

HUMAN RIGHTS COMMISSION



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HRC Forms Library

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2 Policy Statement

The San Francisco Human Rights Commission (HRC) is committed to ensuring that all expenditures of City funds are transparent, compliant, and accountable to the public. These forms are associated with policies that establish uniform requirements for costs

commonly considered higher-risk—such as travel, food, gift cards, and equipment—when purchased under HRC-funded grants.

Because grantees administer public resources on behalf of the City, all expenditures must be **reasonable, necessary, and directly connected to approved program activities**.

Grantees are required to comply with:

- These HRC policies;
- All applicable laws, ordinances, and regulations;
- The Controller’s *Accounting Policies and Procedures*; and
- The *HRC Allowable and Unallowable Costs Policy*.

Failure to comply may result in cost disallowance, repayment obligations, suspension of funding, or additional monitoring and corrective actions.

3 Purpose

These policies are designed to:

- **Protect public funds** by defining clear rules for high-risk expense areas.
- **Promote fairness and consistency** in how HRC-funded grantees manage expenditures.
- **Align** HRC procedures with Citywide ordinances, Controller requirements, and audit standards.
- **Ensure** that costs charged to grants are programmatic, fiscally sound, and properly documented.
- **Provide practical guidance** to help grantees prevent misuse, fraud, or misunderstanding of allowable cost rules.

Together, these objectives reinforce public trust and support effective stewardship of City resources.

4 Scope

These policies apply to all HRC-funded grantees, subrecipients, and fiscal sponsors.

Relationship to Other Requirements

These standards supplement each grantee’s executed grant agreement, approved budget, and any applicable funding-source requirements. If stricter rules are imposed by a federal, state, or other external funding entity, the stricter requirement takes precedence.

Limitations

These policies are not exhaustive. Grantees remain responsible for following all HRC financial guidance, their grant terms, and all relevant City, state, and federal laws or regulations.

Questions and Clarifications

Grantees should consult their assigned HRC Grant Manager before incurring expenses if there is any uncertainty regarding compliance or documentation requirements.

5 Grantee Conduct Acknowledgment

By signing below, I acknowledge and agree that:

1. Conduct Standards

- I and all representatives of my organization will treat all individuals with civility, dignity, and respect.
- We will maintain a safe, inclusive, and non-discriminatory environment, free from harassment, retaliation, bullying, hostility, intimidation, or other disrespectful behavior.

2. Prohibited Conduct

- We will not engage in behaviors that violate HRC's Conduct Expectations, including but not limited to:
 - Bullying
 - Hostility or belittling conduct
 - Microaggressions
 - Intimidation or threats
 - Violence or sabotage
 - Invasive use of technology to harass
- We will follow all applicable laws, City policies, and grant agreement terms.

3. Reporting and Compliance

- We will promptly report any suspected violations of law, City policy, or grant requirements to the appropriate authority.
- We understand that violations may result in corrective action, up to and including termination of our grant agreement, consistent with HRC policy and applicable law.

4. Leadership Responsibility

- Our organization's leadership will ensure that all staff, contractors, and volunteers funded by HRC are informed of and comply with these expectations.

Certification: *I certify that I have read, understand, and agree to comply with HRC's Conduct Expectations for Grantees.*

Organization Name/Grant ID: _____

Authorized Representative Name (print): _____

Title: _____

Signature: _____

Date: _____

Return Instructions: This signed acknowledgment must be submitted to your HRC Grant Manager before funds are disbursed.

6 Grantee Staff Use of Taxi or Rideshare Request Form

San Francisco Human Rights Commission

Grantee Staff Taxi or Rideshare Request Form

This form must be completed and submitted to the assigned HRC Grant Manager **in advance of any taxi or rideshare trip taken by Grantee staff**. Requests without prior written approval will not be reimbursed.

Section 1 – Grantee Information

- **Organization Name:** _____
- **Grant Number / Program:** _____
- **Staff Contact (Name & Title):** _____
- **Staff Using Rideshare (Name & Title, if different from above):**

Section 2 – Trip Details

- **Date of Trip:** _____
- **Time of Trip (Start/End):** _____
- **Pickup Location:** _____
- **Drop-off Location:** _____
- **Purpose of Trip (related to grant activity):**

Section 3 – Justification (Public Transit Infeasibility)

Select all that apply and provide details below:

- ☐ Lack of transit service during required travel time
- ☐ Transport of materials or equipment
- ☐ Travel to/from inaccessible or unsafe location

Explanation (required):

Section 4 – Estimated Cost

- **Estimated Fare (attach screenshot/estimate if available):** \$_____
-

Section 5 – Acknowledgment

I certify that this trip is reasonable, necessary, and directly related to the approved grant activities. I understand:

- A **10% administrative deduction** will apply to any reimbursement.
- **Itemized receipts** are required with final invoice submission.
- Premium services (e.g., Uber Black, Lyft Lux) are not reimbursable.
- **Gratuities** will not be reimbursed above 15%.
- HRC may deny reimbursement if justification is incomplete or insufficient.

Staff Signature: _____ **Date:** _____

Section 6 – HRC Grant Manager Approval

☐ Approved ☐ Denied

Grant Manager Name: _____

Signature: _____ **Date:** _____

7 Grantee Travel Request Form

San Francisco Human Rights Commission

Grantee Travel Request Form

This form must be completed and submitted on organization letterhead to your assigned HRC Grant Manager **at least one (1) month before the proposed trip**. Written pre-approval is required for all out-of-Bay Area travel.

Section 1 – Grantee Information

- **Organization Name (as listed in Grant Agreement):** _____
 - **Grant ID:** _____
 - **Staff Contact (Name & Title):** _____
 - **Phone / Email:** _____
-

Section 2 – Trip Details

- **Destination (City/State):** _____
 - **Dates of Travel (Start – End):** _____
 - **Travelers (Names & Roles):** _____
-

Section 3 – Purpose of Trip

Provide a brief explanation of the reason this travel is required for grant work, the benefit to participants, and the impact if not attended:

Section 4 – Estimated Costs Summary

Instructions:

- List each line item separately as necessary (e.g., airfare, hotel nights, daily M&IE, registration fee).
- Do not group costs into categories without detail.
- All estimates must align with GSA (U.S. General Services Administration) per diem rates and HRC travel policy.
- Attach supporting documentation (e.g., rate quotes as available).

Category	Details	Estimated Cost (\$)
Transportation	Airfare / Train / Vehicle Rental / Personal Vehicle (mileage)	
Lodging	Hotel name & nightly rate × nights	
Meals & Incidentals (M&IE)	<input type="checkbox"/> Receipts (up to GSA max) <input type="checkbox"/> Per Diem	
Registration Fees	Conference / Event registration	
Other Costs	(e.g., parking, tolls, materials)	
Total Estimated Trip Cost		

Section 5 – Compliance Acknowledgment

By submitting this request, I certify that:

- All travel is necessary for approved grant activities and consistent with HRC policy.
- Lodging does not exceed the federal GSA lodging per diem rate.
- Meals & Incidentals will comply with the selected method (actual receipts **or** per diem) for the entire trip.
- Non-reimbursable items (alcohol, luxury lodging, entertainment, room service, gratuities above 15%) will not be charged to the grant.
- Receipts and documentation will be retained and submitted with reimbursement requests.

Authorized Staff Signature: _____ **Date:** _____

Section 6 – HRC Review

☐ Approved ☐ Denied

Notes/Conditions: _____

Grants Administration Director Name: _____

Signature: _____ **Date:** _____

8 Participant Transportation Log

The **Participant Transportation Log** documents all transportation costs incurred on behalf of program participants, including rideshare, taxi, shuttle, or mileage reimbursements paid with HRC grant funds. This log ensures compliance with cost documentation and reimbursement standards established by the Controller's Office and the HRC Allowable and Unallowable Costs Policy.

Requirements

- A separate line must be completed for each trip.
- Each entry must include the date, participant name or ID, trip origin and destination, purpose of the trip, mode of transport, cost, and signature of the staff authorizing or verifying the trip.
- Logs must be updated in real time or within five (5) business days of travel.
- Receipts, invoices, or supporting documentation must be attached to the monthly invoice submission package.
- Participant identifiers may be anonymized when necessary to protect confidentiality but must remain traceable to internal program records.

Accessing the Template

The official Excel version of the **HRC Participant Transportation Log** is maintained by HRC and must be requested from your assigned **Grant Manager**. Grantees must use only the current version of the Excel template issued by HRC.

9 Grantee Staff Mileage Log

The **Grantee Staff Mileage Log** records miles driven by staff using personal vehicles for approved program activities funded under an HRC grant. This form supports mileage reimbursement consistent with IRS and City standards.

Requirements

- Each trip must include the date, origin, destination, total miles driven, purpose of the trip, and staff signature.
- Reimbursement will be calculated using the current IRS standard mileage rate (no other vehicle-related expenses are allowable).
- Mileage must be for travel directly related to grant-funded activities and not include normal commuting or personal use.
- Logs must be reviewed and signed by a supervisor or authorized program manager before reimbursement.
- Completed mileage logs and supporting documentation must be included with the grantee's monthly invoice submission.

Accessing the Template

The official Excel version of the **HRC Grantee Staff Mileage Log** is available only from your assigned **Grant Manager**. Grantees should always confirm they are using the most recent version before submitting.

10 Food Purchase Pre-Approval Request Form

San Francisco Human Rights Commission

Grantee Food Purchase Pre-Approval Request Form

This form must be completed and submitted to your assigned HRC Grant Manager **at least three (3) weeks before the planned purchase date**. Pre-approval is required for all food purchases using HRC grant funds.

Section 1 – Grantee Information

- **Organization Name:** _____
- **Grant Number / Program:** _____
- **Event/Activity Name:** _____
- **Date of Event/Activity:** _____
- **Staff Contact (Name & Title):** _____
- **Email / Phone:** _____

Section 2 – Programmatic Purpose

- Describe how the food purchase is directly tied to the funded program activity and supports program goals:

- Confirm that participants (not staff/board/volunteers) are the intended recipients:
☐ Yes ☐ No
- If staff/board/volunteers will also be present, confirm they will only consume meals alongside participants:
☐ Yes ☐ N/A

Section 3 – Participant Access

- Why are meals/snacks necessary to support participation (e.g., timing, lack of access to food elsewhere)?

 - Expected Participant Count: _____
-

Section 4 – Budget & Cost Standards

- Budgeted in Grant Agreement? ☐ Yes ☐ No (requires budget revision)
- Estimated Cost Per Participant (must not exceed GSA per diem): \$_____
- Total Estimated Cost: \$_____
- GSA Per Diem Rate for location/date: \$_____

(Always verify current rates at [GSA Per Diem Website](#))

Section 5 – Nutritional Standards

Confirm compliance with HRC's nutrition requirements:

- ☐ Healthy food options will be provided (fruits, vegetables, whole grains, lean proteins, etc.).
- ☐ No alcohol, sugar-sweetened beverages, packaged bottled water, or other prohibited foods.
- ☐ Portion sizes are appropriate, and food is culturally relevant/diverse.

For more resources on nutrition guidelines and policies, please see [SFUSD's Nutrition guidelines](#).

Section 6 – Acknowledgment

*I certify that this request complies with HRC's **Food and Nutrition Policy**. I understand that:*

- Purchases must be pre-approved to be eligible for reimbursement.
- Itemized receipts and participant counts must be submitted with the invoice.
- Costs exceeding GSA per diem rates will not be reimbursed.

Authorized Staff Signature: _____ **Date:** _____

Section 7 – HRC Grant Manager Review

☐ Approved ☐ Denied

Notes/Conditions: _____

Grant Manager Name: _____

Signature: _____ Date: _____

11 Gift Card Approval Request Form

San Francisco Human Rights Commission

Grantee Gift Card Pre-Approval Request Form

Gift cards are considered cash equivalents and require strict oversight. Use of gift cards requires **written pre-approval** from HRC prior to purchase or distribution. Submit this form to your assigned HRC Grant Manager **before any purchase is made**.

Section 1 – Grantee Information

- **Organization Name:** _____
- **Grant Number / Program:** _____
- **Staff Contact (Name & Title):** _____
- **Email / Phone:** _____

Section 2 – Budget Alignment

- Budget Line Item Reference: _____
- Confirmed in Executed Budget? ☐ Yes ☐ No

Section 3 – Gift Card Details

- Number of Gift Cards Requested: _____
- Individual Card Value: \$ _____
- Total Request Amount: \$ _____
- Retailer/Type of Gift Card (must be broadly usable, no alcohol/tobacco vendors): _____
- Planned Purchase/Distribution Date(s): _____

Section 4 – Eligibility & Distribution Controls (Attachments may be used)

- **Eligibility Criteria:**
- **Distribution Milestones (e.g., attendance, program completion):**
- **Compliance Confirmations:**
 - ☐ Recipients will sign acknowledgment forms upon receipt.
 - ☐ Distribution will be tracked using an HRC-approved log (Chain of Possession + Distribution Tracker).

Section 5 – Organizational Controls

☐ Our organization maintains written internal policies covering:

- Secure storage and restricted access
 - Eligibility verification procedures
 - Documentation and seven-year record retention
 - Oversight, reconciliation, and discrepancy reporting
 - Misuse/loss reporting procedures
-

Section 6 – Acknowledgment

*I certify that this request is consistent with the **approved HRC grant budget** and complies with HRC's **Gift Card Policy**. I understand that misuse or non-compliance may result in repayment, suspension of the program, or audit referral.*

Authorized Staff Signature: _____ **Date:** _____

Section 7 – HRC Review

☐ Approved ☐ Denied

Notes/Conditions: _____

Grant Manager Name: _____

Signature: _____ Date: _____

☐ Approved ☐ Denied

Notes/Conditions: _____

Grants Director Name: _____

Signature: _____ Date: _____

☐ Approved ☐ Denied

Notes/Conditions: _____

CFO Name: _____

Signature: _____ Date: _____

12 Gift Card Tracking Templates

Count	Date	Card No. (Serial)	Gift Card Value	Name of Staff Receiving	Staff Signature Confirming Receipt
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

12.1 Inventory Tracker

When receiving gift cards purchased with HRC funds, staff must complete the Inventory Tracker as follows:

1. Count the Cards

- Count all cards received and confirm the total matches the purchase order.

2. Record the Details

- Enter the **date of receipt**, **card numbers (serial numbers)**, and the **value** of each card into the tracker.

3. Verify Against Documentation

- Compare the cards received with the vendor's packing slip or invoice.
- Confirm that card numbers and values match what was ordered and billed.

4. Staff Acknowledgment

- The staff person receiving the cards must **print their name** in the tracker and provide a **signature** confirming receipt and verification.

5. Secure Storage

- Immediately place the cards in the designated secure storage location, with access limited to authorized staff only.

12.2 Distribution Tracker

Count	Card No. (Serial)	Gift Card Value	Date Distributed	Distributed By (Staff)	Staff Signature Confirming Distribution	Distributed To (Participant)	Participant Signature Confirming Distribution
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

When distributing gift cards purchased with HRC funds, staff must complete the Distribution Tracker as follows:

1. **Confirm Card Details**
 - Select the card to be distributed and record its **serial number** and **value** in the tracker.
2. **Record the Date**
 - Enter the **date of distribution** for each card.
3. **Staff Documentation**
 - The staff person distributing the card must record their **name** and provide a **signature** confirming the hand-off.
4. **Participant Acknowledgment**
 - The participant receiving the card must **print their name (or unique ID, if required for confidentiality)** and provide a **signature** confirming receipt.
5. **Secure Return of Tracker**
 - Completed distribution logs must be stored securely with other program documentation. Copies must be available for HRC review or audit upon request.

13 Annual Indirect Cost Attestation & Cost Narrative

Section 1 – Grantee Information

- **Organization Name:** _____
 - **Grant Number / Program:** _____
 - **Staff Contact (Name & Title):** _____
 - **Email / Phone:** _____
-

Section 2 – Recovery Method (select one)

☐ **HRC De Minimis Indirect Rate (15% of MTDC)**

☐ **Fiscal Sponsor Fee (in lieu of indirect)**

Attestation: *If selecting Fiscal Sponsor Fee, we certify that **no 15% indirect** will be charged to this HRC grant and the sponsor fee will be applied **only to the MTDC (Modified Total Direct Cost) base** (excluding unallowable elements) and not to excluded costs (e.g., subaward amounts > \$50,000 per entity/year, participant support, equipment).*

Section 3 – C. MTDC Base Confirmation

We attest that our MTDC base **includes only** eligible direct costs (e.g., project salaries, fringe, project supplies, project travel, project-specific training, and **only the first \$50,000** of each subaward/contractor per entity per grant year), and **excludes:**

- Organization-wide/shared overhead (rent, utilities, exec/admin salaries, enterprise IT)
- Capital equipment (\geq \$5,000 per unit and >1-year useful life)
- Client aid, subsidies, stipends, direct cash assistance
- Entertainment, fundraising, lobbying, honoraria
- Any portion of subawards/subcontracts **exceeding** \$50,000 per entity/year
- Any other unallowable cost under HRC policy or 2 CFR Part 200

Initials: _____

Section 4 – Double-Charging Controls

We attest that:

- Costs charged **directly** to the project are **excluded** from the indirect pool.

- Indirect pools contain **only overhead** not billed directly to HRC or another funder for the same period.
- Any exceptional direct treatment of typically indirect items (e.g., admin/executive effort $\geq 50\%$ dedicated to the project) is **documented, pre-approved in writing by HRC**, and **excluded from the indirect pool**.
- Cost treatment is **consistent** across our budgets, invoices, and financial records.

Initials: _____

Section 5 – Rate Application & Invoicing

We will apply the **15% rate to MTDC** (or, if applicable, only the approved Fiscal Sponsor Fee basis) **consistently across all HRC-funded projects** within our fiscal year.

- Invoices will **show direct and indirect lines separately**, display the **MTDC base**, the **15% rate**, and the **calculated indirect amount** (or the fiscal sponsor fee calculation).

Initials: _____

Section 6 – Records & Retention

We maintain and will provide upon request:

- **Payroll/time records** supporting direct labor charged to MTDC
- **General ledger extracts** supporting direct cost charges and MTDC composition
- **Leases/agreements/invoices** supporting included direct costs
- **Documentation of any pre-approved exceptions** (facilities/IT/admin)
- **Indirect pool composition** and reconciliation showing exclusion of directly charged items
- **Record retention** for **7 years** after the grant term (or longer if required by law)

Initials: _____

Section 7 – Required Annual Attachments (check when attached)

- ☐ **Cost Narrative** (Section H below completed)
 - ☐ **MTDC Reconciliation** (by account/object code)
 - ☐ **Sample Invoice Calculation** (showing $\text{MTDC} \times 0.15 = \text{indirect}$)
 - ☐ **Timekeeping Policy** and sample timesheets for direct staff
 - ☐ **Indirect Pool Schedule** (accounts included/excluded, with notes)
 - ☐ **Pre-Approval Letters (if any)** for exceptions
 - ☐ **Fiscal Sponsor Agreement** (if applicable) specifying fee basis and excluded costs
-

Section 8 – Cost Narrative (brief, 1–2 pages; attach if more space needed)

1. Indirect Rate Method:

- Confirm use of **15% of MTDC** (or Fiscal Sponsor Fee in lieu of indirect).
- State how the rate/fee will be applied **consistently** across HRC projects this fiscal year.

2. MTDC Composition:

- Summarize major **included** direct cost categories (e.g., program staff, fringe, supplies, travel, training, subaward first \$50k).
- Affirm **excluded** categories per §4.4.8.4 and any other unallowable costs.

3. Double-Charging Prevention:

- Describe your **controls** ensuring items directly charged are **not** in the indirect pool.
- If any typically indirect items are treated as direct, describe **exclusive use, documentation, and HRC pre-approval**.

4. Timekeeping & Documentation:

- Outline timekeeping for direct staff and how costs are **mapped to MTDC**.
- Note **GL reconciliation** and **review/approval workflow** for monthly invoices.

5. Subawards/Contracts:

- Explain how you ensure **only the first \$50,000 per entity/year** enters MTDC and the remainder is excluded.

6. Fiscal Sponsor (if applicable):

- Describe the **fee basis** and confirm it is applied **only to MTDC-eligible costs** with required **exclusions**; confirm there is **no 15% indirect** also taken on the grant.

Section 9 – Certification & Signature

*By signing below, I certify under penalty of perjury that the information provided in this **Annual Indirect Cost Attestation & Cost Narrative** is true, correct, and complete; that our organization will apply the **HRC 15% de minimis rate to MTDC** (or the approved Fiscal Sponsor Fee **in lieu of indirect**) **consistently**; that we will **not** charge overhead as direct costs; and that our records will be maintained and made available to HRC upon request.*

Authorized Representative (print name): _____

Title: _____

Signature: _____

Date: ____ / ____ / ____

Return Instructions: Submit to your Grant Manager during grant negotiation and annually thereafter.