



Texas Veterans Commission Fund for Veterans' Assistance Grant Awards

Reimbursement Documentation Requirements (RDR)

**2023-2024 GRANTS
VERSION 1.2**

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1. Introduction

Accounting records, including expenditure reports, must be supported by adequate source documentation. Supporting documentation for each reported cost must provide the Proof of Cost Incurred as well as Demonstration of Payment made to the vendor. Texas Veterans Commission grants follow the authority of the **2 CFR 200 Federal Grant Management Regulations (2 CFR 200)** and Texas Grant Management Standards (**TxGMS**), **Request for Applications (RFA)** and **TVC Grant Program Requirements and Terms and Conditions (Program Requirements)**.

A. Purpose

The **Reimbursement Documentation Requirements (RDR)** identify the supporting documents accepted by the FVA for expenses. The RDR establishes guidelines for proper reporting and reimbursement of expenditure claims by Grantees.

B. Definitions

Cost Incurred. A cost for which an organization has become liable as documented in an invoice (not an estimate) or contracts and contract amendments, even if it has not yet received an invoice from a supplier as documentation of the cost.

Proof of Cost Incurred The record for an expense for a resource or asset within the scope of the awarded grant project billed to the Beneficiary or Grantee, in the form of an itemized invoice or statement from the vendor.

Demonstration of Payment. The record demonstrating payment by the Grantee for an expense of resources, assets, or services for beneficiaries within the scope of the awarded grant project based on the proof of cost incurred. A Demonstration of Payment is a bank statement or canceled check.

C. Common Acronyms

2 CFR 200. 2 Code of Federal Regulations, Part 200

FVA. Fund for Veterans' Assistance.

GO. Grant Officer.

PR. Grant Program Requirements & Terms and Conditions

PRR. Payment Reimbursement Request.

RDR. Reimbursement Documentation Requirements

RFA. Request for Applications

TxGMS. Texas Grant Management Standards

2. Securing and Maintaining Documentation

A. Grant Officer Role

Grant Officers, along with FVA management, will determine if the supporting documentation submitted is adequate for reimbursement.

B. General Guidelines

FVA may deny or disallow claims for unsupported expenses. FVA may require that funds reimbursed for unsupported expenses be returned if advertently paid to grantee.

1. Grantees must secure the proper beneficiary eligibility documentation before providing services to ensure all costs reported to FVA are provided to eligible beneficiaries.
2. Grantees must ensure that payments for rent, mortgage or utilities are for the beneficiaries' primary home of residence.
3. Grantees must ensure that payments for vehicle fuel, insurance, loan, and repair are for the beneficiaries' primary personal means of transportation.
4. Grantees should ensure all costs reported to FVA are budgeted and described in the budget narrative in the approved application and are allowable, reasonable, and allocable to the awarded grant project.
5. Grantees must report costs no later than 60 days from the date the payment has cleared the bank.
6. Grantees are required to maintain supporting documents for delivery of services and related expenditures for grant-funded activities in line with FVA's document retention policy.
7. Items purchased in bulk will be reimbursed on a per-item basis, after they are distributed to clients.

3. Supporting Documentation Guidelines

A. FVA Expense Approval Required

FVA approval of expenditures is required before the Grantee may be reimbursed for expenses. FVAs' approval is based on a complete review of all related supporting documents submitted for the claim and an evaluation of the awarded grant project's scope.

Proof of Cost Incurred and **Demonstration of Payment** for each expense must match the information reported on the monthly PRR.

B. Required Documents

1. **Submit the required supporting documentation.** Documents must be submitted with each line item entered in the PRR in the TVC Grant Portal.
2. **Submit proof of payment with check.** When a purchase or payment is made with a check, a legible copy of the canceled check must include both the front and back with endorsement.
3. **Submit proof of the full credit card payment** in addition to the Proof of Cost Incurred when requesting reimbursement for an item paid for with a credit card.
4. **Credit Card statement must include the first page** identifying the vendor and grantee information, total due and the pages that include the charges associated with the invoice paid.
5. **Beneficiary's name must be listed** on the bill, invoice, statement, lease, notice, or eviction submitted as Proof of Cost Incurred documentation.
6. **The most current** bill, invoice, statement, notice, or eviction must be submitted as Proof of Cost Incurred documentation. Grantees should make every attempt to receive the most current document to ensure all costs are accounted for and paid as part of the service.
7. **Rent lease must be current** or have a month-to-month clause if expired.
8. **Homeless Management Information System (HMIS)** database screen capture or printout verifying Veteran receiving services is homeless under Homeless Veteran Support.

C. Additional Documents or Information

1. FVA may question a cost that does not appear to be allowable, reasonable, and allocable to the grant project.
2. FVA staff may request additional documents or information from the grantee to determine if cost is allowable, reasonable, and allocable to the grant project.

D. Unallowable Documents

The following documents are unallowable for reimbursement purposes. Grantees may need to retain some of these documents for their records in accordance with document retention requirements.

1. **General ledgers as supporting documentation.** General ledgers are not adequate Proof of Cost Incurred or Demonstration of Payment.
2. **Documents that include redundant information** (such as organizational requests or internal approval forms) unless requested by FVA staff as additional information for clarification.
3. **Documents containing Personally Identifiable Information (PII).** Social Security Numbers and other PII must not be shown on supporting documents.
4. **Estimates, bids, or quotes in place of Proof of Cost Incurred.** Expense documentation must indicate the actual amounts owed or paid.
5. **Hand-written or typed letters, leases, invoices, and statements** that are not on official vendor form or letterhead.
6. **FVA will not reimburse grantees** who pay a client's bills when those bills are over 60 days old when presented by the client.
7. **Invoices, statements, and/or bills must be legible.** All parties should be able to view the information on the document with no difficulties.
8. **Invoices, statements, and/or bills cannot be altered** via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice. Grantees may write notes to illustrate the amount paid provided the notes do not negate or obscure figures on the original document.
9. **Payments made with personal credit cards or personal checks** are not allowable.

E. Sales Tax

Non-profit 501(c)3 organizations are tax-exempt and FVA does not reimburse sales tax for organizational supplies and other tax costs in direct support of the project.

1. Organizations should request tax exemptions when purchasing organization supplies or other organizations' direct cost that may contribute to the grant project.
2. Taxes incurred for services for beneficiaries are an allowable cost.

4. Documentation for Budget Subcategories

The budget subcategories listed in this section have more specific requirements for expense documentation accepted as part of a reimbursement request.

Grantees must prepare expense documentation that includes both Proof of Cost Incurred and Demonstration of Payment for each item where reimbursement is requested.

A. Salaries and Wages

Salaries are wage costs paid to part-time or full-time employees of your organization. For guidance on requesting reimbursement for contract labor costs, see **Section 6. Contracts**.

Grantees are not required to submit timesheet documents for allocated salaries. Maintain internally, timesheets that include the hours spent conducting grant funded activities, as required by the Records Retention policy and 2 CFR 200.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>(A) Employee Pay Stub</p> <p>OR</p> <p>(B) Employee Statement of Earnings</p> <p>OR</p> <p>(C) Payroll Register/Report</p> <p><u>A, B, or C above must include:</u></p> <ol style="list-style-type: none"> 1. Total hours worked by employee. 2. Pay period dates. 3. Gross pay for the pay period 	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment is made by EFT, ACH, Bank Transfer, Debit Transactions, provide a Bank Statement showing a summary of the payment transactions for the pay period.</p> <p>OR</p> <p>(C) If employee pay stub or earning statement includes the amount paid and proof of completed EFT or Direct Deposit transaction, then neither A nor B (listed above) are required for demonstration of payment</p>

B. Fringe Benefits

Fringe benefits are allowances and services provided by employers to their employees as compensation, in addition to regular salaries.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>(A) Maintained internal organization files.</p> <p>AND</p> <p>(B) Provide when requested by FVA staff</p>	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment is made by EFT, ACH, Bank Transfer, Debit Transactions, provide a Bank Statement showing a summary of the payment transactions for the pay period.</p> <p>OR</p> <p>(C) If employee pay stub or earning statement includes the amount paid and proof of completed EFT or Direct Deposit transaction, then neither A nor B (listed above) are required for demonstration of payment</p>

C. Travel

Travel must be project-related to be reimbursable on your FVA grant and budgeted for in your grant application. Reimbursement for travel costs will not exceed General Services Administration (GSA) rates. FVA does not reimburse travel costs until travel is completed.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>(A) Detailed log of travel mileage and reimbursement paid, signed by employee and supervisor (see travel logs below)</p> <p>AND / OR</p> <p>(B) Receipts for actual expenses (hotel, airfare, ground transportation, parking, tolls)</p> <p>AND / OR</p> <p>(C) Invoices for conference registration</p>	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

D. Supplies

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><i>If an organization makes a bulk-purchase, highlight items claimed under grant project budget.</i></p> <p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (excluding tax) (E) Date of Purchase <p>OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (excluding tax) (E) Date of Purchase 	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

E. Client Services

Client services include any service being offered to the beneficiaries of an awarded grant. This may include, but is not limited to, participant support costs. Invoices for contracted services directly delivered must be submitted for reimbursement under **Client Services**.

1) Employment Support

a) Job Skills & Training Programs

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of skill or training program (C) Dates of Training (D) Amount Paid per Item (E) Total Amount Paid <p>AND</p> <ul style="list-style-type: none"> (F) Date of Purchase 	<ul style="list-style-type: none"> (A) If payment is made with Check, provide cancelled check to include front and back with endorsement. <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

b) Tools & Uniforms

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (E) Date of Purchase <p>OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (E) Date of Purchase 	<ul style="list-style-type: none"> (A) If payment is made with Check, provide cancelled check to include front and back with endorsement. <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

c) Other Employment Support Services

Discuss with the grant officer what documents will be needed for other services or assistance. The documents needed may fall under other services listed in the RDR.

2) Financial Assistance

a) Housing: Lease or rental payment

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Lease or Rental Agreement must include:</u></p> <ul style="list-style-type: none"> (A) Owner Name (B) Tenant Name (C) Property Address (D) Term of Lease (E) Periodic amount due in the agreement <p>OR</p> <p><u>Eviction Notice must include:</u></p> <ul style="list-style-type: none"> (A) Date (B) Property Address (C) Tenant Name (D) Owner Name (E) Total Amount Due (F) Signature of Owner or Vendor 	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

A ledger from the apartment complexes/vendor may accompany the documents listed above to illustrate the added cost.

b) Housing: Mortgage Payments

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Mortgage or Loan must include:</u></p> <ul style="list-style-type: none"> (A) Lien Holder or Vendor Name (B) Beneficiary Name and Address (C) Property Address (D) Statement Date (E) Amount Due (F) Explanation of Amount Due 	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

c) Utility Payments

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Utility statement must include:</u></p> <p>(A) Vendor Name (B) Beneficiary Name and Address (C) Service Address (D) Statement Date (E) Amount Due</p>	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

d) Food Voucher Services

i. In Store Purchase

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Store Purchase must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (E) Date of Purchase (F) Must follow Program Requirements Appendix B</p>	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

ii. Bulk Purchase for pantry service

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Store Purchase must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (E) Date of Purchase Must follow Program Requirements Appendix C</p> <ol style="list-style-type: none"> 1. Submit only once until next bulk purchase 2. Items will be divided and placed distributed to beneficiary 3. Cost of bag/box is based on cost of contents 4. Reimbursement will be the cost of the contents distributed to beneficiary 	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

5. List of beneficiary names who received pantry bag/box	
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Food & Hygiene Pantry - grantees that purchase bulk canned and dry foods to support pantry services from their office will calculate the cost of the items they may include in a “bundled pantry box” that is given to beneficiaries.

Grantees will claim the cost of items provided in the bundled pantry box as one total cost for each pantry box provided to the beneficiary once provided.

e) Transportation Assistance

i. Bulk Bus Pass Purchase

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (E) Date of Purchase</p> <p>1. Submit only once until next bulk purchase 2. Reimbursement will be the cost of each bus pass distributed to beneficiary 3. List of beneficiary names who received bus passes and total cost of all passes issued to each beneficiary</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

ii. Single bus pass, ride share, or cab fare purchase

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Pickup and drop-off addresses (D) Purpose of trip (E) Amount Paid per Item (F) Total Amount Paid Date of Purchase OR</p> <p><u>Receipt must include:</u></p> <p>A) Vendor Name (B) Description of Items (C) Pickup and drop-off addresses (D) Purpose of trip (E) Amount Paid per Item (F) Total Amount Paid Date of Purchase</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

iii. Vehicle fuel purchase

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Gas Pump Receipt must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Gallons Purchased (C) Price per Gallon (D) Total Amount Paid (E) Date of Purchase 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

iv. Vehicle repair

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice from Licensed Repair Facility or Business must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Client Name and Address (C) Vehicle Info (make, model, year) (D) Description of Repair (E) Amount paid per repair part (F) Total amount for labor (G) Total amount for all parts (H) Total Amount Paid (I) Date of Purchase 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

v. Vehicle insurance

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Vehicle insurance policy statement must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Client Name and Address (C) Policy Number (D) Vehicle Info covered (make, model, year) (E) Statement Date (F) Amount Due 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

vi. Vehicle loan

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Loan statement must include:</u></p> <p>(A) Vendor Name (B) Client Name and Address (C) Statement Date (D) Amount Due (E) Loan Statement must include vehicle information (make, model, year)</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

f) Drop-In Child Care or Adult Care

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Client Name and Address (C) Date of Invoice (D) Description of Service (E) Names of all Children or Adults served (F) Dates services were provided (G) Amount per day or week for services (H) Total Amount Paid</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

g) Funeral Costs

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice (or services agreement) from funeral home must include:</u></p> <p>(A) Vendor Name (B) Name of Deceased (C) Date of Death (D) Date of Funeral Service (E) Description of Services (F) Cost of each service listed in invoice (G) Total Amount (H) Signatures of funeral home staff <u>and</u> surviving family representative</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

h) Assistive Technologies

i. Assistive Technologies (Purchased for Later Issuance)

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<u>Invoice must include:</u> (A) Vendor Name (B) Date of Invoice (C) Description of Item(s) (D) Amount Paid per Item (E) Subtotal Cost (F) Total Amount Paid (G) List of Clients Receiving Items (H) Doctor's Prescription	(A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

Doctor's Prescription: refer to Program Requirements, Appendix A. Approved Assistive Technology Items

ii. Assistive Technologies (Purchased Directly for Clients)

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<u>Invoice must include:</u> (A) Vendor Name (B) Date of Invoice (C) Description of Item(s) (D) Amount Paid per Item (E) Subtotal Cost (F) Total Amount Paid (G) List of Clients Receiving Items (H) Doctor's Prescription	(A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

i) Restorative Dental Care

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<u>Dentist office invoice must include:</u> (A) Vendor Name (B) Date of Invoice (C) Description of Procedure (D) Amount Paid per Procedure (E) Total Amount Paid (F) Client/Patient Name	(A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

j) Household Goods

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item Total Amount Paid (excluding taxes) (D) Must follow Program Requirements Appendix D (E) Date of Purchase OR</p> <p><u>Receipt must include:</u></p> <p>A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (E) Date of Purchase</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

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3) Homeless Veteran Support

Refer to other programs to determine the required documents for additional services provided, such as **Financial Assistance**, **Supportive Services**, or **Transportation Assistance**.

a) Shelter / Bed Night(s)

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<u>Itemized tracker required. Must include:</u> (A) Client Full Name (B) Date(s) in Shelter (C) Total Number of Days in Shelter (D) Cost Per Day (E) Total Amount Paid (F) Homeless Management Information System (HMIS) database screen capture or print out.	Cost determined during negotiations for homeless veteran clients to be housed in shelter per night.

4) Pro Bono Legal Services

Client services are provided via budgeted staff under **Salaries and Wages**.

5) Referral Services

Client services are provided via budgeted staff under **Salaries and Wages**.

6) Supportive Services

a) Assistive Technology

Refer to Assistive Technologies in Section (h) above.

b) Meal Services

i. Meals Purchased from Third Party for Distribution

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Description of Item(s) (D) Quantity of Item(s) (E) Amount Paid per Item <p>AND</p> <p>List of Clients that received meals:</p> <ol style="list-style-type: none"> 1. Number of meals per client 2. Cost per meal 3. Total cost per Client 	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period.</p>

ii. Meals Prepared at Grantee's Facilities for Distribution

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<ul style="list-style-type: none"> (A) List of Clients/Beneficiaries that were provided meals. (B) Number of Meals per Client (C) Cost per meal (D) Total Cost per Client 	<p>Cost determined during negotiations for meal rates.</p>

c) Elder Care Services

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Client Name and Address (D) Description of Service(s) (E) Number of Elders Served (F) Date(s) of Service (G) Amount Paid per day or per week. (H) Total Amount Paid 	<ul style="list-style-type: none"> (A) If payment is made with Check, provide cancelled check to include front and back with endorsement. OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

d) Family Support Services

Refer to other programs to determine the required documents for other services provided, such as **Drop-In Child Care or Adult Care, Financial Assistance, Supportive Services, Transportation Assistance.**

7) Transportation Programs & Services

a) Contracted Driver for Organization Vehicle

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Travel Log for Driver must include:</u></p> <ul style="list-style-type: none"> (A) Driver Name (B) Date of Each Trip (C) Description (purpose) of Each Trip (D) Start and End Point of Each Trip (E) Total Miles of Each Trip (F) Time Duration (Hrs/Mins) of Each Trip (G) Number of Passengers Each Trip (H) Total Hours Driven for month per Driver (I) Driver Cost/Labor per Hour (J) Total cost of all trips for month (K) Driver Signature (L) Supervisor Signature <p>AND</p> <p>Client Log showing all clients driven during the Month and the purpose of their trip.</p>	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

b) Transportation service provided by Third Party

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Description (purpose) of Service(s) (D) Amount / Rate per Service (E) Total Amount (F) Date of Service(s) (G) List of Clients receiving services 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

8) Home Modification

A request for reimbursement must be submitted only when the Housing for Texas Heroes (HTX) project is complete, and the final inspection has been certified.

The Housing for Texas Heroes Grant Project Checklist provides guidance for additional documents grantees must collect and maintain for each Housing for Texas Heroes project.

Do not submit the documents listed on the Housing for Texas Heroes Grant Project Checklist for reimbursement unless specifically required.

Before and After pictures of each job component of HTX projects must be included in the supporting documents submitted with the reimbursement request.

Copy of the Warranty Deed, Special Warranty Deed, Irrevocable Trust, or County Appraisal District website listing the Beneficiary as the owner of the property/home being modified, repaired, or weatherized must be submitted with the reimbursement request.

a) Home Repair/Modification performed by contractor

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>1) Housing for Texas Grant Project Form 2) Verification of Homeownership 3) Before and After Photos</p> <p>AND</p> <p><u>Itemized Invoice must include:</u> (A) Vendor name and address (B) Date of invoice (C) Client name and address (D) Date of repair (E) Description of the repairs/modifications (F) Room/area in home per contract (G) Cost of materials (H) Cost of labor (I) Total cost</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

b) Home Repair/Modification performed by employees

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>1) Housing for Texas Grant Project Form 2) Verification of Homeownership 3) Before and After Photos</p> <p>AND</p> <p><u>Itemized Invoice must include:</u> (A) Client name and address (B) Date of repair (C) Description of the repairs/modifications (D) Room/area in home per contract (E) Cost of materials (F) Cost of labor (G) Total cost</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

9) Veterans Mental Health Program and Service Categories

Clinical Counseling – Unit Cost

For organizations that budgeted a unit cost for counseling services.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Counseling Log or Invoice must include:</u></p> <ul style="list-style-type: none">(A) Date of Counseling(B) Time of Counseling (start & end)(C) Patient ID(D) Counselor's Name(E) Type of Counseling(F) Unit Cost as listed in budget for the specific counseling provided(G) Signature attesting to true and accurate documentation of services provided <p>*Mental Health grantees should not submit information that violates HIPAA</p>	<p>Not Required for Unit Cost</p>

10) Veterans Treatment Court Program

Client services are provided via budgeted staff under **Salaries and Wages**. Refer to other programs to determine the required documents for other services provided to the client, including **Financial Assistance, Homeless Veterans Support, & Transportation Assistance**.

11) Veteran County Service Office Grants

Refer to other programs to determine the required documents for your awarded service category and approved grant budget.

12) Other Type of Assistance

If the RDR does not explicitly describe the budgeted cost for reimbursement, contact FVA Staff for guidance. Grantees must obtain pre-approval before expending funds or requesting reimbursement, or FVA may not be able to reimburse that cost.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Client Name and Address (D) Description of Service(s) (E) Date Service Provided (F) Amount per Service Provided (G) Total Amount <p>AND / OR</p> <p>Alternate documentation pre-approved by FVA before the cost is incurred.</p>	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

F. Other Direct Costs

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection.

Invoices for contracted services impacting the beneficiary but not directly delivered must be submitted for reimbursement under **Other Direct Costs**.

1) Printing and Outreach

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) / Item(s) (E) Number of Service(s) / Item(s) (F) Amount / Rate per Service / Item (G) Subtotal Cost (H) Total Amount 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

2) Training Materials

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) / Item(s) (E) Number of Service(s) / Item(s) (F) Amount / Rate per Service / Item (G) Subtotal Cost (H) Total Amount 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

3) Transportation: Grantee Fuel

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Fuel Type (E) Number of Gallons (F) Cost per Gallon (G) Subtotal Cost (H) Total Amount 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

4) Transportation: Grantee Vehicle Maintenance

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) performed (E) Cost of each Service performed (F) Subtotal Cost (G) Total Amount 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

5) Overnight Shipping

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) (E) Package Type (F) Sender Name and Address (G) Recipient Name and Address (H) Cost per Service (I) Total Cost 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

6) Postal Service

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Class of Mail (D) Package Type (E) Delivery Location (city, state, zip) (F) Unit Price (G) Total Cost 	<ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

G. Recurring Costs

Recurring Costs are standardized costs which apply to agency assets that the project requires to operate. Documentation for recurring costs must be submitted at the start of the grant cycle in July.

1) Submit for First Reimbursement

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Billing Statement from Vendor must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Statement (C) Client Name and Address (D) Description of Service/Cost (E) Date Cost Incurred (F) Recurring Amount per Interval (G) Total Amount 	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

2) Submit for Subsequent Reimbursement

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>No Proof of Cost required for subsequent reimbursements on recurring costs</p>	<p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

H. Contracts

Contracts and contractor expenses are reported in the **Client Services** and **Other Direct Costs** budget categories.

1) Executed Contracts

For a contract to be considered valid and fully executed, it must:

A.) Include dual-party signatures from the Grantee organization and Contractor,

And

B.) Be current, with coverage dates inside the active grant period.

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection on labor materials.

FVA only reimburses Contractor costs that are included in the approved grant budget.

2) Contractor Invoice Requirements

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Contractor Invoice must include:</u></p> <ul style="list-style-type: none">(A) Contractor Name(B) Date of Invoice(C) Client Name (or Patient ID Number)(D) Description of Service(s)(E) Date of Service(s)(F) Amount per Service(G) Total Amount <p>*Mental Health grantees should NOT submit information that violates HIPAA</p>	<p>(A) If payment is made with Check, provide cancelled check to include front and back with endorsement.</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p>

I. Credit Cards

Grantee organizations may use organization-issued credit cards to make purchases for **Travel, Supplies, Client Services, and Other Direct Costs**. When an organization-issued credit card is used, there are additional requirements for Proof of Cost Incurred and Demonstration of Payment in addition to the items referenced earlier in sections of this booklet.

The credit card statement must be paid in full. FVA will not reimburse the grantee unless the monthly statement is paid in full for the month the cost was incurred.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor/Contractor Name (B) Date of Invoice (C) Client Name (or Patient ID Number) (D) Description of Service(s) (E) Date of Service(s) (F) Amount per Service (G) Total Amount <p>AND</p> <p>Credit card statement, showing:</p> <ul style="list-style-type: none"> 1. The Periodic Statement Total 2. Transaction amount that MATCHES the itemized receipt/invoice <p>AND ONE of THESE:</p> <p>Original itemized invoice</p> <p>OR</p> <p>Receipt for the item or service</p>	<p>Proof of payment for the credit card statement</p> <p>AND ONE of THESE:</p> <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period

Texas Veterans Commission Fund for Veterans' Assistance

WWW.TVC.TEXAS.GOV/GRANTS

2023-2024 GRANTS

VERSION 1.2

FUND FOR VETERANS' ASSISTANCE WEBSITE

[https:// www.tvc.texas.gov/grants](https://www.tvc.texas.gov/grants)

The Texas Veterans Commission (TVC) is firmly committed to the principal of fair and equal employment opportunities and the provision of services without regard to race, color, sex, religion, national origin, age, physical disability, or genetic information.