**Instructions for the Four (4) DVSS Invoices Entitled: State, Federal, Emergency Shelter and Sexual Violence.**

**Purpose:**

These instructions are a supplement to the IFB requirements and pertain to the State invoice (General Revenue and Temporary Assistance for Needy Families (TANF) Maintenance of Effort (MOE) funding); the Federal invoice (Family Violence Prevention and Services Act (FVPSA) funding); the Emergency Shelter invoice (federal funding); and the Sexual Violence invoice (state funding). DVSS billing invoices are used to ensure payment for service providers. The contractor shall use the form that pertains to the funding awarded as indicated in the contract Notice of Award (award resulting from Invitation For Bid #SDA396121).

The contractor shall use the State, Sexual Violence, Emergency Shelter and/or Federal DVSS Invoice (hereinafter referred to as DVSS Invoice, unless otherwise specifically indicated) form provided by the Missouri Department of Social Services (Department) for any invoice on a contract resulting from the Invitation For Bid (IFB) #SDA396121 and follow the invoicing requirements of the IFB. The contractor is responsible to bill for each of those on the appropriate and separate invoice forms (i.e. the State, Sexual Violence, Emergency Shelter and/or Federal DVSS invoice forms) provided by the Department. The invoice forms are being provided as Excel documents. There are fields set up to calculate totals for the contractor in the Excel format, however, these fields may be manually filled in when printed. The contractor must submit invoices using the current invoice form(s), which are provided on the Department’s website: http://dss.mo.gov/fsd/domestic-violence-shelters~services.htm.

The contractor must use a unique invoice number with each monthly invoice submitted. The unique invoice number will be listed on the State of Missouri’s EFT addendum record to enable the contractor to properly apply the Department’s payment to the invoice submitted. If the contractor does not fill in an invoice number on the DVSS Invoice, the Department reserves the right to return the invoice to the provider for completion for this reason or any other reason (invoice not signed, exceed allotment on purchase order, etc.), as determined by the Department.

**Number of Copies and Distribution:**

The original invoice must be mailed or emailed to the Department and one copy should be retained for your business records. If the invoice is sent by email, please include the contract number(s) in the subject line. The email address to use is [DSS.DFAS.DVSSInvoices@dss.mo.gov](mailto:DSS.DFAS.DVSSInvoices@dss.mo.gov). The invoice should be filled out and sent to: Division of Finance and Administrative Services (DFAS), PO Box 1082, Jefferson City, MO 65102-1082. Faxed copies are acceptable in lieu of the original, or as approved by the Department. The fax number is (573) 751-7598. The form is to be completed and submitted by the 15th of each month following the month of service. The provider may then expect a payment after DFAS has processed the invoice, usually within 3-4 weeks.

**Instructions for Completion:**

The DVSS Invoice forms provided are Microsoft Excel fillable documents and were created using Microsoft Office Excel 2007 and contain protected formulas that calculate total amounts for you. If there are questions, feel free to contact DFAS at (573) 751-0575 or 751-2542.

The top of the form is for identifying information. Each field must be completed. Any blank field could result in a delayed payment.

**Contractor Name:** This field should contain the complete name of the agency submitting the invoice.

**Payment Address:** This field should contain the complete mailing address for payments**.**

**Contact Name and Telephone #:** This field should contain the contact name and phone number should there be questions about the invoice.

**Invoice #:** This field should contain a unique invoice number which is to be assigned by the contractor.

**Service Month:** This field should contain the current month and year of the provided service.

**Contract #:** This field should contain the contract number under which the agency was providing services during the month and year indicated on the invoice.

**State Vendor #:** This field should contain the vendor number assigned by the State of Missouri.

**Section I. (Related Services):** Section I of the form is to be used to document the number of units provided by the contracted agency, within a calendar month. Enter number of clients served by date and Service Unit Category (Dates Services Were Provided). Note: Any of the contract service categories proposed in your contract may be billed to the Department for each day a service(s) was provided pursuant to the contract. One or more units of service may be billed per day.

**Emergency Shelter:** Cannot bill for legal advocacy services. Sexual Violence: Can bill for medical advocacy

**Total (Related Services) Units:** At the end of each month the number of units provided should be totaled and placed in this column.

**Section II**: Section II of the form is to be used to indicate the number of clients who received shelter services on a daily basis. The number of clients served should be recorded in the corresponding boxes. There is no limit on how many units of Shelter may be billed, unless it exceeds the allotment of the quarter and/or total annual price of the contract.

**Shelter Total Units:** The contractor must enter a numeric entry to reflect the total number of daily units of shelter service rendered on a given day. At the end of each month the total number of clients (adults and children) served each day should be added and placed in this box.

**Transitional Housing (TH) Total Units:** If the contractor is awarded a contract to provide Transitional Housing, the contractor must enter a numeric entry to reflect the total number of daily units of TH service rendered on a given day. At the end of each month the total number of clients (adults and children) served each day should be added and placed in this box.

**Section III:** Section III of the form is for tracking of payments to the contractor under this contract and the balance remaining on the contract.

**Total Amount of Contract:**

**Services:** This field should contain the total amount of money awarded to the provider in the contract for services.

**Shelter:** This field should contain the total amount of money awarded to the provider in the contract for shelter.

**YTD Expenditures:**

**Services:** This field should contain the amount of money paid and/or to be paid to the contractor for services invoiced to date. This can be found by adding the “Year-To-Date Expenditures” for services from the previous invoices submitted for payment and /or paid to the contractor, if applicable, to the “Total Amount” (“Amount Invoiced” for federal DVSS invoice) for services for this period from Section V.

**Shelter:** This field should contain the amount of money paid or to be paid to the contractor for shelter invoiced to date. This can be found by adding the “Year-To-Date Expenditures” for shelter from the previous invoices submitted for payment and /or paid to the contractor, if applicable, to the “Total Amount” (“Amount Invoiced” for federal DVSS invoice) for shelter for this period from Section V.

**Balance Remaining - Services:** This field should contain the amount of money remaining for services on the contract. The amount can be found by subtracting the “Year-To-Date Expenditures” for services from the “Total Amount of Contract” for services. Note, it is the contractor’s responsibility to track their own award amounts, invoiced amounts and balance remaining amounts. The blanks provided in Section III are not mandatory to complete, but may be used to track this type of information, and is encouraged so that when DFAS reviews the contractor’s invoice submitted, it is clear the contractor is tracking their amounts correctly.

**Balance Remaining - Shelter:** This field should contain the amount of money remaining for shelter on the contract. The amount can be found by subtracting the “Year-To-Date Expenditures” for shelter from the “Total Amount of Contract” for shelter. Note, it is the contractor’s responsibility to track their own award amounts, invoiced amounts and balance remaining amounts. The blanks provided in Section III are not mandatory to complete, but may be used to track this type of information, and is encouraged so that when DFAS reviews the contractor’s invoice submitted, it is clear the contractor is tracking their amounts correctly.

**Section IV:** This section is optional. This is intended for contractor use to track clients served.

**Number of Women:** The number of women who received shelter services should be placed in this box.

**Number of Children:** The number of children who received shelter services should be placed in this box.

**Number of Men:** The number of men who received shelter services should be placed in this box.

**Total Served:** The total number of clients served for the entire month should be added together and placed in the box. The contractor must keep track of their expenditures. The Department may remind contractors or provide technical assistance to the contractor about annual totals and allotments; however the contractor is responsible for tracking their own total award amounts, allotments, and expenditures.

**Section V:** This section is used to calculate the amount being billed to the Department.

**# Units - Services:** The total service units can be found by summing the “Total Units” in Section I. This number is then placed in the box under “# Units” for services.

**# Units – Shelter:** The “Shelter Total Units” (plus the “TH Total Units” on the State DVSS Invoice) can be found in Section II. This number is placed in the corresponding box.

**Rate:** This is the firm fixed price per unit or “Rate” designated in the contract.$70 for services and $30 for shelter can be changed if your contract is for different amounts.

**Total Amount:** This amount can be found by multiplying the “# Units” by the “Rate”. The total is denoted in the corresponding “Total Amount” box.

**FOR FEDERAL DVSS INVOICES ONLY:**

The contractor must use the Federal DVSS Invoice when requesting reimbursement for federal funded services under the contract. The contractor shall be paid the “Total Amount” less the local federal matching share amount. The contractor must comply with the provision of local matching share requirements as required by the contract. The percentage rate of the local federal match for the contractor to use for calculations for the invoice is identified on the contractor’s pricing page.

**Federal Match Amount:** Enter the dollar amount in the “Federal Match Amount” box, after you make the calculation of the percentage of local match identified in the contract (minimum local match must be 20% or greater). To figure local match, you would, multiply the “Total Amount” of services and/or shelter times your local match percentage. For example, if the contractor's local match percentage is 20%, and the “Total Amount” for services is $2,000, then the federal match amount for services would be $2,000 x .20 = $400. $400.00 would then be entered into the “Federal Match Amount” box. There is a formula in the Federal Match Amount cell that will calculate it for you if your match is 20%. If your match is higher than 20% then contact DFAS and we will change the formula for you.

**Amount Invoiced:** In this box, the contractor must enter the calculation of the “Total Amount” for services and/or shelter less the corresponding “Federal Match Amount”. Using the example above, $2,000.00 - $400.00 = $1,600. $1,600 would be entered into the “Amount Invoiced” box for services.

**Total Amount Invoiced:** This number will indicate the total amount the contractor is requesting for reimbursement by the Department. The “Total Amount Invoiced” box should contain the sum of the “Total Amount” (“Amount Invoiced” for federal DVSS invoices) for services and for shelter. The Total Amount Invoiced would be the amount paid to the contractor.

**The final step in completing the form is to indicate the date the form was completed and apply the signature of the authorized designee of the contractor. The Department authorized representative is responsible for reviewing and approving all invoices and then submitting approved invoices for payment to DFAS.**