



SHCC

# HUD COVID-19 Supplemental Payments (CSPs)

*A step-by-step guide to property submission*

*Presented by Sarah Snow Gamble, Director of Operations  
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# HUD Notice H 2021-01 – *Published 4/14/2021*

## *Highlights*

**Owner Submissions due to SHCC by 11:59pm  
local time on Monday, April 26, 2021**  
Email to [cares@shccnet.org](mailto:cares@shccnet.org)

Accepting  
Claims  
NOW!!

Eligible Costs Windows	If...
3/27/2020 to 7/31/2020	First time request <b>or</b> original request denied due to incorrect signature or other data error Funding received for other CSP cost windows is allowed
8/1/2020 to 11/30/2020	First time request <b>or</b> original request denied due to signature/data error Funding received for other CSP cost windows is allowed
12/1/2020 to 3/31/2021	First time request Funding received for other CSP cost windows is allowed



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## Cost Windows

COMBINED Cost Windows	If...
<b>#1 and #2</b> (3/27/2020 to 11/30/2020)	<ul style="list-style-type: none"><li>The requested amount for the combined cost windows is <b><u>less than Tier 1 Cap amount.</u></b></li><li>This is the first time the property is submitting a request, <b>or</b> an original request for a cost window included on the claim was previously denied due to incorrect signature or other data error.</li></ul>
<b>#2 and #3</b> (8/1/2020 to 3/31/2021)	
<b>#1 and #3</b> (3/27/2020 to 5/31/2020 <u>AND</u> 12/1/2020 to 3/31/2021)	
<b>#1, #2, and #3</b> (3/27/2020 to 3/31/2021)	

- If you are trying to combine cost windows into one claim and the total you're requesting exceeds the Tier 1 Cap, you can still submit! ***Just split the combined claim into multiple claims – one for each cost window.***



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## *Resources*

- [HUD Notice 2021-01](#)
- [New Claim Form HUD 52671-E](#)
- [HUD Updated “Tips and Explanations”](#)
- SHCC PowerPoint
- [SHCC CSP Worksheet Template](#)
- All questions and claims should be submitted to:  
[\*\*cares@shccnet.org\*\*](mailto:cares@shccnet.org)

# COVID-19 Expenses

## *What's Eligible?*

*Specific eligible activities and purchases for which costs may be reimbursed through CSP requests include the following:*

- **Facility and equipment expenses** related to maintaining adequate social distancing
- **Site control measures** in support of shelter-in-place, stay-at-home orders, or visitor restriction policies within properties.
- **Temporary staffing**, contract services, overtime pay, and/or supply **expenditures to maintain or enhance on-going service coordination** in properties designated to serve the elderly or persons with disabilities
- **Temporary staffing increases** to process higher-than-normal volumes of interim tenant recertifications requested by tenants due to loss of income (includes overtime and new positions)

***New at Round 2:*** Excludes “hazard pay” or bonuses.



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*Examples of included versus excluded costs:*

INCLUDED COSTS	EXCLUDED COSTS
PPE for residents or staff (gloves, masks, hand sanitizer, Clorox wipes)	
Intensive deep cleaning, sanitization services (specifically related to COVID-19) or increased frequency cleaning/ disinfecting costs for common areas.	Standard cleaning services that were already used before the pandemic, pest control services.
Office tech/equipment to facilitate social distancing (ex. Plexiglass)	Office build-outs, major equipment, construction. <i>CSPs are intended to address temporary cost increases, <b>NOT</b> capital costs.</i>
Bulk supply purchases of PPE or cleaning products considered reasonable for use through May 1, 2021	Bulk supply purchases that are unreasonably large for given time period



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*NEW to Round 3:*

## *COVID-19 Vaccinations and Testing Services for Residents*

### **INCLUDED:**

- Property operating costs associated with facilitating access to COVID-19 vaccination and testing services for residents that are administered by 3rd -party healthcare providers.
- Costs associated with conducting a vaccination or testing event:
  - Overtime for property management staff and existing service coordinators (related to vaccine and testing services)
  - Additional cleaning (related to vaccine and testing services)
  - Additional PPE associated with the event
  - Owner costs for transportation services, not to exceed the current IRS rate of \$0.56 per mile, to provide residents access to nearby vaccination sites.
  - These do not require a new cost category on the form – costs should be included on whatever line item is most relevant

### **NOT INCLUDED:**

- Individual medical care costs, such as the cost of individual tests, vaccinations, or clinical consultations.
  - Example: COVID-19 test for 1 employee versus COVID-19 testing event for all residents.



# Step 1: Gather Documentation/Information

- Gather documentation supporting your CSP expenses to determine total costs.
  - Receipts will be organized by budget line item and date
  - Double check your dates!
- Determine what date range you'll be submitting for.
  - Has the property previously submitted a claim for that time period?
  - Was the claim denied? (You may be able to resubmit.)
- Do you qualify for an Elderly allowance?
- How many section 8 units do you have?
  - Look to your rent schedule.
- Do you have a budget-funded service coordinator?
  - This is a specific type of service coordinator – only a handful of SHCC properties meet this criteria.
- Is your owner prepared to sign the form once complete?
  - If not the owner, be prepared to submit a Delegation of Authority letter for the signer, authorized by the owner, showing that they have permission to sign CSP forms.





# Step 2: Start the Form

This would be an eight-digit number, only applicable to those with an FHA loan. Feel free to leave blank or insert Contract #

## COVID-19 Supplemental Payment (CSP) Request

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0619  
(Exp. 9/30/2021)

<b>Instructions: Follow Guidance in Notice H-2021-1</b>	Project Name	FHA Project No.	Assistance Contract(s) #
	Sarah Snow Apartments	TX16L000001	TX16L000001
	Property/Management Company Phone Number	Contract Type (HAP, PRAC, SPRAC, PAC)	
	512-555-5555	HAP	
	Property/Management Company Email Address	CSP Request Type (Tier I or II) <small>Complete Parts I to III to determine</small>	
	sarahs@shccnet.org	Tier I	

Operating Period for Which Reimbursement is Requested:  #1: 3/27/2020 to 7/31/2020  #2: 8/1/2020 to 11/30/2020  #3: 12/1/2020 to 3/31/2021  
**Combined Request (Tier 1 only):**  Periods #1 and #2  Periods #2 and #3  Periods #1 and #3  Periods #1, #2, and #3

If you submitted and received CSP funds for time frames #1 and #2, the only box you can check is #3. If you did not submit for #1 or #2, you can submit a combination claim *only if it is at or less than the Tier I cap determined in Part III.*



# Is my Claim a Tier 1 or Tier 2 Submission?

- If you are confused by this question, start with Part III of the CSP form to determine your Tier 1 cap.
- If you have any Service Coordinator expenses (Part II), these will bump up your Tier 1 cap. However, most submitters do not, so Part III is a good place to start!

<b>Part III. Calculation of Tier I Standard Payment Cap</b>	
15. Number of Assisted Units Under Contract	
16. Unit-Based Allowance ( <i>calculated field; 60 per unit</i> )	\$ 0
17. Additional Property Allowance (\$1k) Where Designated to Serve the Elderly (see Notice H 2021-1, Footnote 6)	\$ 0
18. Standard Property Allocation	\$ 2,000
19. Allowance for Ongoing Service Coordination ( Eligible Budget-Based Coordinators Only)	\$ 0
<i>(calculated field; lesser of \$3,000 or line 13 total)</i>	
<b>20. Maximum Tier 1 Standard Payment* (calculated field)</b>	<b>\$ 2,000</b>

\* Payments are only available to the extent required for eligible project cost increases and will not exceed the total on line 14.

# Is my Claim a Tier 1 or Tier 2 Submission?

- To determine the property Tier 1 cap, enter number of **subsidized** units.
- The form auto-populates line #16 for you!
- Example below: 20 units at \$60 per unit equals \$1,200 (Unit-based Allowance).
- This is added to #18 (Standard Property Allocation) for a grand total of \$3,200:

<b>Part III. Calculation of Tier I Standard Payment Cap</b>	
15. Number of Assisted Units Under Contract	20
16. Unit-Based Allowance ( <i>calculated field; 60 per unit</i> )	\$ 1,200
17. Additional Property Allowance (\$1k) Where Designated to Serve the Elderly (see Notice H 2021-1, Footnote 6)	\$ 0
18. Standard Property Allocation	\$ 2,000
19. Allowance for Ongoing Service Coordination ( Eligible Budget-Based Coordinators Only)	\$ 0
<i>(calculated field; lesser of \$3,000 or line 13 total)</i>	
<b>20. Maximum Tier 1 Standard Payment* (calculated field)</b>	<b>\$ 3,200</b>

*\* Payments are only available to the extent required for eligible project cost increases and will not exceed the total on line 14.*

# Is my Claim a Tier 1 or Tier 2 Submission?

- *But what if my property is designated Elderly?*
  - Enter \$1,000 in line #17.
  - This means that the Tier 1 cap for properties that are designated as Elderly serving is increased by \$1,000.
  - In below example, this property would have to request more than \$4,200 for it to be a Tier 2 claim.

<b>Part III. Calculation of Tier I Standard Payment Cap</b>	
15. Number of Assisted Units Under Contract	20
16. Unit-Based Allowance ( <i>calculated field; \$60 per unit</i> )	\$ 1,200
17. Additional Property Allowance (\$1k) Where Designated to Serve the Elderly (see Notice H 2021-1, Footnote 6)	\$ 1,000
18. Standard Property Allocation	2000
19. Allowance for Ongoing Service Coordination ( Eligible Budget-Based Coordinators Only)	\$ 0
<i>(calculated field; lesser of \$3,000 or line 13 total)</i>	
<b>20. Maximum Tier 1 Standard Payment* (calculated field)</b>	<b>\$ 4,200</b>

\* Payments are only available to the extent required for eligible project cost increases and will not exceed the total on line 14.

I know my  
Tier 1 cap  
amount –  
*now what?*

- Your Tier 1 Cap calculation does not represent the amount of COVID-19 funds you're requesting. It tells you how much documentation to submit with your claim.
- Tier 1 claims DO NOT require supporting receipts or narrative justification (page 2 of form).

<b>Part I. Amounts Requested for Eligible COVID-19 Operating Expense Increases</b>	<b>Requested Amount</b>
1. Payroll Costs: Custodial or Other Operational Staff (OT or other staff increase) (6510)	\$ 0
2. Contract Services: Cleaning/Sanitizing or Security Services (6520/6530)	\$ 2,000
3. Payroll Costs: Administrative Functions (OT or increase in hours if part-time) (6310)	\$ 0
4. Contract Services: Administrative Functions (6390)	\$ 0
5. Cleaning/Sanitizing Supplies and PPE (6515/6590)	\$ 950
6 Office Equipment/ IT (6311)	\$ 100
7. Other Allowable Costs (Specify Budget Line _____ )	\$ 0
<b>8 . Total Request Part I (calculated field)</b>	<b>\$ 3,050</b>

<b>Part II. Multifamily Service Coordination for the Elderly and Disabled</b> (Eligible Section 8 and Section 202 Properties Only; see Notice H 2021-1, Section V)	
9. Payroll Costs (OT or Increase in hours if Part-Time) (MFSC) (6900)	\$ 0
10. Coordinator Contract Services (MFSC) (6900)	\$ 0
11. Office Equipment/IT (MFSC) (6900)	\$ 0
12. PPE (MFSC) (6900)	\$ 0
<b>13. Total Request Part II (calculated field)</b>	<b>\$ 0</b>

<b>14. TOTAL COVID-19 Supplemental Payment Requested (calculated field; sum of lines 8 and 13)</b>	<b>\$ 3,050</b>
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# Part 1. Amount Requested & Service Coordination

- Now complete the Part I and Part II sections with any allowable expenses for which you'd like to be reimbursed:
- In the example, the property is requesting \$3,050 in allowable costs.

<b>Part I. Amounts Requested for Eligible COVID-19 Operating Expense Increases</b>	<b>Requested Amount</b>
1. Payroll Costs: Custodial or Other Operational Staff (OT or other staff increase) (6510)	\$ 0
2. Contract Services: Cleaning/Sanitizing or Security Services (6520/6530)	\$ 2,000
3. Payroll Costs: Administrative Functions (OT or increase in hours if part-time) (6310)	\$ 0
4. Contract Services: Administrative Functions (6390)	\$ 0
5. Cleaning/Sanitizing Supplies and PPE (6515/6590)	\$ 950
6. Office Equipment/ IT (6311)	\$ 100
7. Other Allowable Costs (Specify Budget Line _____ )	\$ 0
<b>8. Total Request Part I (calculated field)</b>	<b>\$ 3,050</b>
<b>Part II. Multifamily Service Coordination for the Elderly and Disabled</b> (Eligible Section 8 and Section 202 Properties Only; see Notice H 2021-1, Section V)	
9. Payroll Costs (OT or Increase in hours if Part-Time) (MFSC) (6900)	\$ 0
10. Coordinator Contract Services (MFSC) (6900)	\$ 0
11. Office Equipment/IT (MFSC) (6900)	\$ 0
12. PPE (MFSC) (6900)	\$ 0
<b>13. Total Request Part II (calculated field)</b>	<b>\$ 0</b>
<b>14. TOTAL COVID-19 Supplemental Payment Requested (calculated field; sum of lines 8 and 13)</b>	<b>\$ 3,050</b>

**Instructions:**  
**Follow Guidance**  
**in Notice**  
**H-2021-1**

Project Name: Sarah Snow Apartments  
 FHA Project No.: TX16L000001  
 Assistance Contract(s) #: TX16L000001

Property/Management Company Phone Number: 512-555-5555  
 Contract Type (HAP, PRAC, SPRAC, PAC): HAP

Property/Management Company Email Address: sarahs@shccnet.org  
 CSP Request Type (Tier I or II): Tier I

Operating Period for Which Reimbursement is Requested:  #1: 3/27/2020 to 7/31/2020  #2: 8/1/2020 to 11/30/2020  #3: 12/1/2020 to 3/31/2021  
 Combined Request (Tier 1 only):  Periods #1 and #2  Periods #2 and #3  Periods #1 and #3  Periods #1, #2, and #3

Part I. Amounts Requested for Eligible COVID-19 Operating Expense Increases	Requested Amount
1. Payroll Costs: Custodial or Other Operational Staff (OT or other staff increase) (6510)	\$ 0
2. Contract Services: Cleaning/Sanitizing or Security Services (6520/6530)	\$ 2,000
3. Payroll Costs: Administrative Functions (OT or increase in hours if part-time) (6310)	\$ 0
4. Contract Services: Administrative Functions (6390)	\$ 0
5. Cleaning/Sanitizing Supplies and PPE (6515/6590)	\$ 950
6. Office Equipment/ IT (6311)	\$ 100
7. Other Allowable Costs (Specify Budget Line _____ )	\$ 0
<b>8. Total Request Part I (calculated field)</b>	<b>\$ 3,050</b>

Part II. Multifamily Service Coordination for the Elderly and Disabled (Eligible Section 8 and Section 202 Properties Only; see Notice H 2021-1, Section V)	Requested Amount
9. Payroll Costs (OT or Increase in hours if Part-Time) (MFSC) (6900)	\$ 0
10. Coordinator Contract Services (MFSC) (6900)	\$ 0
11. Office Equipment/IT (MFSC) (6900)	\$ 0
12. PPE (MFSC) (6900)	\$ 0
<b>13. Total Request Part II (calculated field)</b>	<b>\$ 0</b>
<b>14. TOTAL COVID-19 Supplemental Payment Requested (calculated field; sum of lines 8 and 13)</b>	<b>\$ 3,050</b>

Part III. Calculation of Tier I Standard Payment Cap	Requested Amount
15. Number of Assisted Units Under Contract	20
16. Unit-Based Allowance (calculated field; \$60 per unit)	\$ 1,200
17. Additional Property Allowance (\$1k) Where Designated to Serve the Elderly (see Notice H 2021-1, Footnote 6)	\$ 1,000
18. Standard Property Allocation	\$ 2,000
19. Allowance for Ongoing Service Coordination ( Eligible Budget-Based Coordinators Only) (calculated field; lesser of \$3,000 or line 13 total)	\$ 0
<b>20. Maximum Tier 1 Standard Payment* (calculated field)</b>	<b>\$ 4,200</b>

\* Payments are only available to the extent required for eligible project cost increases and will not exceed the total on line 14.

Sarah Snow Apartments is requesting \$3,050

The Tier 1 cap is \$4,200

Therefore, I know to select "Tier I" in the CSP Request Type dropdown box

As Tier 1, I do not have to submit receipts or complete Part IV.

# Tier I Requests

You can skip Part IV and go directly to Part V

## Part IV. Tier II Request Information (if applicable)

*Properties requesting funding at or below the Tier 1 Standard Payment Cap (line 20) do not need to complete Part IV and should skip to Part V. CSP requests for amounts above the Tier 1 Cap (line 20) require completion of Section V and submission of documentation for expenses. Please see Section VIII of Notice H 2021-1 for additional details on threshold eligibility requirements and documentation requirements for Tier II requests.*

21. Requested Tier II Funding Increment (calculated field; amount above line 21 Standard Payment Cap)	\$ 0
22. Which of the following apply for the requesting property? (check all that apply)	
<input checked="" type="checkbox"/> Multiple resident cases of COVID-19;	
<input type="checkbox"/> Documented on-site exposure threatening a high-risk population;	
<input type="checkbox"/> An infection rate in the surrounding county exceeding 1,000 confirmed cases per 100,000 people.	

HUD-52671-E (3/2021)  
ref. Notice H-2021-1

Be sure to answer all questions here:

## Part V. Other Supplemental Information (Both Tier I and Tier II Requests)

25. Has this property received funding from other assistance programs authorized by the CARES Act (P.L. Public Law 116-136)? (Y/N)	No
26. If yes, which program? N/A	How much was awarded/provided? \$ 0
27. Do you currently have a budget-based rent increase pending with HUD/PBCA? (Y/N)	No
28. Have you withdrawn or requested withdrawal of residual receipt balances in 2020 or 2021 for COVID-19 Expenses? (Y/N)	<input type="checkbox"/> If yes, how much? \$ 0

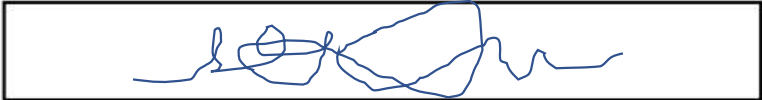
Do **NOT** need to include previous funds Received through CSP funds here.  
Example to include would be Paycheck Protection Program funds.

Be sure to answer all of these, or your SHCC specialist will be contacting you for clarification!



Please have the owner print, sign, and date the form.

*NEW to Round 3:* TYPE the signatory's name.

Owner/Signatory Name (Printed)	Sarah Snow	
29. Owner Signature		30. Date Owner Signature 4/20/2021

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**Part VI. HUD/CA Use Only**

31. Date Received by HUD/CA	
32. Total Amount Eligible for Payment (enter \$0 for incomplete or otherwise ineligible requests)	
33. Notes on Any Disallowed Costs	
34. Approved By (Print Name)	
35. Approver Signature	36. Date Approved

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## *Signature, Signature, Signature!*

- To avoid processing delays and multiple follow-up emails from SHCC, please have the property **Owner sign the claim form!**
- If an Owner is unavailable for signature, please submit a copy of HUD Package 2530 with your submission (in order to verify the signature is approved by HUD).
- Previously submitted delegation of authority letters provided to the SHCC Contracts Department (for contract renewals or rent adjustments) *may be insufficient!*

**If SHCC requests corrections, please respond within two business days or we may have to deny your claim.**



# TIER II CLAIMS

## *Recommendations for a Smooth Submission*

- Submit *organized* documentation and an excel spreadsheet showing your calculations (labeled by form line-item per HUD request)
- Be mindful of receipt dates - make sure they fall in the correct cost window.
- Scan and send your receipts in order. Make sure that all information is legible (dates/\$ amounts)
- Clarify on receipts or in spreadsheet if expenses are not obvious

CSP Tier II Submission - Sarah Snow Apartments			
Date: 4/9/2021			
Contract Services: Cleaning/Sanitizing or Security Services (6520/6530)			
DATE	VENDOR	Amount	Description
1/15/2021	Sanitizing 4 You	\$ 2,000.00	Additional Cleaning/Sanitization Services for Communal Areas
2/15/2021	Sanitizing 4 You	\$ 2,000.00	Additional Cleaning/Sanitization Services for Communal Areas
3/15/2021	Sanitizing 4 You	\$ 2,000.00	Additional Cleaning/Sanitization Services for Communal Areas
		<b>\$6,000.00</b>	
Contract Services: Administrative Function (6390)			
DATE	VENDOR	Amount	Description
1/1/2021	Temps R Us	\$ 250.00	Additional Administrative Support to process increased IR certs
2/1/2021	Temps R Us	\$ 250.00	Additional Administrative Support to process increased IR certs
3/1/2021	Temps R Us	\$ 250.00	Additional Administrative Support to process increased IR certs
4/1/2020	Temps R Us	\$ 250.00	Additional Administrative Support to process increased IR certs
		<b>\$ 1,000.00</b>	



## Estimated Processing Timeline from HUD

### **Owner Responses Due to PBCA 4/26/2021 (11:59pm)**

PBCA and HUD Processing Window

4/19/2021 - 5/12/2021

SHCC requests for clarification/  
documentation still have 2-day response  
window, with *some* flexibility...

PBCA Deadline

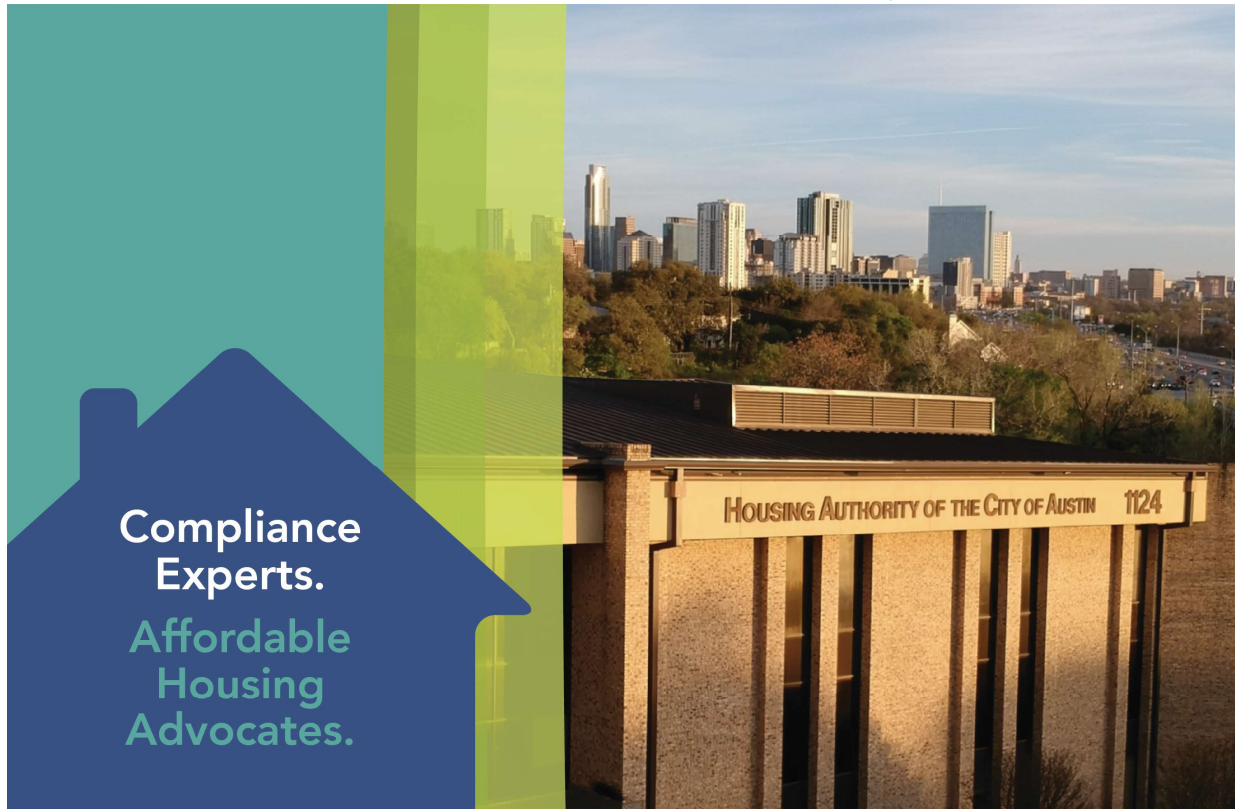
5/12/2021

PBCAs Complete Distribution of Funds to  
their HAP Properties

No Later Than 7/1/2021

**Submit to [CARES@shccnet.org](mailto:CARES@shccnet.org)**

*SHCC is here to help!*



Compliance  
Experts.

Affordable  
Housing  
Advocates.

Please do not hesitate  
to email  
[cares@shccnet.org](mailto:cares@shccnet.org) to  
request assistance.

*Thank you!*

