



NYC CCoC HMIS

HMIS Request for Reimbursement of NYC CCoC HMIS Software Financial Assistance Reimbursement

Date: _____

To: NYC CCoC HMIS Governance Committee
c/o New York City Department of Homeless Services
33 Beaver Street
New York, NY 10004, 20th Floor
Attn: Nicketa Nusum

_____ (Agency Name) has met the required criteria listed below and now requests reimbursement of the HMIS Software Financial Assistance Reimbursement Funds up to, but not exceeding \$5,000 for performing at least eight monthly uploads in 2011. All three of the below criteria must be met and appropriate documentation attached in order to be eligible for reimbursement.

I am using a case management system for which I have attached documentation. (Examples of documentation include a CCoC FAP enrollment forms from 2008 or DHS confirmation.)

My agency has incurred HMIS costs up to, but not exceeding \$5,000 in 2011, and I have attached documentation of these expenses (for example, invoices).

I have uploaded data into the NYC CCoC HMIS Report Server for the following months in 2011:

Month 1. _____
Month 2. _____
Month 3. _____
Month 4. _____

Month 5. _____
Month 6. _____
Month 7. _____
Month 8. _____

Certification: I hereby certify that the charges reported herein have been incurred for services provided pursuant to the above terms of the agreement with the City of New York acting by and through the New York City Department Of Homeless Services; that the itemized invoices, supporting documents and records evidencing payment are in the files of this organization and are available to the New York City Department Of Homeless Services and other entities with the requisite authority to inspect and audit such documents; that the charges are just, true and correct; and that no part thereof has been previously included in an invoice to the City of New York, paid, satisfied or otherwise settled.

Signature of Provider Agency Representative

Date