



RHODE ISLAND OFFICE OF
Healthy  **Åging**

Empowering older Rhode Islanders
and adults living with disabilities to
age healthfully, happily, and safely

Reviewing Rules and Changes to OHA's Grant and Contract Process

Grants and Contracts:

Grant Closeout Checklist

For Grants Ending 9/30



1. Check to see if you have fully invoiced for the previous year



2. Communicate with you program manager if

- are unsure about invoice status
- need to request to carry forward funding (not always possible but OHA inform you)
- have additional questions



3. Ideally, grants will be fully expended during the performance period

Grants and Contracts:

What changing?



1. New Communication Timeline for Notices of Award



2. New Excel Based Budget and Invoice Forms



3. New Backup Requirement and Policy



4. New Required Invoicing Schedule



5. Closer Collaboration and Ongoing Training as Needed

***STARTING WITH
GRANT RENEWALS
DATED 10/1/21
AND LATER***

Grants and Contracts:

Why are changes needed?



1. Timing: Purchasing requires a PO to be fully in place before any work begins on a contract



2. Budget & Invoice: Word based documents allow for more errors and are not standardized



3. Backup: Purchasing requires invoice to be based on reimbursement and must be supported by backup. OHA changed these requirements in the past, but we have a new modified process to keep this simple for everyone.



4. Invoicing: OHA will require monthly invoicing (if you or your program do not fit well with monthly invoicing, we will work with you to accommodate)



5. Collaboration & Training: OHA will support you and your team as needed in anyway we can!



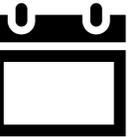
New Timeline: Our Goals

July 2021

August 2021

September 2021

By October 1, 2021



2-3 Months Before
Renewal

2-3 Weeks After
NOA is received

1-4 Weeks after
budget is approved
by OHA

2-3 Weeks after
a contract is
returned signed

2-3 Weeks after
a contract is
returned signed

OHA sends new
NOA to vendors
and requests a
budget

Vendor
completes and
returns budget to
OHA for approval

OHA completes
internals checks
and sends a
contract to
Vendor for
Signature

Contract goes to
Purchasing and a
PO is generated

Vendor is
notified of PO
creation and
work/invoicing
can begin



New Timeline: Important Requirement

1. Timing: Purchasing requires a PO to be fully in place before any work begins on a contract
 - No work can begin until you have a fully executed contract with an open PO (Purchase Order) from our finance department
2. How will we know a PO is in place and what is the process?
 - Once a contract is sent to you, your agency will need to sign and complete all addendums
 - The contract is sent back to OHA, and then it has to go through the state purchasing process to be finalized and create a PO
 - It can take to 2-4 weeks for purchasing to notify OHA of approval, at which point OHA will notify your agency via email that the contract is fully executed and has an open PO
 - At this point, work can begin, and the agency is eligible to submit for reimbursement

- INVOICES DATED PRIOR TO THE DATE OF PO MAY NOT BE REIMBURSABLE



2. New Budget and Invoice forms in Excel format & 3. New Invoice backup process – Attestation

OHA 21 Excel Budget



Why:

- Reduces Errors
- Ensures Proper Calculations
- Easy to use

OHA 21 Excel Invoice with Attestation



Why:

- Ensures Compliance
- Avoids Mountains of Paper

Let's review these together

The Budget form has two parts – the first page “Summary” and the remaining tabs are the “Detail” pages



2. New Budget form in Excel format - SUMMARY PAGE

Performance Period- FROM:		TO:	
AGENCY NAME:		DATE MODIFIED:	
ADDRESS:		TELEPHONE:	
PROGRAM:		FEIN #:	
PO# (OHA ONLY)		DUNS #:	
COST CATEGORY	TOTAL AMOUNT OF EACH COST (including RIOHA funding)	OHA FUNDING ALLOCATED TO EACH COST	
DIRECT PROGRAM COSTS:			
PERSONNEL			
FRINGE BENEFITS			
CONSULTANTS & SUBCONTRACTS			
TRAVEL			
PRINTING			
SUPPLIES			
EQUIPMENT			
OTHER			
TOTAL DIRECT CHARGES:			
INDIRECT CHARGES*:			
TOTAL PROJECT COSTS: *			

- "Performance Period" and "Program" will be on your Notice of Award

- "Date Modified": most recent edit

- "Total Amount of Each Cost" is the total cost to your agency to run this program

- "OHA Funding Allocated to Each Cost" is the amount of funding per the Notice of Award you plan to bill OHA for by category.

- All lines should summarize and reflect the detail pages in the budget

- Special calculator to simplify Personnel and Fringe (on the "Personnel" page)



2. New Budget form in Excel format - SUMMARY PAGE

Performance Period- FROM:	TO:	
AGENCY NAME:	DATE MODIFIED:	
ADDRESS:	TELEPHONE:	
PROGRAM:	FEIN #:	
PO# (OHA ONLY)	DUNS #:	
COST CATEGORY	TOTAL AMOUNT OF EACH COST (including RIOHA funding)	OHA FUNDING ALLOCATED TO EACH COST
DIRECT PROGRAM COSTS:		
PERSONNEL		
FRINGE BENEFITS		
CONSULTANTS & SUBCONTRACTS		
TRAVEL		
PRINTING		
SUPPLIES		
EQUIPMENT		
OTHER		
TOTAL DIRECT CHARGES:		
INDIRECT CHARGES*:		
TOTAL PROJECT COSTS: *		

- Note there are two columns, “TOTAL AMOUNT OF EACH COST (including RIOHA funding)” and “OHA FUNDING ALLOCATED TO EACH COST”
- “TOTAL AMOUNT OF EACH COST (including RIOHA funding)” Should describe the total cost for your agency to run a program. If there are non-OHA funds used to run a program those should be included in this column
- “OHA FUNDING ALLOCATED TO EACH COST” should always equal the amount you were awarded in your contract. This column should detail how you will spend the OHA funds for this award
- This column is also the column that should be reflected on other tabs in the budget



2. New Budget form in Excel format – DETAILS – Project Resources

RHODE ISLAND OFFICE OF HEALTHY AGING (RIOHA)
EXHIBIT B
BUDGET

PROJECT RESOURCES	
RESOURCES CONTRIBUTED BY AGENCY:	
USED AS MATCH:	
CASH	
IN KIND	\$
NOT USED AS MATCH:	
CASH	\$
IN KIND	\$
TOTAL REQUEST FROM RIOHA :	
TOTAL PROJECT RESOURCES (must equal total Project costs):	\$0

PROJECT COSTS | **PROJECT RESOURCES** | PER:

- This page is used to demonstrate if there is a difference between the “Total Project Cost” and the “Cost Allocated to OHA”; in other words, is there a difference between what it costs your agency to run a program and what OHA is granting you to run the program
- Record the details of your costs here, including any “In Kind” resources your agency is donating to the program.
- If your resources are being used to meet a required match list them at the top under “Cash” and In “Kind”
- If they are not being used for a required match, list them at the bottom (note- your Notice of Award should tell you if there is an expected match)



2. New Budget form in Excel format – DETAILS - Personnel

RHODE ISLAND OFFICE OF HEALTHY AGING (RIOHA)					TOTAL AMOUNT(\$) CHARGEABLE TO PROJECT
POSITION TITLE				PERCENTAGE OF TIME DEVOTED TO PROJECT %	
DESCRIPTION OF GRANT DUTIES	SALARY	FRINGE	TOTAL ANNUAL COMPENSATION \$		
Sample Entry (DO NOT REMOVE) <i>Fill out Column B, C and F. Columns D and E will tabulate based on the information entered. Do not delete this sample, please continue below the black bar.</i>	50,000.00	5,000.00	55,000.00	45.45%	25,000.00
			0.00	#DIV/0!	
			0.00	#DIV/0!	
			0.00	#DIV/0!	
			0.00	#DIV/0!	
			0.00	#DIV/0!	
			0.00	#DIV/0!	
			0.00	#DIV/0!	

- Do not delete or overwrite the “Sample” Leave it and enter your Data below the black bar

- OHA has tried to simplify the calculating of personnel costs on this new budget

- You no longer need to calculate the % of time allocation – this will happen automatically

- Simple enter the correct information in the “Salary” and “Fringe” columns, and then in the last column “Total Amount Chargeable to Project” enter the amount you want to charge OHA for this individual

- Let’s review the example



2. New Budget form in Excel format – DETAILS – Personnel (continued)

Performance Period- FROM:		TO:	
AGENCY NAME:		DATE MODIFIED:	
ADDRESS:		TELEPHONE:	
PROGRAM:		FEIN #:	
PO# (OHA ONLY)		DUNS #:	

COST CATEGORY	TOTAL AMOUNT OF EACH COST (including RIOHA funding)	OHA FUNDING ALLOCATED TO EACH COST	Summary for Summary Page	Fringe for Summary Page
DIRECT PROGRAM COSTS:				
PERSONNEL			181.82	1,818.18
FRINGE BENEFITS				
CONSULTANTS & SUBCONTRACTS			831.97	1,168.03
TRAVEL			>DIV/0!	#DIV/0!
PRINTING				
SUPPLIES			>DIV/0!	#DIV/0!
EQUIPMENT				
OTHER			>DIV/0!	#DIV/0!
TOTAL DIRECT CHARGES:			1,013.79	2,986.21
INDIRECT CHARGES*:				
TOTAL PROJECT COSTS: *				

Summary Page Calculator
Use the total at the bottom for your summary page!

Note: Summary times C

Totals for the "Summary" Page

- Remember the “Detail” tab requires Personnel and Fringe to be calculated and listed separately, so OHA created a simple calculator to assist with this process
- As you enter your staff “Salary”, “Fringe”, and “Total Amount Chargeable” the pink highlighted columns will automatically keep track of the total value you need to enter on the summary page
- The value for the column titled “OHA Funding Allocated to Each Cost” on the “Summary” tab will appear next to the blue arrow at the bottom



2. New Budget and form in Excel format – DETAILS – Explanation of Direct and Indirect

RHODE ISLAND OFFICE OF HEALTHY AGING (RIOHA) EXHIBIT B BUDGET			
EXPLANATION OF OTHER DIRECT EXPENSES			
EXPENSE CATEGORY	DESCRIPTION	TOTAL COST \$	TOTAL AMOUNT (\$) CHARGEABLE TO OHA
CONSULTANTS			
TRAVEL			
PRINTING / TELEPHONE / POSTAGE / INTERNET			
SUPPLIES			
EQUIPMENT			
INSURANCE /LICENSES AND REGISTRATIONS			
OTHER			
TOTAL REQUEST FROM RIOHA			0.00
EXPLANATION OF INDIRECT EXPENSES			
EXPENSE CATEGORY	DESCRIPTION	TOTAL COST \$	TOTAL AMOUNT (\$) CHARGEABL
TOTAL REQUEST FROM RIOHA			0
EXPLANATION OF OTHER RESOURCES APPLIED TO TOTAL PROJECT COST			
DESCRIPTION			AMOUNT

- This tab is used to calculate non-personnel costs
- Again, each of these totals should be reflected on the “Summary” tab
- Input items you need for your program, including both the “Total Cost” and the “Total Amount Chargeable to OHA”
- Add additional rows if needed
- Contact OHA Finance with any form specific issues or questions
- Include a brief explanation of each Direct cost and total Indirect cost
- Brief description of any additional resources if needed



2. New Budget and form in Excel format – DETAILS – Indirect Cost Rate Certification

INDIRECT COST RATE CERTIFICATION

In accordance with the requirements in Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards section 2 CFR 200.414 - INDIRECT (F&A) COSTS; any non-Federal entity that has never received a negotiated indirect cost rate may elect to charge a de minimis rate of 10 percent.

•As described in § 200.403 Factors affecting allowability of costs, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

VENDOR NAME has never negotiated an indirect cost rate and acknowledges the requirements set forth in the aforementioned paragraph.

The individual executing this document on behalf of VENDOR NAME represents and warrants that she has been duly authorized to do so.

Entity:	
By (Signature):	
Name and Title	
Date:	

- Use this tab only if your agency:
 - Does not have a Federally Negotiated ICR
 - Is billing for the “de minimis” rate of 10% for Indirect costs
- Be sure to provide OHA with the most recent copy of your Federally Negotiated ICR if applicable



2. New Budget form in Excel format – DETAILS – Personnel (continued)



Budget Questions?



2. New Invoice form in Excel format & Invoice Attestation

RHODE ISLAND OFFICE OF HEALTHY AGING				
INVOICE				
Agency:			OHA USE ONLY	
Agreement Number:			Receipt #:	
Title of Agreement:			Invoice #:	
Expenditure Period From: To:			FM Approval:	
Agreement Period From: To:				
FEIN:				
Funds Received to Date: \$0.00				
MUST MATCH APPROVED BUDGET IN THE AGREEMENT				
COST CATEGORIES	BUDGETED AMOUNT	BUDGET EXPENDITURES DURING PERIOD	TOTAL EXPENDED TO DATE	BALANCE AVAILABLE
	Column A	Column B	Column C	Column A - Column B
PERSONNEL AND FRINGE CONSULTANTS AND SUB CONTRACT SERVICES	\$ -	\$ -	\$ -	\$ -
TRAVEL	\$ -	\$ -	\$ -	\$ -
PRINTING	\$ -	\$ -	\$ -	\$ -
MATERIALS AND SUPPLIES	\$ -	\$ -	\$ -	\$ -
EQUIPMENT	\$ -	\$ -	\$ -	\$ -
OTHER COSTS	\$ -	\$ -	\$ -	\$ -
INDIRECT	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$0.00	\$0.00

I hereby certify that I have reviewed this fiscal report and invoice, I verify that the information contained above is true and correct to the best of my knowledge. By signing below, I also certify that the payment request is for valid services per the agreement with the Rhode Island Office of Healthy Aging and Uniform Grant Guidance 2 CFR 200 et seq.

Total Due For The Period Reported:	\$	-
Signature of OHA Manager	Signature of Authorized Agent	
Print Name, Title	Print Name, Title	

- Very similar to the word version, this can be a tool
- A correctly filled out invoice will help you fill out the subsequent invoice and track your grant spend down
- Let's break down the key parts

INVOICE

PERSONNEL Back Up.

NONPERSONNEL Back Up

2. New Invoice form in Excel format & Invoice Attestation



Agreement Number: CARESIIIB21-01

AGREEMENT

Between the

STATE OF RHODE ISLAND OFFICE OF HEALTHY AGING

and

City of OHAville

Name of Contractor: City of OHAville
 Title of Agreement: CARES IIIB: Supportive Services Senior Centers
 Basis for Contract: Delegated Authority
 Contract Award: \$12,345.00
 Performance Period: October 1, 2020 to September 30, 2021

RHODE ISLAND OFFICE OF HEALTHY AGING

INVOICE

- The top area information can be mostly found on your signed contract, importantly “Agreement Number” must now be included
- The only items that will change on this top part are the “Expenditure Period” and “Funds Received to Date”
- Expenditure Period should be the month for which you are requesting reimbursement for, e.g. “11/1/21-11/30/21”
- Funds received to date is simply what you have received from previous invoices

Agency:

OHA USE ONLY

Agreement Number:

Receipt #:

Title of Agreement:

Expenditure Period From:

To:

Agreement Period From:

To:

FEIN:

Invoice #:

Funds Received to Date:

\$0.00

FM Approval:



2. New Invoice form in Excel format

COST CATEGORIES	BUDGETED AMOUNT	BUDGET EXPENDITURES DURING PERIOD	TOTAL EXPENDED TO DATE	BALANCE AVAILABLE
	Column A	Column B	Column C	Column A - Column C
PERSONNEL AND FRINGE				
CONSULTANTS AND SUB CONTRACT SERVICES	\$ -	\$ -	\$ -	\$ -
TRAVEL	\$ -	\$ -	\$ -	\$ -
PRINTING	\$ -	\$ -	\$ -	\$ -
MATERIALS AND SUPPLIES	\$ -	\$ -	\$ -	\$ -
EQUIPMENT	\$ -	\$ -	\$ -	\$ -
OTHER COSTS	\$ -	\$ -	\$ -	\$ -
INDIRECT	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$0.00	\$0.00

I hereby certify that I have reviewed this fiscal report and invoice, I verify that the information contained above is true and correct to the best of my knowledge. By signing below, I also certify that the payment request is for valid services per the agreement with the Rhode Island Office of Healthy Aging and Unifrom Grant Guidance 2 CFR 200 et seq.

Total Due For The Period Reported:	\$ -
Signature of OHA Manager	Signature of Authorized Agent
Print Name, Title	Print Name, Title
Date	Date

OHA INVOICE; REVISED 12/30/20

- This section does several things, organized by column
- “Budgeted Amount - Column A” should match your approved budget for this program, this column wont change (unless you modify your budget)
- “Budgeted Expenditures During Period - Column B” here you should input the expenses you are billing OHA for during the billing period, for example you should input the amount you are requesting reimbursement for during the period 11/1/21-11/30/21
- “Total Expended to Date – Column C” should be the total amount including this current invoice you have requested so far
- “Balance Available, Column A – Column C” This column will calculate what amount is remaining on the grant
- Sign the bottom before submitting



2. New Invoice form in Excel format

“Billed to Grant During this Invoice Period”

RHODE ISLAND OFFICE OF HEALTHY AGING - PERSONNEL SUPPORTING DOCUMENTATION ATTESTATION (NOTE: ALL ORIGINAL BACKUP MUST BE MAINTAINED ON SITE)

RHODE ISLAND OFFICE OF HEALTHY AGING POSITION TITLE DESCRIPTION OF GRANT DUTIES	TOTAL ANNUAL COMPENSATION \$	PERCENTAGE OF TIME DEVOTED TO	TOTAL AMOUNT(\$) CHARGEABLE TO PROJECT	TOTAL AMOUNT BILLED TO GRANT	TOTAL AMOUNT BILLED TO DATE	BALANCE AVAILABLE
Sample <i>Enter all relevant information from budget form.</i>	50,000.00	25%	\$12,500.00	5000.00	10000.00	\$ (2,500.00)
			\$0.00			\$ -
			\$0.00			\$ -
TOTAL REQUEST FROM RIOHA			\$0.00	\$0.00	\$0.00	\$0.00

I hereby certify that I have reviewed this invoice, I verify that the information contained above is true and correct to the best of my knowledge and that all original personnel supporting documentation will be retained at the contractor's location. I agree that the Office of Healthy Aging may request the full supporting documentation for any invoice at any time and that the supporting documentation must be provided to the Office of Healthy Aging within 2 business days. By signing below, I also certify that the payment request is for valid services per the agreement with the Rhode Island Office of Healthy Aging and Unifrom Grant Guidance 2 CFR 200 et seq.

Signature of Authorized Agent	Print Name	Date
-------------------------------	------------	------

- Similarly, the “Personnel Back Up” tab also tracks spend over time and should reflect the Personnel page on your approved budget.
- The first three columns come from your approved Budget
- The last three columns are “Total amount billed to grant during the invoice period” (sorry this got a but cut off due to the size of the slide, it will look correct on the actual invoice) this is where you indicate what you are billing for on this invoice
- “Total billed to date” and “Balance Available” are the same as previously discussed
- Review the attestation in yellow and sign the tab
- More about the attestation to follow



2. New Invoice form in Excel format

CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC	TOTAL AMOUNT(\$)	TOTAL AMOUNT	TOTAL AMOUNT	BALANCE
		CHARGEABLE TO PROJECT	BILLED TO GRANT DURING	BILLED TO DATE (INCLUDING THIS	AVAILABLE
					\$0
					\$0
					\$0
					\$0
					\$0
	CATEGORY TOTAL-	\$0	\$0	\$0	\$0
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC	TOTAL AMOUNT(\$)	TOTAL AMOUNT	TOTAL AMOUNT	BALANCE
		CHARGEABLE TO PROJECT	BILLED TO GRANT DURING	BILLED TO DATE (INCLUDING THIS	AVAILABLE
					\$0
					\$0
					\$0
					\$0
	CATEGORY TOTAL-	\$0	\$0	\$0	\$0
PRINTING	DESCRIPTION	TOTAL AMOUNT(\$)	TOTAL AMOUNT	TOTAL AMOUNT	BALANCE
		CHARGEABLE TO PROJECT	BILLED TO GRANT DURING	BILLED TO DATE (INCLUDING THIS	AVAILABLE
					\$0
					\$0
					\$0
	CATEGORY TOTAL-	\$0	\$0	\$0	\$0
SUPPLIES	DESCRIPTION	TOTAL AMOUNT(\$)	TOTAL AMOUNT	TOTAL AMOUNT	BALANCE
		CHARGEABLE TO PROJECT	BILLED TO GRANT DURING	BILLED TO DATE (INCLUDING THIS	AVAILABLE
					\$0
					\$0

- The “Non-Personnel Back Up” tab also tracks spend over time and should reflect the “Non-Personnel” page on your approved budget.
- This tab operates like the other ones we have discussed - you match what is on your approved budget and fill out the four columns in the same way
- This page also has an Attestation and Signature section on the bottom

I hereby certify that I have reviewed this invoice, I verify that the information contained above is true and correct to the best of my knowledge and that all original non-personnel supporting documentation will be retained at the contractor's location. I agree that the Office of Healthy Aging may request the full supporting documentation back up for any invoice at any time and that the supporting documentation must be provided to the Office of Healthy Aging within 2 business days. By signing below, I also certify that the payment request is for valid services per the agreement with the Rhode Island Office of Healthy Aging and Uniform Grant Guidance 2 CFR 200 et seq.

Signature of Authorized Representative _____ Print Name _____ Date _____

What is this new Attestation?



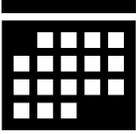
3. Backup: Purchasing requires invoice to be based on reimbursement and must be supported by backup. OHA changed these requirements in the past, but we have a new modified process to keep this simple for everyone.

I hereby certify that I have reviewed this invoice, I verify that the information contained above is true and correct to the best of my knowledge and that all original personnel supporting documentation will be retained at the contractor's location. I agree that the Office of Healthy Aging may request the full supporting documentation for any invoice at any time and that the supporting documentation must be provided to the Office of Healthy Aging within 2 business days. By signing below, I also certify that the payment request is for valid services per the agreement with the Rhode Island Office of Healthy Aging and Uniform Grant Guidance 2 CFR 200 et seq.

I hereby certify that I have reviewed this invoice, I verify that the information contained above is true and correct to the best of my knowledge and that all original non-personnel supporting documentation will be retained at the contractor's location. I agree that the Office of Healthy Aging may request the full supporting documentation back up for any invoice at any time and that the supporting documentation must be provided to the Office of Healthy Aging within 2 business days. By signing below, I also certify that the payment request is for valid services per the agreement with the Rhode Island Office of Healthy Aging and Uniform Grant Guidance 2 CFR 200 et seq.

- OHA in the past changed our policy on how invoice back up should be collected
- OHA is required to have back up for any invoices we pay
- To avoid the issues OHA experienced in the past OHA is implementing an attestation process, what does this mean?
- For each and every invoice you should keep and maintain the required back up for any invoice in an organized and ready to retrieve manner on site (digitally or physically) and sign the Attestation that you are retaining the back up and that your agency will be able to provide the back up upon request by OHA withing 2 business days
- If your back up is 1-5 pages you could submit the physical back up instead of utilizing the Attestation

- Any questions on Attestation?



4. Invoicing: OHA will require monthly invoicing (if you or your program do not fit well with monthly invoicing, we will work with you to accommodate)

- OHA will be asking you to submit invoices on a monthly basis
- This will ensure consistent cashflow for your agency and keep OHA informed as to our spend and potential need for carry forwards
- You should submit an invoice even if the monthly total is “\$0”
- This process should also make it easier for your agency and OHA to track invoices
- If your program or agency has a need to bill on a different period, let us know!



Recap: Essential Items and Notes



1. New Communication Timeline for Notices of Award & Invoices
 - OHA will be notifying you sooner and requesting documents back earlier as well
 - No work or associated invoices can commence until a PO is in place



2. New Excel Based Budget and Invoice Forms
 - Simplified Personnel calculation and automatic calculations



3. New Backup Requirement and Policy
 - Backup will be required, your agency can use the attestation on the invoice form and retain the backup on site. OHA may request the full back up for any invoice



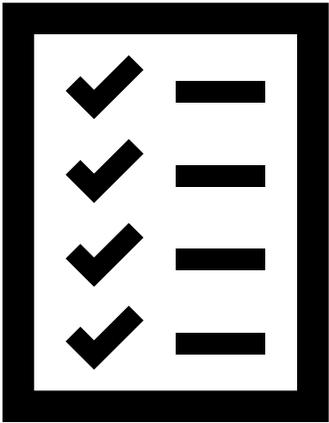
4. New Required Invoicing Schedule
 - OHA will be requiring monthly invoicing to help OHA and your agency stay up to date
 - If this does not work for your program, reach out to your program manager

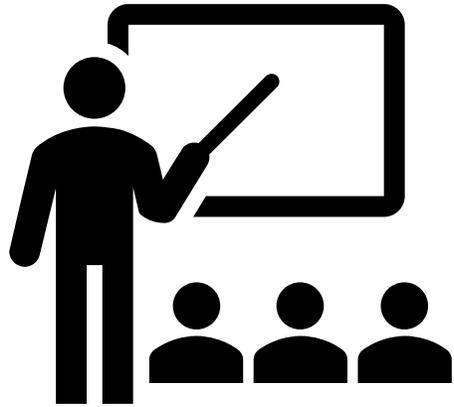


5. Closer Collaboration and Ongoing Training as Needed
 - There may be ongoing trainings as needed or requested

OHA WILL PROVIDE

- New Budget document
- New Invoice document
- This presentation





5. Collaboration & Training: OHA will support you and your team as needed in anyway we can!

- OHA will be available to help with any issues you have or help you may need.
- Questions?