



# Commonwealth of Massachusetts EXECUTIVE OFFICE OF HOUSING & LIVABLE COMMUNITIES

Maura T. Healey, Governor ◆ Kimberley Driscoll, Lieutenant Governor ◆ Edward M. Augustus Jr., Secretary

## FY25 GRANT REIMBURSEMENT REQUEST AND REPORTING INFORMATION Community Planning Grant Program (CP) | Housing Choice Grant Program (HC)

### Contract Dates:

The contract begins on the date it is executed by EOHL (page 1). Funds spent before the execution date will not be reimbursed. Community Planning (CP) and Housing Choice (HC) contracts end **June 30, 2026**. You must complete all services by this contract end date.

### Grant Reimbursement Request Deadlines & Standards:

You must submit grant reimbursement requests by certain deadlines. **Failure to submit timely reimbursement requests shall result in non-payment.**

- Expenses incurred in FY25 (contract execution – 6/30/2025) must be submitted **no later than 7/15/2025**.
- Expenses incurred in FY26 (7/1/2025 – 6/30/2026) must be submitted **no later than 7/15/2026**.

Submit **up to one** reimbursement request per month to EOHL. These requests **should not cover more than 3 months of services**.

- Requests that include more than 3 months of services pose challenges for fiscal account management and may significantly delay payment.

### Reimbursement Request Form and Submission:

You must complete a **standard reimbursement request form (invoice)**, which will be emailed to you after your contract is executed. See instructions below on completing the invoice and page 3 for a sample invoice.

- Verify the information on the invoice is correct, including Grantee contact information and Project Name.
- Insert your **municipality/entity letterhead** at the top.
- **Submission Date** field: Select the date you are submitting the invoice to EOHL.
  - This date must come after the end date listed in Date(s) of Service. For example, you cannot submit a request form with a Submission Date of 5/20/2025 if the Date(s) of Service are listed as 5/1/2025 to 5/31/2025.
- **Invoice Number** field: Select the number of reimbursement request you are submitting for the grant.
- **Date(s) of Service** field: Select one start date and one end date to indicate the service dates of grant activities to be covered by this request. Make sure these dates do not fall into two different fiscal years per the deadlines indicated above.
- **Description of Service** field: Input a detailed description of grant activities to be reimbursed with this request.
- **Total Amount Due this Invoice** field: Input the total amount to be reimbursed from grant funds.
- **Name of Authorized Signatory** field: Type the name of the authorized signatory wet signing the form. Authorized signatories must be listed on the Contractor Authorized Signatory Listing (CASL) form submitted to EOHL.
- **Wet Signature of Authorized Signatory** field: An authorized signatory wet signs the request.

All reimbursement requests must be typed except for the wet signature.

- Submit the reimbursement request as its own document in PDF format.
- Include backup evidence of all expenses as a separate PDF.
- Email the completed reimbursement request and backup evidence to Brett Morton at [Brett.Morton2@mass.gov](mailto:Brett.Morton2@mass.gov) (Fiscal Rep) and EOHL's assigned Program Rep, with a copy to McKenzie Bell at [McKenzie.Bell@mass.gov](mailto:McKenzie.Bell@mass.gov) (Program Rep).

### Grant Reporting Requirements and Deadlines:

You must submit **quarterly progress reports (QPRs)** throughout the duration of your contract. You will be emailed a template report upon contract execution. As a contractual obligation, failure to submit timely, completed reports may affect reimbursements. QPRs must be submitted even if no grant expenses were incurred during that reporting period.

To fully **complete your QPR**, you must:

- Fill in the Municipality/Grantee name, Project Manager, and Subcontractor (if applicable) fields.
- Complete the Grant Budget line items (found on Attachment B Budget in your contract).
- Enter grant expenses incurred during the reporting period by line item.
- Enter estimated grant spending for the remainder of the contract.
- Provide a detailed narrative of the project's progress in that quarter, including all community engagement activities that have taken place or are planned (if applicable). If no grant expenses were incurred for that quarter, you must provide explanation.

**QPRs are due by the end of business on the 15<sup>th</sup> of the month following the end of a FY quarter.**

- For example, the first QPR following the execution of your contract will cover contract execution through FY25 Q3 (January – March 2025) and will be due no later than April 15, 2025.
- If you fully expend grant funds and/or complete your project before the end of your contract, submit a final QPR but otherwise you will not have to submit subsequent QPRs for duration of the contract.

**Email your completed QPR as an Excel file** to EOHLC's assigned Program Rep, with a copy to McKenzie Bell at [McKenzie.Bell@mass.gov](mailto:McKenzie.Bell@mass.gov) (Program Rep).

### Contacts and Questions:

With any questions about the reimbursement process, please contact Brett Morton at [Brett.Morton2@mass.gov](mailto:Brett.Morton2@mass.gov). With any questions about grant reporting or project progress, please contact McKenzie Bell at [McKenzie.Bell@mass.gov](mailto:McKenzie.Bell@mass.gov).

Select the date you are submitting this grant reimbursement request to EOHLC

Insert City/Town/Grantee Letterhead

Add your letterhead at the top of the invoice

## INVOICE

### FY2025 Community Planning Grant Program – Reimbursement Request

Invoice Date	2/1/2025	Invoice No.	CP25 Municipality 1
Grantee	Municipality	Vendor Code	VC0000111122
Address	100 Cambridge St. Ste. 300 Boston, MA 02114		
Entity CEO Name	Jane Doe, Town Manager	Project Contact (if different)	
CEO Email	jdoe@municipality.gov	Email	
CEO Phone	555-555-5555	Phone	

Select the number of request you are submitting

Project Name:	Developing Smart Growth/Starter Home Districts
Contract document #:	SCOCD000011112222333
Date(s) of Service:	1/1/2025 to 1/31/2025
Description of Service:	5% project completion Review of existing district zoning Reviewing applicable 40R/40Y requirements
Total Amount Due this Invoice:	\$5,000.00

Select start and end dates of the activities for which you are requesting reimbursement

Provide detailed description of activities for which you're requesting reimbursement

Input total amount of requested reimbursement of grant funds

### Invoice Approved by:

Name of Authorized Signatory:	Jane Doe, Town Manager
Wet Signature of Authorized Signatory:	

Type name of authorized signatory who wet signs the invoice

Authorized signatory must wet sign the invoice here

Email the completed, wet signed invoice as a PDF (backup evidence of expenses attached as a separate PDF) to Brett Morton ([brett.morton2@mass.gov](mailto:brett.morton2@mass.gov)) and McKenzie Bell ([mckenzie.bell@mass.gov](mailto:mckenzie.bell@mass.gov)).