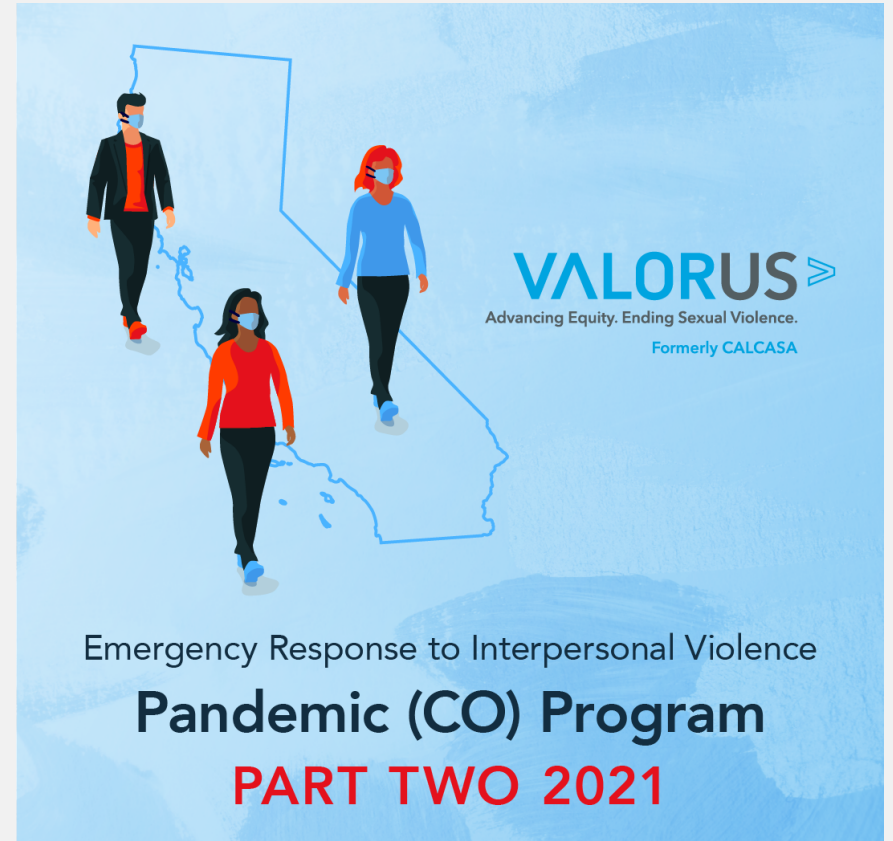


Thank you for joining us today  
We'll begin shortly

# Pandemic CO Program Part Two 2021

Orientation Web Conference

# Welcome



# Congratulations!!! CO Program 2021 Subawardees

818 Plates Foundation, Inc.  
Alameda County Family  
Justice Center Foundation  
Bright Horizons Foster  
Family Agency  
California Rural Legal  
Assistance, Inc.  
CASA of Fresno and  
Madera Counties  
Center Against Sexual  
Assault of Southwest  
Riverside County  
Center For A Non Violent  
community

Community Against Sexual  
Harm  
Covenant House California  
DeafHope  
East Los Angeles Women's  
Center  
El Concilio - The Catholic  
Council for the Spanish  
Speaking of the Diocese of  
Stockton  
El Refugio de la Oveja  
Empower Tehama  
Empower Yolo, Inc.

Forgotten Children, Inc.  
Grandma's House of Hope  
Greater Works Ministry  
Human Options, Inc.  
Inner Circle Foster Family  
Agency, Inc.  
Jenesse Center, Inc.  
Justice At Last, Inc.  
Korean American Family  
Services

# Congratulations!!! CO Program 2021 Subawardees

Lao Family Community  
Development, Inc.

Los Angeles Centers for  
Alcohol and Drug Abuse  
(L.A. CADA)

Ministerios Fuente De Vida

Mirror Memoirs

Monarch Services

Monterey County Rape  
Crisis Center

Peace Over Violence

Plumas Crisis Intervention  
& Resource Center

Project: PeaceMakers, Inc.

Rape Counseling Services  
of Fresno

Redwood Children's  
Center

Resiliency Center for  
Victims

San Bernardino Sexual  
Assault Services (Partners  
Against Violence)

Solano Advocates for  
Victims of Violence

Sure Helpline

Tapestry Family Services

The Center for Violence-  
Free Relationships

The TransLatin@ Coalition

The University Corporation  
dba StrengthUnited

Tri-Valley Haven



# Congratulations!!! CO Program 2021 Subawardees

United American Indian  
Involvement

Valley Community  
Counseling Services, Inc.

Verity

Waymakers

WEAVE

Women's Center-High  
Desert, Inc.

Women's Center-Youth &  
Family Services

Women's Resource Center

WomenSV

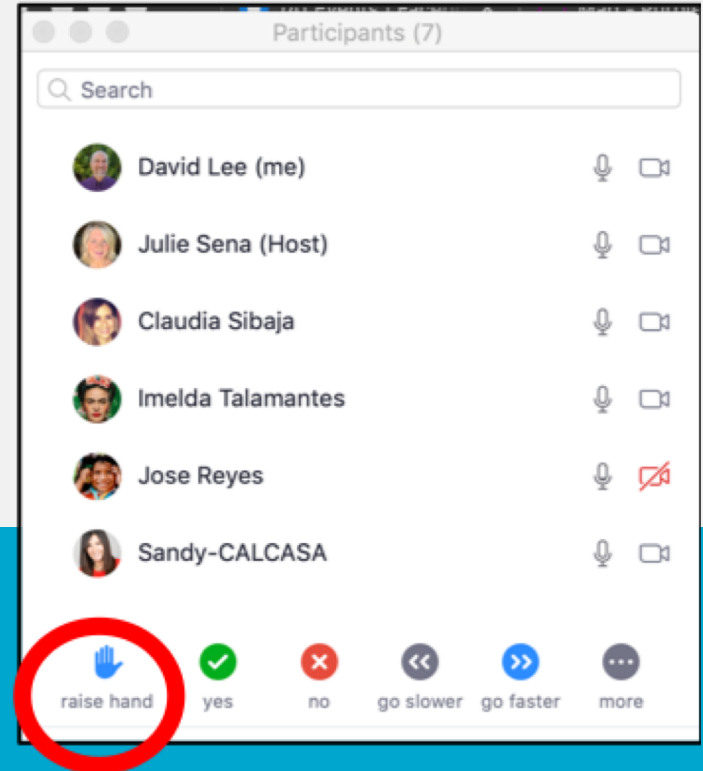
Ya Basta

# Orientation Agenda

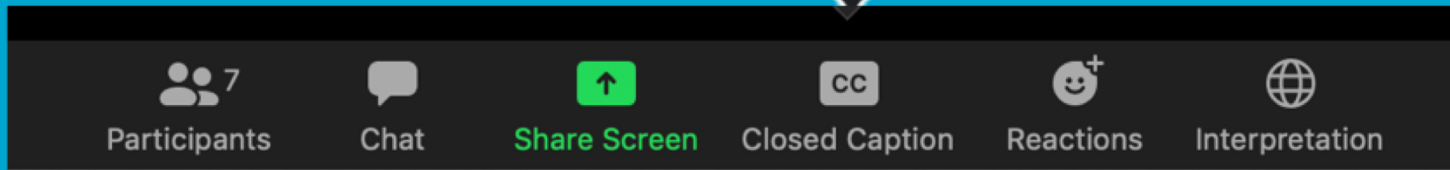
- Welcome
- Team Introduction
- Why We're Here
  - Invoicing
  - Reporting
- Questions

# How to Use Zoom

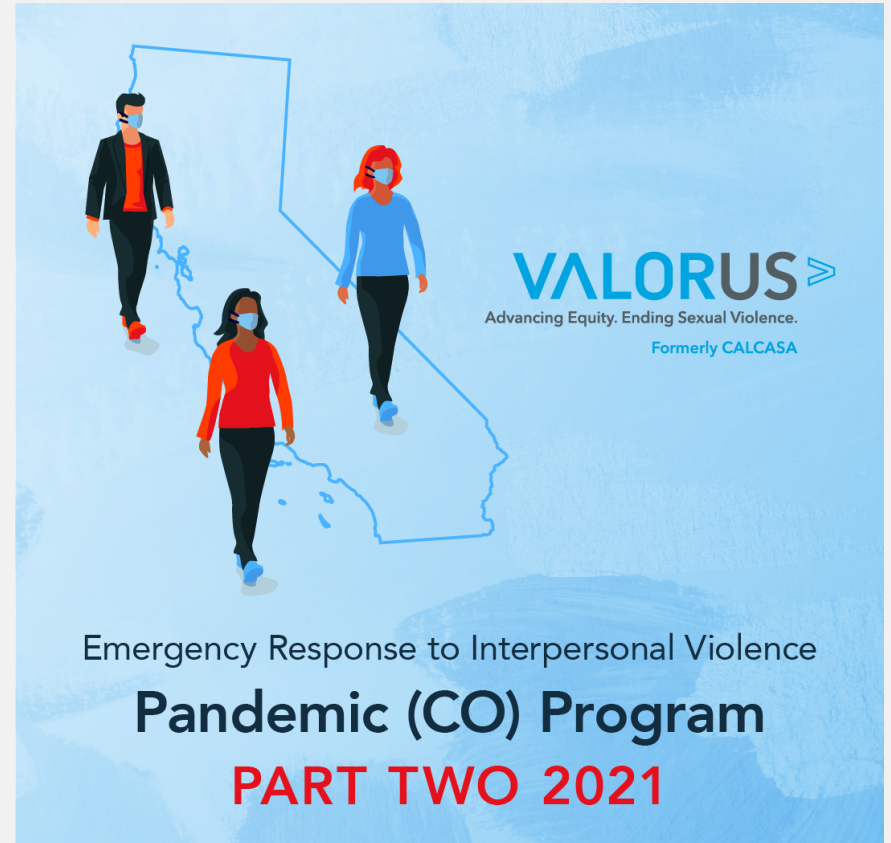
- Closed Captioning
- Raise Hand – click Participants
- Chat



Closed Caption is available



# Team Introduction



# Presenters



Sandy Monroy

Project Manager  
ValorUS (VALOR)  
she/her/ella



Karen Sayers

Accountant  
ValorUS (VALOR)  
she/her/hers



Rosemary Gonzales

Director of Operations  
ValorUS (VALOR)  
she/her/hers



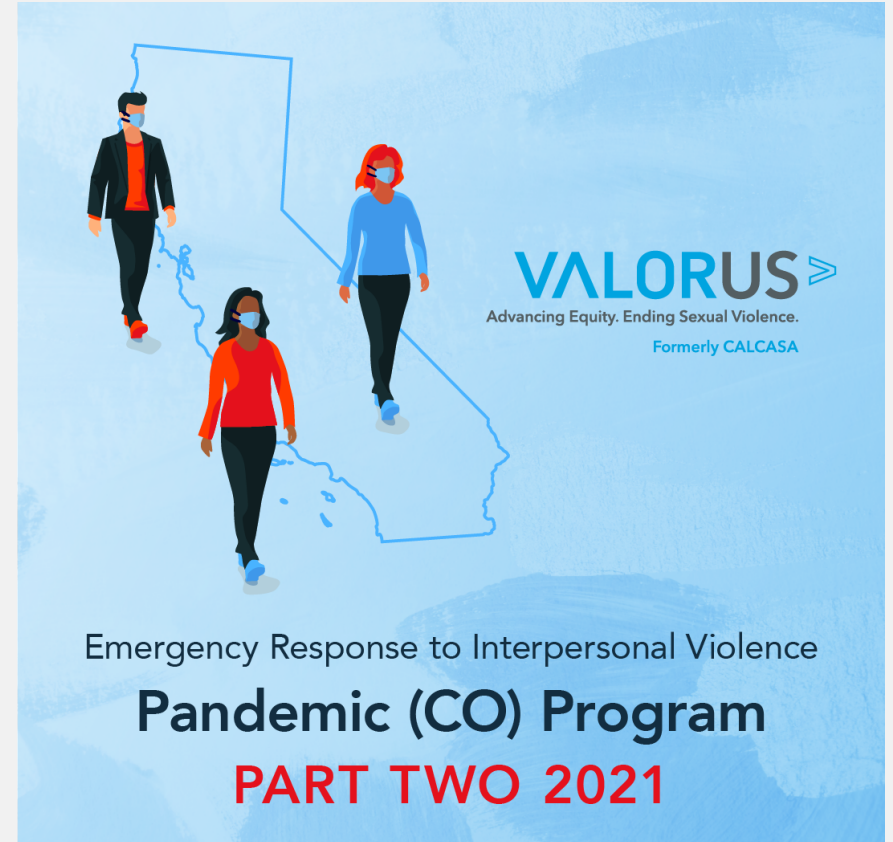
Julie Sena

Project Coordinator  
ValorUS (VALOR)  
she/her/hers

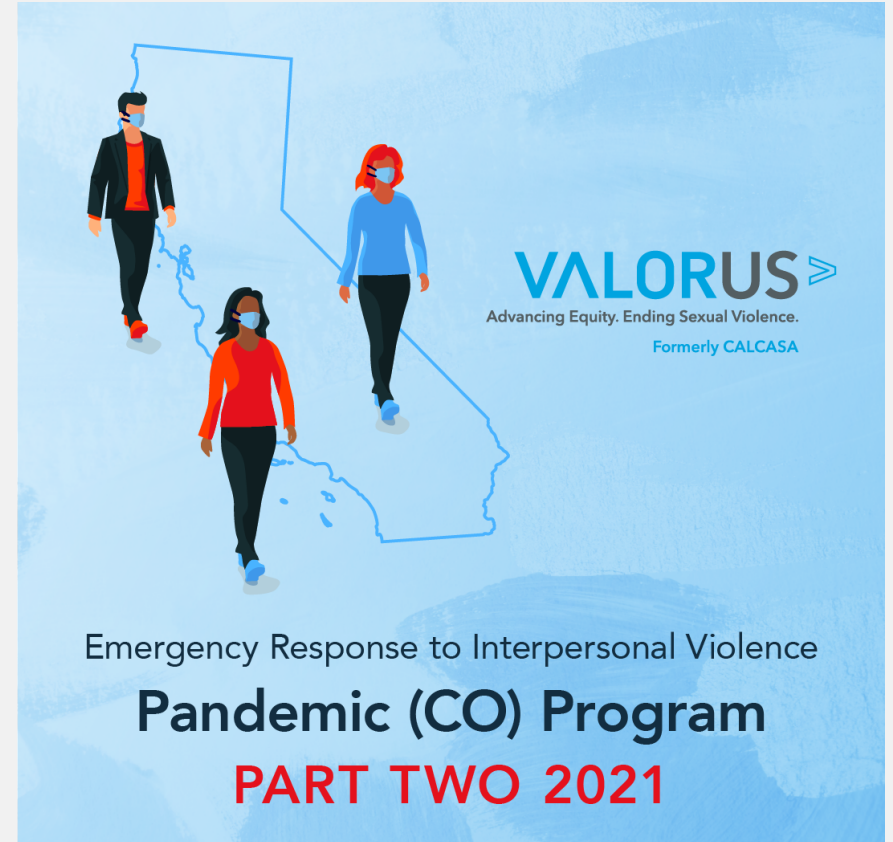
## Program Objective

This program is intended to combat the impacts of the COVID-19 pandemic on victim service providers in California, in order to ensure the immediate safety of victims of interpersonal violence - domestic violence, sexual assault, human trafficking, and child abuse.

# Why We're Gathered today



# Invoicing





# Requirements for Reimbursement

Funds are available on a reimbursement basis only. Applicants in award must first expend funds in order to be reimbursed.

- Invoices for funds expended
- Receipts for previously approved expenditures
- Back-up documentation including functional timesheets for time spent providing services to victims during the COVID-19 pandemic.
- Expenses must be made within the timeframe agreed to during approval.
- VALOR reserves the right to reallocate funds to other providers if subawardees fail to adhere to approved timeframes.

# Invoice – Agency and Billing Information

1. Name
2. Address
3. Phone
4. Invoice Period

Submit invoices to  
[covid2021funding@valor.US](mailto:covid2021funding@valor.US)

<b>NAME</b>	<b>Hope Community Services</b>	
Address	<b>123 Main Street</b>	
City, State, Zip	<b>Los Angeles, CA 90006</b>	
Phone Number	<b>(213) 555-6789</b>	
Contract:	<b>COVID Emergency Response</b>	
Period of Award:	<b>January 1, 2021 - July 31, 2021</b>	
Invoice Period:	<b>May 2021</b>	
<b>Please submit invoices to:</b>		<b>Enter your budget from budget form</b>
<b><a href="mailto:covid2021funding@valor.us">covid2021funding@valor.us</a></b>		<b>Budget</b>

# Invoice – Personnel Expenses

<a href="mailto:covid2021funding@valor.us">covid2021funding@valor.us</a>		Budget	Expenses for May 1-29, 2021	Expenses for May 30-June 2, 2021	Total Billed to Date	Budget Remaining
<b>A. Personnel</b>						
	Sue Jones, CEO	1,167.00	305.00	305.00	610.00	557.00
	Mary Belle, Community Outreach/Advocate	3,001.00	415.00	362.50	777.50	2,223.50
	Joe Rodriguez, Project Coordinator	1,667.00	260.00	125.00	385.00	1,282.00
	Janet Craig, Bookkeeper	1,125.00	187.00	88.00	275.00	850.00
	Katie Watkins, Admin Assistant	292.00	73.00	29.00	102.00	190.00
					-	-
					-	-
<b>B. Fringe Benefits</b>		2,333.00	398.80	292.59	691.39	1,641.61
						-
<b>Total Personnel &amp; Fringe Benefits</b>		9,585.00	1,638.80	1,202.09	2,840.89	6,744.11

# Weekly Time Sheet

## Weekly Time Sheet

### Hope Community Services

Employee Mary Belle

Week ending: 6/6/21 (enter a Sunday date to autofill the dates below)

Day		COVID	Other Hours	Overtime	Total Hours	List COVID Activities
Monday	5/31/21	2.00	6.00		8.00	Work on Power Point presentation for sexual assault prevention during COVID
Tuesday	6/1/21	3.00	5.00		8.00	Work on Power Point presentation for sexual assault prevention during COVID
Wednesday	6/2/21		8.00		8.00	
Thursday	6/3/21		8.00		8.00	
Friday	6/4/21	4.00	4.00		8.00	Facilitate webinar of sexual assault prevention during COVID
Saturday	6/5/21					
Sunday	6/6/21					
<b>Total hours</b>		9.00	31.00		40.00	40.00 40.00

Mary Belle

Employee Signature

Sue Jones

Supervisor Signature

6/4/21

Date

6/4/21

Date

Total CO Hours	Hourly Rate	Total \$
9.00	19.50	175.50

# Benefits Calculation

Company:

Hope Community Center

---

Employee	Hours Worked	Hourly Rate	Total Salaries	Benefits Calculation	Total Benefits	Total
Sue Jones	5.5	30.00	165.00			
Mary Belle	9	19.50	175.50			
Joe Rodriguez	40	17.70	708.00			
Janet Craig	15.25	18.50	282.13			
Katie Watkins	8	22.00	176.00			
			-			
<b>Totals</b>			<b>1,506.63</b>	<b>18.50%</b>	<b>278.73</b>	<b>1,785.35</b>

**Functional Time sheets are required. Please include timesheet and calculation worksheet with your invoice.**

# Invoice – Mileage Expenses

<a href="mailto:covid2021funding@valor.us">covid2021funding@valor.us</a>		Budget	Expenses for May 1-29, 2021	Expenses for May 30-June 2, 2021	Total Billed to Date	Budget Remaining
<b>C. Staff Travel</b>						
Mileage		82.00		22.00	22.00	60.00
<b>Total Staff Travel</b>		82.00	-	22.00	22.00	60.00



# Mileage Reimbursement Form

Google Maps 16 S Arroyo Pkwy, Pasadena, CA 91105 to 724 E Huntington Dr, Monrovia, CA Drive 10.1 miles, 13 min

16 S Arroyo Pkwy  
Pasadena, CA 91105

Get on I-210 E from N Marengo Ave

1. Head north on S Arroyo Pkwy/W Historic Rte 66 E toward E Colorado Blvd 3 min (0.7 mi)
2. Turn right at the 1st cross street onto E Colorado Blvd/W Historic Rte 66 E 89 ft
3. Turn left at the 1st cross street onto N Marengo Ave 449 ft
4. Turn right onto Corson St 0.4 mi
5. Use the left 2 lanes to merge onto I-210 E via the ramp to San Bernardino 79 ft

0.2 mi

Follow I-210 E to W Evergreen Ave in Monrovia. Take exit 34 from I-210 E

6. Merge onto I-210 E 8 min (8.4 mi)
7. Take exit 34 toward Myrtle Ave 0.2 mi

Follow W Evergreen Ave and S Shamrock Ave to your destination

8. Merge onto W Evergreen Ave 3 min (1.0 mi)
9. Turn left onto S Shamrock Ave 0.6 mi
10. Turn right onto E Cypress Ave 0.3 mi
11. Turn left 135 ft

240 ft

724 E Huntington Dr  
Monrovia, CA 91016

<https://www.google.com/maps/d/16+S+Arroyo+Pkwy,+Pasadena,+CA+91105/724+E+Huntington+Dr,+Monrovia,+CA/@34.143771,-118.1035767,13z> 1/2

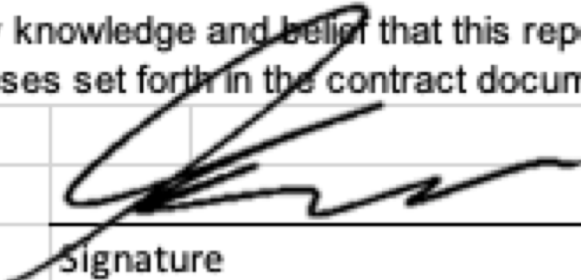
**Janet Craig**  
10.1 miles  
x 2 (round trip)  
20.2 miles  
1.56/mile  
11.31



# Invoice – Operating Expenses

<a href="mailto:covid2021funding@valor.us">covid2021funding@valor.us</a>		Budget	Expenses for May 1-29, 2021	Expenses for May 30-June 2, 2021	Total Billed to Date	Budget Remaining
<b>D. Operating Expenses</b>						
Emergency Shelter/Housing		11,000.00		3,000.00	3,000.00	8,000.00
Emergency Food/Clothing/Personal Care Items (inc gift cards)		4,488.00		2,120.00	2,120.00	2,368.00
Utility Assistance		1,200.00		300.00	300.00	900.00
IT Support		3,000.00		1,500.00	1,500.00	1,500.00
Laptops/Tablets		8,000.00	2,000.00	4,000.00	6,000.00	2,000.00
Cell Phones		1,500.00	1,500.00		1,500.00	-
Cell Service/Data Service		2,000.00	1,000.00		1,000.00	1,000.00
Video Conferencing Memberships		1,200.00	1,200.00		1,200.00	-
AV Equipment		1,600.00			-	1,600.00
Hazard Pay (attach Company Policy)					-	-
Administrative Time Off (attach Company Policy)					-	-
Overtime					-	-
Other: (please list)					-	-
Clinic Fees for clients		1,800.00	500.00	150.00	650.00	1,150.00
					-	-
<b>Total Operating Expenses</b>		<b>35,788.00</b>	<b>6,200.00</b>	<b>11,070.00</b>	<b>17,270.00</b>	<b>18,518.00</b>
<b>Total Costs</b>		<b>45,455.00</b>	<b>7,838.80</b>	<b>12,294.09</b>	<b>20,132.89</b>	<b>25,322.11</b>
<b>Indirect Costs</b>		<b>10% ← enter percentage here</b>	<b>4,545.00</b>	<b>783.88</b>	<b>1,229.41</b>	<b>2,013.29</b>
<b>TOTAL PROJECT COSTS</b>		<b>50,000.00</b>	<b>8,622.68</b>	<b>13,523.50</b>	<b>22,146.18</b>	<b>27,853.82</b>

# Invoice – Operating Expenses

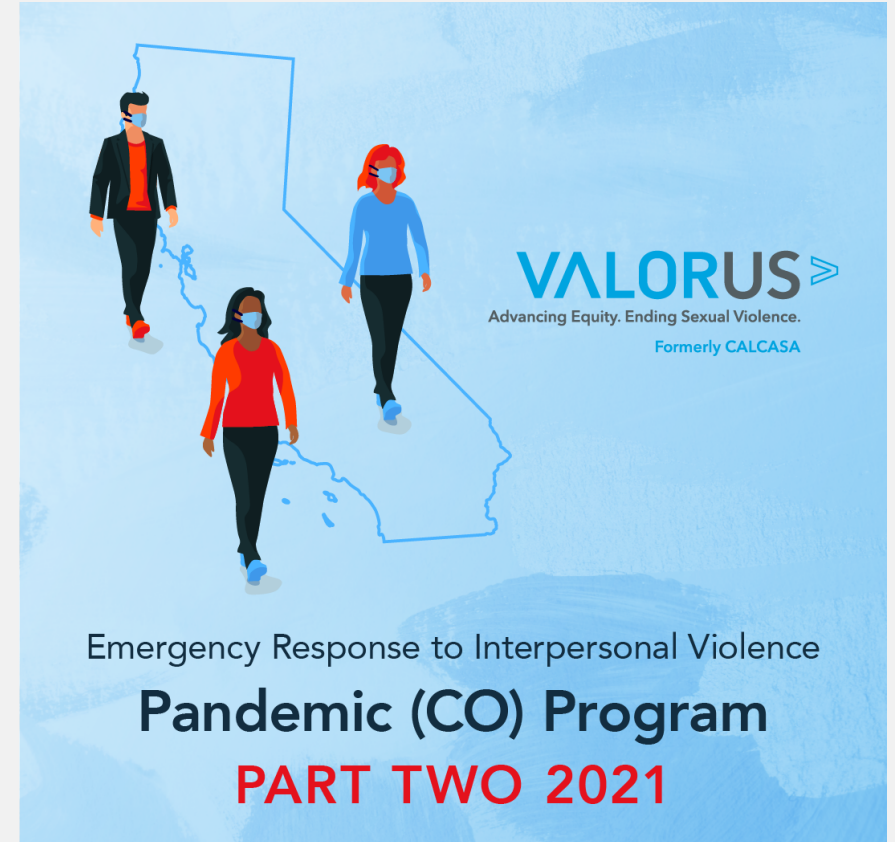
Indirect Costs	10% ← enter percentage here	4,545.00
	<b>TOTAL PROJECT COSTS</b>	<b>50,000.00</b>
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays are for the purposes set forth in the contract documents.		
Approved by:		
	Signature	
		<b>Don't forget to sign your invoice.</b>
	Sue Jones	
	Printed Name	

# Mileage and Operating Expenses Cover Sheet

## Mileage & Operating Expenses

Receipt #	Vendor	Expense	\$ Amt	Total Per Expense
1	Janet Craig	Mileage	11.62	11.62
2	Smart & Final	Emerg Food/Clothing	219.80	
3	Walmart	Emerg Food/Clothing	1,000.00	
4	Amazon	Emerg Food/Clothing	206.95	1,426.75
5	Charter Tech Services	Laptops/Tablets	2,217.50	2,217.50
6	Verizon	Cell Service/Date Service	190.44	190.44
7	Zoom	Video Conf Memberships	59.96	59.96
	<b>TOTAL</b>		<b>3,906.27</b>	<b>3,906.27</b>

# Completed Invoicing Packet



# Invoice Packet

## 1. Signed Invoice

<b>NAME</b>	Hope Community Services				
<b>Address</b>	123 Main Street				
<b>City, State, Zip</b>	Los Angeles, CA 90006				
<b>Phone Number</b>	(213) 555-6789				
<b>Contract:</b>	COVID Emergency Response				
<b>Period of Award:</b>	January 1, 2021 - July 31, 2021				
<b>Invoice Period:</b>	May 2021				
<b>Please submit invoices to:</b>	Enter your budget from budget form				
	<b>Budget</b>	<b>Expenses for May 1-29, 2021</b>	<b>Expenses for May 30-June 2, 2021</b>	<b>Total Billed to Date</b>	<b>Budget Remaining</b>
Sue Jones, CEO	1,167.00	305.00	305.00	610.00	557.00
Mary Belle, Community Outreach/Advocate	3,001.00	415.00	362.50	777.50	2,223.50
Joe Rodriguez, Project Coordinator	1,667.00	260.00	125.00	385.00	1,282.00
Jamet Craig, Bookkeeper	1,125.00	187.00	88.00	275.00	850.00
Katie Watkins, Admin Assistant	292.00	73.00	29.00	102.00	190.00
<b>B. Fringe Benefits</b>	<b>2,333.00</b>	<b>398.80</b>	<b>292.59</b>	<b>691.39</b>	<b>1,641.61</b>
<b>Total Personnel &amp; Fringe Benefits</b>	<b>9,585.00</b>	<b>1,638.80</b>	<b>1,202.09</b>	<b>2,840.89</b>	<b>6,744.11</b>
<b>C. Staff Travel</b>					
Mileage	82.00		22.00	22.00	60.00
<b>Total Staff Travel</b>	<b>82.00</b>	<b>-</b>	<b>22.00</b>	<b>22.00</b>	<b>60.00</b>
<b>D. Operating Expenses</b>					
Emergency Shelter/Housing	11,000.00		3,000.00	3,000.00	8,000.00
Emergency Food/Clothing/Personal Care Items (inc gift cards)	4,488.00		2,120.00	2,120.00	2,368.00
Utility Assistance	1,200.00		300.00	300.00	900.00
IT Support	3,000.00		1,500.00	1,500.00	1,500.00
Laptops/Tablets	8,000.00	2,000.00	4,000.00	6,000.00	2,000.00
Cell Phones	1,500.00	1,500.00		1,500.00	-
Cell Service/Data Service	2,000.00	1,000.00		1,000.00	1,000.00
Video Conferencing Memberships	1,200.00	1,200.00		1,200.00	-
AV Equipment	1,600.00			-	1,600.00
Hazard Pay (attach Company Policy)				-	-
Administrative Time Off (attach Company Policy)				-	-
Overtime				-	-
Other: (please list)				-	-
Clinic Fees for clients	1,800.00	500.00	150.00	650.00	1,150.00
<b>Total Operating Expenses</b>	<b>35,788.00</b>	<b>6,200.00</b>	<b>11,070.00</b>	<b>17,270.00</b>	<b>18,518.00</b>
<b>Total Costs</b>	<b>45,455.00</b>	<b>7,838.80</b>	<b>12,294.09</b>	<b>20,132.89</b>	<b>25,322.11</b>
<b>Indirect Costs</b>	<b>10%  enter percentage here</b>	<b>4,545.00</b>	<b>783.88</b>	<b>1,229.41</b>	<b>2,013.29</b>
<b>TOTAL PROJECT COSTS</b>	<b>50,000.00</b>	<b>8,622.68</b>	<b>13,523.50</b>	<b>22,146.18</b>	<b>27,853.82</b>
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays are for the purposes set forth in the contract documents.					
<b>Approved by:</b>					
	Signature				
	Sue Jones				
	Printed Name				

Note: Invoices are due on a weekly basis.

# Invoice Packet

1. Signed Invoice
2. **Functional Time Sheets**

## Weekly Time Sheet

### Hope Community Services

Employee Mary Belle

Week ending: 6/6/21 (enter a Sunday date to autofill the dates below)

Day		COVID	Other Hours	Overtime	Total Hours	List COVID Activities
Monday	5/31/21	2.00	6.00		8.00	Work on Power Point presentation for sexual assault prevention during COVID
Tuesday	6/1/21	3.00	5.00		8.00	Work on Power Point presentation for sexual assault prevention during COVID
Wednesday	6/2/21		8.00		8.00	
Thursday	6/3/21		8.00		8.00	
Friday	6/4/21	4.00	4.00		8.00	Facilitate webinar of sexual assault prevention during COVID
Saturday	6/5/21					
Sunday	6/6/21					
<b>Total hours</b>		9.00	31.00		40.00	40.00 40.00

Mary Belle  
Employee Signature

6/4/21  
Date

Sue Jones  
Supervisor Signature

6/4/21  
Date

Total CO Hours	Hourly Rate	Total \$
9.00	19.50	175.50

# Invoice Packet

1. Signed Invoice
2. Functional Time Sheets
3. **Benefits Calculations**

Company: Hope Community Center

Employee	Hours Worked	Hourly Rate	Total Salaries	Benefits Calculation	Total Benefits	Total
Sue Jones	5.5	30.00	165.00			
Mary Belle	9	19.50	175.50			
Joe Rodriguez	40	17.70	708.00			
Janet Craig	15.25	18.50	282.13			
Katie Watkins	8	22.00	176.00			
			-			
<b>Totals</b>			<b>1,506.63</b>	<b>18.50%</b>	<b>278.73</b>	<b>1,785.35</b>

**Functional Time sheets are required. Please include timesheet and calculation worksheet with your invoice.**

# Invoice Packet

1. Signed Invoice
2. Functional Time Sheets
3. Benefits Calculations
4. **Mileage & Operating Expenses Cover**

## Mileage & Operating Expenses

Receipt #	Vendor	Expense	\$ Amt	Total Per Expense
1	Janet Craig	Mileage	11.62	11.62
2	Smart & Final	Emerg Food/Clothing	219.80	
3	Walmart	Emerg Food/Clothing	1,000.00	
4	Amazon	Emerg Food/Clothing	206.95	1,426.75
5	Charter Tech Services	Laptops/Tablets	2,217.50	2,217.50
6	Verizon	Cell Service/Data Service	190.44	190.44
7	Zoom	Video Conf Memberships	59.96	59.96
	<b>TOTAL</b>		<b>3,906.27</b>	<b>3,906.27</b>



# Invoice Packet

1. Signed Invoice
2. Functional Time Sheets
3. Benefits Calculations
4. Mileage & Operating Expenses Cover
5. **Mileage Reimbursement Form**

### Hope Community Services STAFF Request for Mileage Reimbursement Form

Employee Name	Janet Craig		Rate Per Mile	\$0.560
Home Address	16 S Arroyo Parkway		Total Mileage	20.20
City, State Zipcode	Pasadena, CA 91105		Total Reimbursement	\$11.31
Month (report only one month)	June 2021			

*NOTE: The IRS periodically changes the per mile reimbursement rate. Current rate for 2018.*

**INSTRUCTIONS:** This form is used to log day trips and submit on monthly basis do not report more than 1 month on this form. This form and all required backups (map details) for mileage must be received *within 2-3 days after your last partial or day travel for the month.* Please include google maps detail for each destination entered on this form.

Date	Starting location Address <small>(must always start from office)</small>	Destination Address	Description/ Notes	Funding	Mileage	Expense
6/8/21	16 S Arroyo Pkway, Pasadena	724 E Huntington Dr, Monrovia	Attend SA Meeting	CO	20.20	\$11.31
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
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						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00

Requester (signature): Janet Craig Date: 6/10/21

Authorized Approver (signature): sue Jones Date: 6/10/21

# Invoice Packet

1. Signed Invoice
2. Functional Time Sheets
3. Benefits Calculations
4. Mileage & Operating Expenses Cover
5. Mileage Reimbursement Form
6. **Google Maps for each trip**

Google Maps 16 S Arroyo Pkwy, Pasadena, CA 91105 to 724 E Huntington Dr, Monrovia, CA Drive 10.1 miles, 13 min

16 S Arroyo Pkwy  
Pasadena, CA 91105

Get on I-210 E from N Marengo Ave

3 min (0.7 mi)

1. Head north on S Arroyo Pkwy/W Historic Rte 66 E toward E Colorado Blvd 89 ft
2. Turn right at the 1st cross street onto E Colorado Blvd/W Historic Rte 66 E 449 ft
3. Turn left at the 1st cross street onto N Marengo Ave 0.4 mi
4. Turn right onto Corson St 79 ft
5. Use the left 2 lanes to merge onto I-210 E via the ramp to San Bernardino 0.2 mi

Follow I-210 E to W Evergreen Ave in Monrovia. Take exit 34 from I-210 E

8 min (8.4 mi)

6. Merge onto I-210 E 8.2 mi
7. Take exit 34 toward Myrtle Ave 0.2 mi

Follow W Evergreen Ave and S Shamrock Ave to your destination

3 min (1.0 mi)

8. Merge onto W Evergreen Ave 0.6 mi
9. Turn left onto S Shamrock Ave 0.3 mi
10. Turn right onto E Cypress Ave 135 ft
11. Turn left 240 ft

724 E Huntington Dr  
Monrovia, CA 91016

*Janet Craig*  
*10.1 miles*  
*x 2 (round trip)*  

---

*20.2 miles*  
*.56/mile*  

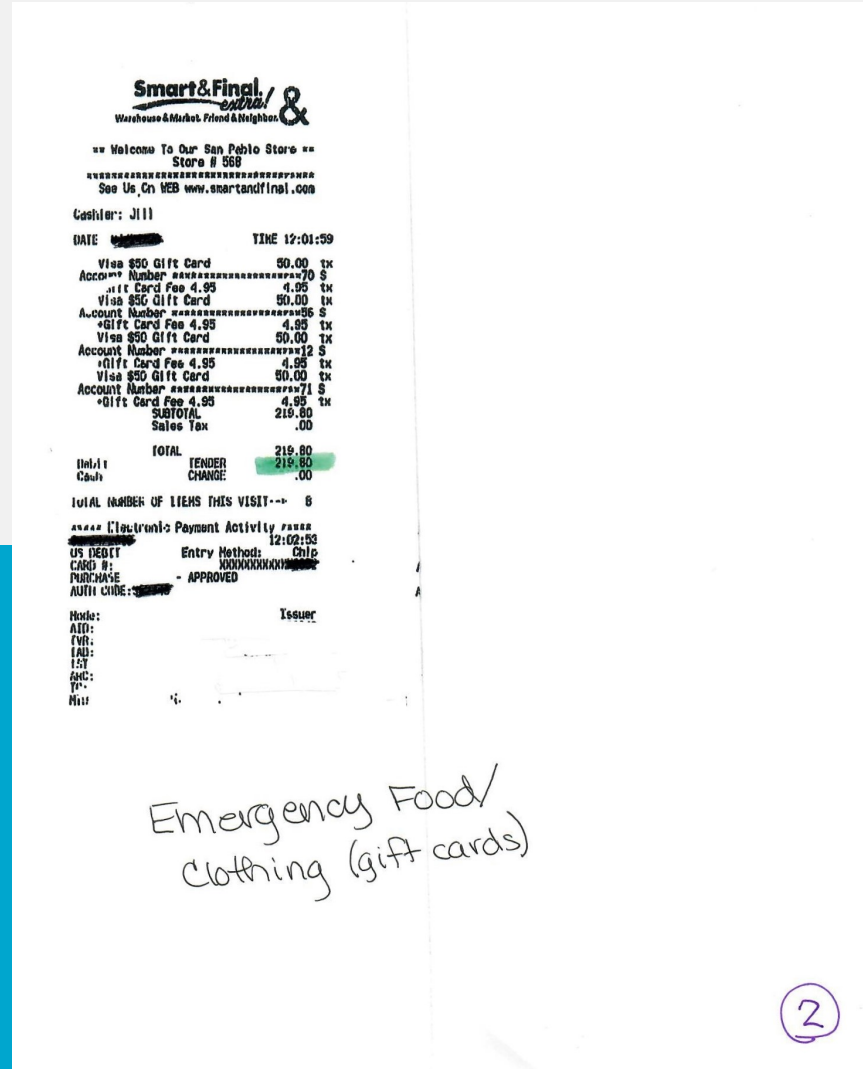
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*11.31*

<https://www.google.com/maps/dir/16+S+Arroyo+Pkwy,+Pasadena,+CA+91105/724+E+Huntington+Dr,+Monrovia,+CA/@34.143771,-118.1035767,13z...> 1/2

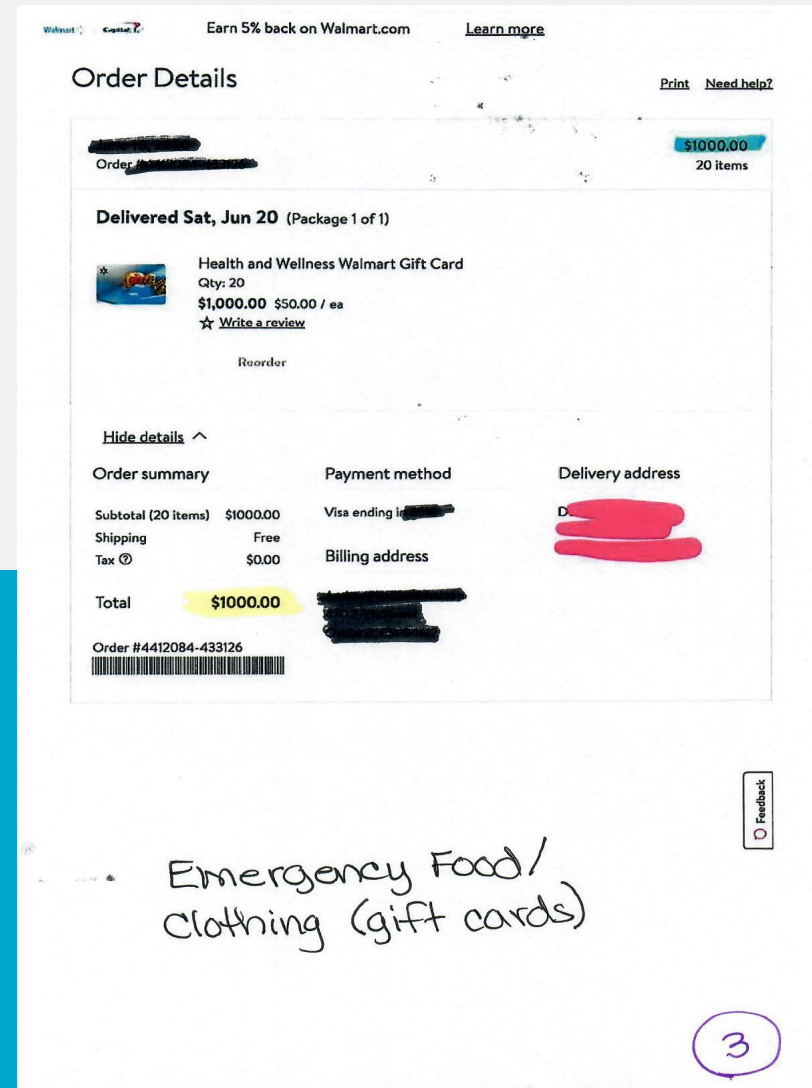
# Invoice Packet

1. Signed Invoice
2. Functional Time Sheets
3. Benefits Calculations
4. Mileage & Operating Expenses Cover
5. Mileage Reimbursement Form
6. Google Maps for each trip
7. **Receipts numbered with line item**



# Invoice Packet

1. Signed Invoice
2. Functional Time Sheets
3. Benefits Calculations
4. Mileage & Operating Expenses Cover
5. Mileage Reimbursement Form
6. Google Maps for each trip
7. **Receipts numbered with line item**



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amazon.com

Details for Order #112-9386245-5808243

Order Placed: [REDACTED]  
PO number: [REDACTED]  
Amazon.com order number: [REDACTED]  
Order Total: \$206.95

Items Ordered	Price
1 of: \$200 Visa Gift Card (plus \$6.95 Purchase Fee) Sold by: Amazon Payments, Inc. (seller profile) Condition: New	\$206.95

Shipping Address:  
[REDACTED]  
United States

Shipping Speed:  
One-Day Shipping

Payment Information	
Payment Method: Visa   Last digits: [REDACTED]	Item(s) Subtotal: \$206.95
Billing address [REDACTED] United States	Shipping & Handling: \$0.00 ----- Total before tax: \$206.95 Estimated Tax: \$0.00 ----- Grand Total: \$206.95

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2020, Amazon.com, Inc.

Emergency Food/  
Clothing (gift cards)

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**cts** charter tech services

302 Washington St. #811  
San Diego, CA 92103  
888-720-0156  
backoffice@chartertechservices.com  
www.CharterTechServices.com

Invoice 10258

BILL TO [REDACTED]

DATE [REDACTED] PLEASE PAY \$2,217.50 DUE DATE [REDACTED]

DESCRIPTION	QTY	RATE	AMOUNT
Dell Inspiron 2-in-1 laptop w/ Windows 10 Professional	2	1,029.00	2,058.00T
Our clients are the best part of our company!			SUBTOTAL 2,058.00
We appreciate your business!			TAX 159.50
			TOTAL 2,217.50
TOTAL DUE			<b>\$2,217.50</b>

THANK YOU.

**PAID** CK#NO.: 3310  
AMOUNT: \$2217.50  
DATE: 10/20/20

Laptops/Tablets

5





# Invoice Packet

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**zoom** INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: [REDACTED]  
Invoice #: [REDACTED]  
Payment Terms: Due Upon Receipt  
Due Date: [REDACTED]  
Account Number: [REDACTED]  
Currency: USD  
Account Information: [REDACTED]  
United States

Purchase Order #: [REDACTED]

TaxExempt/CertificateID:  
Zoom VV-9

**PAID** CK#NO.: 3323  
AMOUNT: \$59.96  
DATE: 10/21/20

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 4 Unit Price: \$14.99	[REDACTED]	\$59.96	\$0.00	\$59.96

INVOICE TOTALS	
Subtotal:	\$59.96
Total (Including Tax):	\$59.96
Invoice Balance:	\$0.00

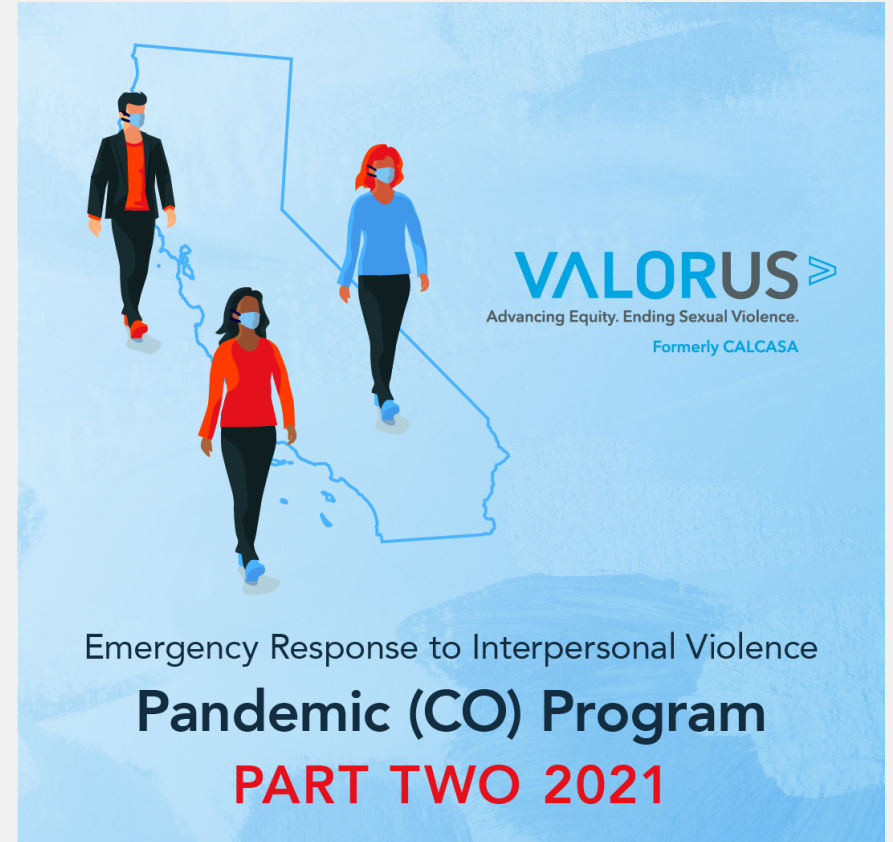
TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

TRANSACTIONS				
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
04/18/2020	[REDACTED]	Payment		(\$59.96)
Invoice Balance				\$0.00

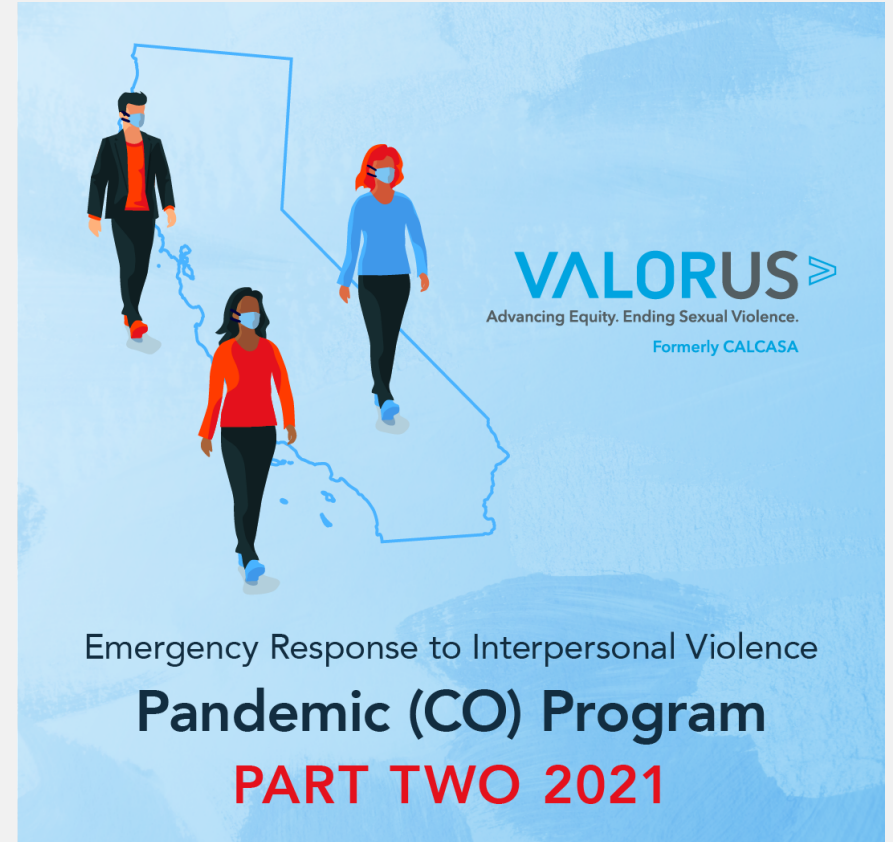
Video Conferencing Memberships (7)



# Invoicing Questions



# Reporting



# Reporting

- 2 Victim Assistance Data Reports when funds are used for directly serving victims.
- 2 Statistical Data Reports
- Final reports required before a final check will be delivered.

# Reporting – Statistical Data

1. Online
2. VALOR will send out before it's due
3. 2 report periods
  - A. Jan 1 – June 30
  - B. July 1 – July 31

7/15/2021 - 1<sup>st</sup> Statistical Data Report due – January 1 – June 30, 2021

**EMERGENCY RESPONSE TO INTERPERSONAL VIOLENCE –  
2020 PANDEMIC (CO) PROGRAM  
SECOND-TIER SUBAWARD PROGRESS REPORT**

**SECOND-TIER SUBAWARD STATISTICAL DATA**

**Instructions:** Please report how funds subawarded to local agencies were used.

	Yes	No
Are you a current Cal OES Victim Service Branch Subrecipient?		

Choose agency type that is most applicable. Choose only one.

Agency Type	
Child Abuse Service Provider	
Domestic Violence Service Provider	
Human Trafficking Service Provider	
Sexual Assault Service Provider	
Multiple Victim-Type Service Provider	

Number of Items Purchased	Report #1	Report #2	Total
Laptops/Tablets:			
Cell Phones:			
Cameras:			
Videoconferencing Subscriptions:			
Cellular Service/Data Plans:			
Gift Cards:			
Other:			

Number of Staff Hours Supported	Report #1	Report #2	Total
Information Technology:			
Hazard Pay:			
Administrative Time Off:			
Overtime:			
Other:			

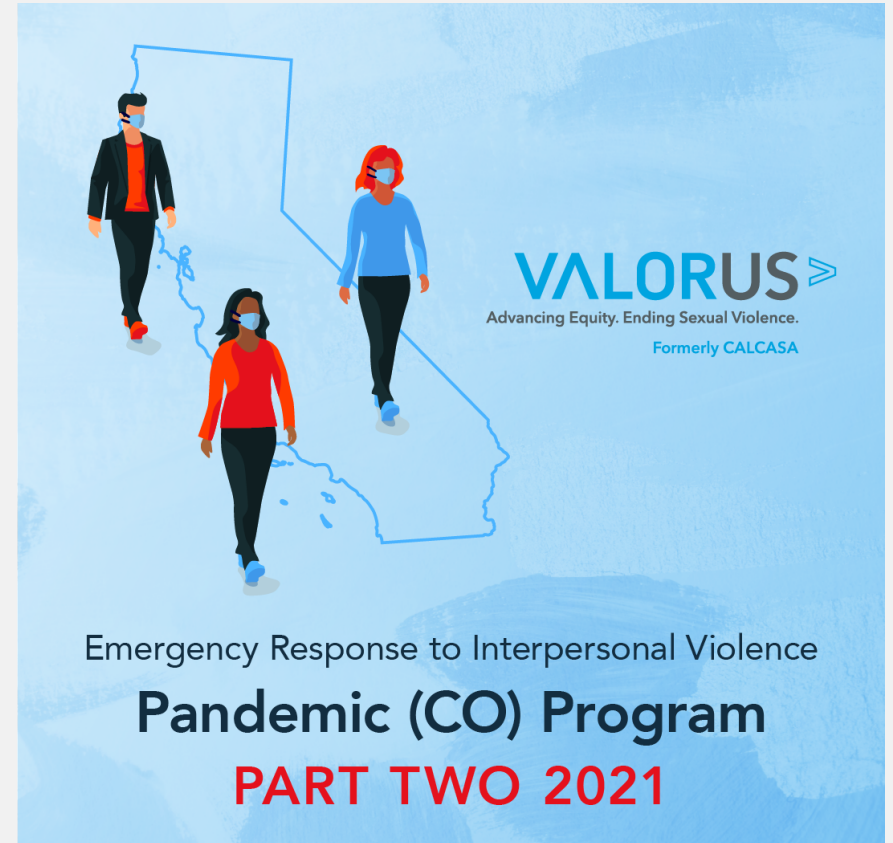
# Reporting – Victim Service Data

1. Excel Spreadsheet
2. VALOR will send out before it's due
3. 2 report periods
  - A. Jan 1 – June 30
  - B. July 1 – July 31

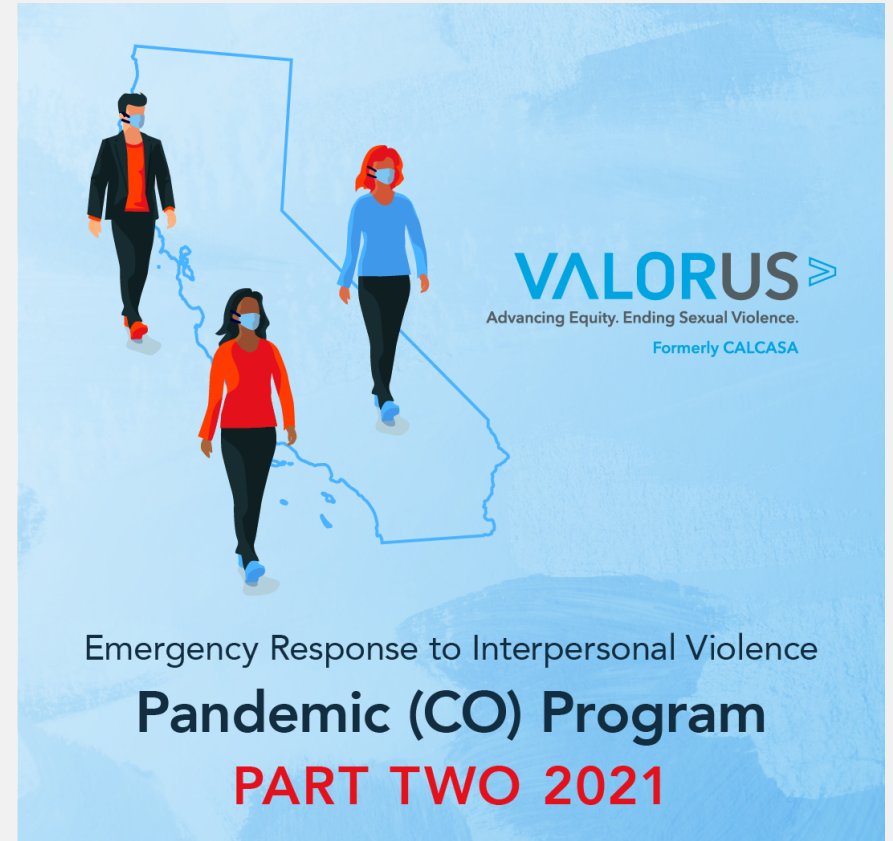
7/07/2021 - 1<sup>st</sup> Victim Services Data Form due for January 1 – June 30, 2021

1	Victim Assistance Data Tracking QUARTER 1	I. Population Demographics		
2		Complete each reporting period.		
3	Client Identifier	New Individual? If NEW INDIVIDUAL, enter a value of 1 below. Do not include anonymous contacts here.	Anonymous Contact? If ANONYMOUS, enter a value of 1 below.	Continuing Individual? If CONTINUING, enter a value of 1 below. If your organization cannot track new individuals, please indicate the individual as a "continuing individual."
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16	Add New Row			
17	SUM <small>(auto-calculated)</small>	0	0	0

# Victim Service Data Screen Share



# Timeline

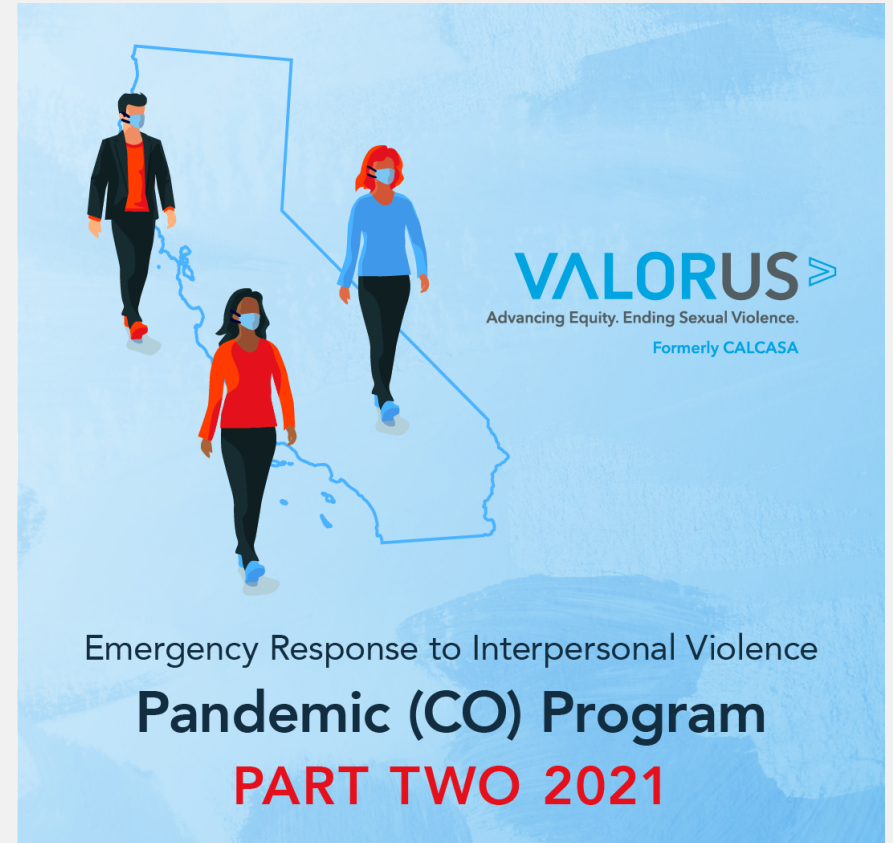


# Timeline – Important Due Dates

- 6/20/2021 Invoices & receipts and backup documentation due
- 7/07/2021 1<sup>st</sup> Victim Services Data Form due for January 1 – June 30, 2021 - form
- 7/15/2021 1<sup>st</sup> Statistical Data Report due – January 1 – June 30, 2021 - online
- 7/31/2021 End of the funding period
- 8/09/2021 All invoices and correct backup documentation due Jan 1 – July 31, 2021
- 8/15/2021 2<sup>nd</sup> Statistical Data Report due – July 1 – July 31, 2021 - online
- 8/15/2021 2<sup>nd</sup> Victim Services Data Form due for July 1 – July 31, 2021 - form



# Reporting Questions



# Website Valor.US

- [www.Valor.US](http://www.Valor.US)
- In Blog section
- Recording will be uploaded
- Forms available
- Email  
COVID2021funding@valor.US



QUESTIONS??

# VALORUS

Advancing Equity. Ending Sexual Violence.

## Valor.US

FIND & FOLLOW US

 @ValorUS

 @ValorUS

 /ValorUS

## #WeAreVALOR

