed off by Risk Management, therefore need COI if not done so last year.
  - ❖ Financial payments made after October 08, 2021 will not be paid until November ( COJ close-out).

Recipient shall submit the final request for funds under this contract, along with all supporting documentation in accordance with Section V, no later than October 8, 2021 in order for the City to request a check for payment of 2020-2021 funds, including any retainage amount being held, by October 11, 2021.

# Quarterly Reporting Requirements

## Quarterly Report

- 
- Process Objectives and Short/Long Term objectives will be reviewed by staff as needed and reflect outcomes funded by Public Service Grant dollars. Changes may be required and technical support will be provided.
  - Please fill out the required form with your goals and objectives from Section VI of your contract. If you need help, please let me know.
  - Please e-mail [jsnyder@coj.net](mailto:jsnyder@coj.net) your quarterly programmatic report according to contract.

# Quarterly Reporting Requirements

## Program Reports due:

- 1<sup>st</sup> Quarter - January 15, 2021
- 2<sup>nd</sup> Quarter - April 15, 2021
- 3<sup>rd</sup> Quarter - July 15, 2021
- 4<sup>th</sup> Quarter - October 9, 2021

# Quarterly Programmatic Report

Quarterly Programmatic Report  
**PUBLIC SERVICE GRANT PROGRAM**  
**QUARTERLY PROGRAMMATIC REPORT**

<b>Name of Agency:</b>			
<b>Program Title:</b>			
<b>Fiscal Year</b>	October 1, 2020	to	September 30, 2021

### Goal #1

**I. Briefly state the objectives in your contract/grant. Indicate the number or percent, your baseline for your objective with year, & where or how this data is being track. Example: Objective: 90 participants will be promoted by September 2013. Baseline: 80 (2012). Data Source: Student record/ GED log book**

Objective # 1		Activities	Actual Baseline 2018-2019*	First Quarter 10/1/2020 - 12/31/2020	Second Quarter 1/1/2021 - 3/31/2021	Third Quarter 4/1/2021 - 6/30/2021	Fourth Quarter 7/1/20210- 9/30/2021	Year to Date 2020-2021
								0
								0

**A. What obstacles have you faced in meeting the goals and objectives of this program and how are these obstacles being addressed?**

# Quarterly Programmatic Report

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**B. How many volunteers and the number of volunteer hours were be used in the reporting quarter**

I. Volunteer Management	First Quarter 2020/21	Second Quarter 2020/2021	Third Quarter 2020/21	Fourth Quarter 2020/21	YTD 2020/21
<b>a. Total Volunteers Utilized</b>	0	0	0	0	0
<b>b. Volunteer Hours Utilized</b>	0	0	0	0	0

**c. What obstacles have you faced in recruiting and retaining volunteers for this program?**

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## II. UNIT COST: Unit of Service/Cost of Program (QTR)

A. Please define unit of service using the mandatory unit of service as required by the PSG Council:

Indicator	Actual Baseline 2018-2019*	First Quarter 10/1/2020 - 12/31/2020	Second Quarter 1/1/2021 - 3/31/2021	Second Quarter 1/1/2021 - 3/31/2021	Third Quarter 4/1/2021 - 6/30/2021	Fourth Quarter 7/1/2021 - 9/30/2021
# of un/duplicated persons served/ Total Program Budget						

**III. Public Service Grant Council funds must exclusively serve a priority need. Using the table below, indicate the Total Number of Participants and those served with Public Service Grant funds or the Total Number of Priority Need Participants served.**



# Quarterly Programmatic Report

Priority Need - Please identify which one of the priority populations from below		Total Participants	Total PSG or PSG Council Priority Need Participants	Percent Priority Population Participants
	Quarter Reporting	Number	Number	Percent
Priority Need - Please identify which one of the priority populations from below	First			#DIV/0!
	Second			#DIV/0!
	Third			#DIV/0!
	Fourth			#DIV/0!
	Total YTD	0	0	#DIV/0!

Population 1: ACUTE

Population 2: Prevention & Diversion

Population 3: Self-Sufficiency

**How Much? Are you doing/ serving this preticular priority population**

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**How Well? How well are you serving this preticular priority population**

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**Is anyone better off? How do you know what you are doing is making an impact**

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<p>Rev. 1/13/12</p> <table border="1" style="width: 100%;"> <tr><td>* Prepared By:</td></tr> <tr><td>Agency:</td></tr> <tr><td>Name:</td></tr> <tr><td>Title:</td></tr> <tr><td>Date:</td></tr> <tr><td>Signature:</td></tr> </table>	* Prepared By:	Agency:	Name:	Title:	Date:	Signature:	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><b>For COJ Use Only. Do not complete</b></td> </tr> <tr><td>Approved By:</td></tr> <tr><td>City of Jacksonville:</td></tr> <tr><td>Name: John Snyder/ Sandy Arts</td></tr> <tr><td>Title: Human Services Planner II</td></tr> <tr><td>Date:</td></tr> <tr><td>Signature:</td></tr> </table>	<b>For COJ Use Only. Do not complete</b>	Approved By:	City of Jacksonville:	Name: John Snyder/ Sandy Arts	Title: Human Services Planner II	Date:	Signature:
* Prepared By:														
Agency:														
Name:														
Title:														
Date:														
Signature:														
<b>For COJ Use Only. Do not complete</b>														
Approved By:														
City of Jacksonville:														
Name: John Snyder/ Sandy Arts														
Title: Human Services Planner II														
Date:														
Signature:														

\* I certify that the above information is true and complete and that funds received were utilized in accordance with Chapter 118 of the City of Jacksonville Municipal Code.

# PSG Fiscal Reporting Requirements

- ❖ Financial Reports e-mailed to [jsnyder@coj.net](mailto:jsnyder@coj.net) by 15<sup>th</sup> of each month, except September's report due October 8, 2021.
- ❖ Financial back-up is required with each reimbursement request to include invoices and receipts along with respective invoice (not just the spreadsheet). Financial reimbursements will be held up without this required documentation. Please include PSG funded employee only.
- ❖ Annual Report is due November 15, 2021 for FY 2021 PSG funding < /\$100,000 (following Monday)
- ❖ Single Audit required for programs with funding over \$100,000 from combined Chapter 118 City of Jacksonville funds due 120 after your FY ends.



# Monthly Fiscal Sample Report

**PUBLIC SERVICE GRANT PROGRAM  
MONTHLY FINANCIAL REPORT  
Fiscal Year 2020/2021**

**Name of Agency:** \_\_\_\_\_ Agency Name \_\_\_\_\_

**Program Title:** \_\_\_\_\_ Program Name \_\_\_\_\_

**Month Beginning:** \_\_\_\_\_ October 1, 2020 \_\_\_\_\_

**Month Ending:** \_\_\_\_\_ October 31, 2020 \_\_\_\_\_

<b>PART I: SUMMARY OF EXPENDITURES</b>	<b>APPROVED BUDGET</b>	<b>REVISED APPROVED BUDGET</b>	<b>ACTUAL RECEIPTS THIS MONTH</b>	<b>TOTAL RECEIPTS YEAR-TO-DATE</b>	<b>REMAINING BALANCE</b>
Public Service Grant <b>Funds Received</b>	\$ -	\$ -	\$ -	\$ -	\$ -

# Monthly Fiscal Report

PART II: EXPENDITURES	APPROVED	REVISED	PROJECTED	TOTAL	REMAINING
	BUDGET	APPROVED BUDGET	START UP EXPENSES	EXPENDITURES YEAR-TO-DATE	BALANCE
<b>Compensation (1200)</b>					
Salaries/Wages (1200)	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries/Wages (1200)	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries/Wages (1200)	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries/Wages (1200)	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries/Wages (1200)	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries/Wages (1200)	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Benefits</b>					
FICA and Med Tax (2101)	\$ -	\$ -	\$ -	\$ -	\$ -
Health Insurance (2304)	\$ -	\$ -	\$ -	\$ -	\$ -
Retirement	\$ -	\$ -	\$ -	\$ -	\$ -
Dental	\$ -	\$ -	\$ -	\$ -	\$ -
Life Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Worker's Compensation	\$ -	\$ -	\$ -	\$ -	\$ -
Unemployment	\$ -	\$ -	\$ -	\$ -	\$ -
Other (LT Disability)	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Occupancy Expenses</b>					
Professional Fees & Services (not audit)	\$ -	\$ -	\$ -	\$ -	\$ -
Office & Other Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Other-Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Local Mileage	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Direct Client Expenses</b>					
Client Rent	\$ -	\$ -	\$ -	\$ -	\$ -
Client Food	\$ -	\$ -	\$ -	\$ -	\$ -
Client Medical	\$ -	\$ -	\$ -	\$ -	\$ -
Client Other	\$ -	\$ -	\$ -	\$ -	\$ -
Client Other	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS</b>	\$ -	\$ -	\$ -	\$ -	\$ -

Rev. 09-9-10

Prepared By:

Agency:

Name:

Title:

Date:

Signature:

Approved By:

Agency:

Name:

Title:

Date:

Signature:

**For COJ Use Only. Do not complete**

Approved By:

City of Jacksonville:

Name: John Snyder

Title: Human Services Planner III

Date:

Signature:

\*This request is submitted pursuant to Section 837.06, Florida Statutes

# Chapter 118.301

- (A) Each recipient of appropriations made pursuant to this Chapter is responsible for assuring that City funds in its possession are expended as follows: *It's not on me or this office*
- (1) City funds expended by a recipient shall be in accordance with governing laws and regulations of the state and the City.
  - (2) 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.
  - (3) Appropriation moneys may not be expended for the following purposes:
    - (i) Losses arising from uncollectible accounts and other claims, and related costs. *This is bad debit/ prior expenses, collection agencies, fees*
    - (ii) Contributions to a contingency reserve or a similar provision for unforeseen events. *No reserve accounts or reimbursement for unused leave,*
    - (iii) Contributions and donations to other groups or organizations. *No agencies 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 We can pay for clients food, but not staff, or volunteers and only actual cost of conference

(v) Costs resulting from violations of or failure to comply with federal, state and local laws and regulations. No fines or late fees (ie JEA)

(vi) The salaries and costs of the office of the governor of a state or the chief executive of a political subdivision. 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. Late Fees and Fines

(ix) Non-cash Expenses as defined in Section 118.104 No administrative Overhead only those % of admin staff directly related to program

(x) Costs of any audits required under this Chapter



# Chapter 118.301

(4) Equipment, property, or tangible personal property purchased with City Grant funding, must be non-consumable and consistent with City capitalization level requirements. If we purchase a computer, printer, laptop and next year you don't get a grant. It comes back to COJ-(Lease).

(5) Unless otherwise provided in the agreement, the appropriation funds are to be expended during the City's Fiscal year. This why if funds are left over in account revert back to COJ and why I can't pay for work done after September. I would think of it as an 11 month contract.

118.301(B) A grant monitor shall report changes, if any, in the City funds budget to the City Council Auditor's Office annually. This is why you have the deadline for budget changes.



# Council Auditor's Annual Report Requirement

<b>Program Title:</b>	<input style="width: 100%;" type="text"/>		
<b>Contact Name:</b>	<input style="width: 150px;" type="text"/>	<b>Title:</b>	<input style="width: 150px;" type="text"/>
<b>Address:</b>	<input style="width: 250px;" type="text"/>	<b>City, State, Zip:</b>	<input style="width: 150px;" type="text"/>
<b>Phone:</b>	<input style="width: 150px;" type="text"/>	<b>E-mail:</b>	<input style="width: 150px;" type="text"/>
		<b>Fax:</b>	<input style="width: 100px;" type="text"/>
<b>Fiscal Year Beginning:</b>	<input style="width: 100px;" type="text" value="October 1, 2019"/>	<b>Fiscal Year Ending:</b>	<input style="width: 100px;" type="text" value="September 30, 2020"/>
<b>Fiscal Year of Agency:</b>	<input style="width: 250px;" type="text" value="30-Sep"/>		

PART I: REVENUES	APPROVED BUDGET	ACTUAL RECEIPTS THIS YEAR		REMAINING BALANCE		
Public Service Grant Funds	\$ -	\$ -		\$ -		
Bank Interest earned in past fiscal year		\$ -		\$ -		
<b>PART II: EXPENDITURES</b>						
<b>Line Item Acct #</b>	<b>Check Number</b>	<b>Date</b>	<b>Payee</b>	<b>Purpose</b>	<b>Amount</b>	<b>REMAINING BALANCE</b>

# 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					\$ -	\$	-	
Notes:					<b>TOTALS</b>	\$ -	\$ -	
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.					<b>Bank Charges Paid For Fiscal Year</b>	\$ -		
2. On a separate page, please report the amount and description of any outstanding Public Service Grant obligations.					<b>Account Balance For End of Year</b>	\$ -		
Rev. 09-9-10						<b>For COJ Use Only. Do not complete</b>		
* Prepared By:			* Approved By:			Approved By:		
Agency:			Agency:			City of Jacksonville:		
Name:			Name:			Name: John Snyder		
Title:			Title:			Title: Human Services Planner II		
Date:			Date:			Date:		
Signature:			Signature:			Signature:		

\* 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

# Council Auditor's Audit Requirement

- Financial auditing 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: 10/1/18 - 09/30/19**  
 Award Amount:

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

**Name of Other Grant**

Contract Number:  
**Contract Period: 10/1/19 - 09/30/20**  
 Award Amount:

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

# Annual Monitoring Requirements

## Exhibit C

Please have the following information available:

- ✓ Agency charter and/or bylaws
- ✓ Current listing of the Board of Directors to include terms & if successive define
- ✓ Minutes of the Board of Directors meetings during the last twelve months- especially the one where BOD approved budget.
- ✓ Documentation of Board members being provided with program financial reporting
- ✓ HIPPA requirement documented
- ✓ Documentation of fund-raising expenses being justified
- ✓ 5-year PSG record retention policy documented
- ✓ Background checks required for PSG personnel working with children or persons with developmental disabilities

# Annual Monitoring - Continued

- ✓ Facilities safe, well maintained & physically accessible to customers
- ✓ Conflict of interest policy for employees and board members
- ✓ Nepotism policy
- ✓ Written policy prohibiting discrimination on the basis of race, religion, sex, nationality, handicap, or military status for employment, board membership or program services
- ✓ Administrative procedures manuals (accounting, personnel, purchasing, etc.)
- ✓ PSG funded employee personnel files, performance evaluations, job descriptions, timesheets, staff training logs, etc.
- ✓ Latest published audit report and PSG management letter - all deficiencies noted have been corrected and cleared
- ✓ Organization response to the PSG management letter
- ✓ Newest IRS Form 990
- ✓ All basic books of accounting (Quick Books printout or other computerized bookkeeper records in place of general ledger, cash receipt or cash disbursement journals regarding grant funds)

# Annual Monitoring - Continued

- ✓ Current approved and balanced operating budget detailed by cost center, source of funds and expenditure category that is balanced
- ✓ Supporting documentation for the quarterly reports submitted to the funding agencies
- ✓ Contract invoices and supporting documentation-usually turned in with fiscal report
- ✓ PSG funded travel reimbursement vouchers-usually turned in with fiscal report
- ✓ Property control records on PSG funded property only
- ✓ 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 - Continued

- ✓ Copies of educational materials made available to the public
- ✓ Current permit(s) 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
- ✓ Program eligibility requirements to include community outreach and program partnerships/collaborations
- ✓ Program client records (samples)
- ✓ Client satisfaction survey samples

# PSG Technical Support Team

## PSG Contact Information

- Devon Dignan- 255-8115
  - [ddignan@coj.net](mailto:ddignan@coj.net)
- John Snyder - 255-8202
  - [jsnyder@coj.net](mailto:jsnyder@coj.net)
- Kendra Mervin - 255 -5026
  - [kmervin@coj.net](mailto:kmervin@coj.net)



# Questions & Answers

