

KENNEWICK · PASCO · RICHLAND

HOME-ARP Supportive Services

Monthly Reports and Invoicing

2025

Monthly Reports

Submit by the 15th of the following month.

QP Intake Forms to be Included with Monthly Report

Intake Form to be submitted with Monthly Report for initial request. Backup documentation only by request

Monthly Report

The Monthly Report also contains formulas to automatically calculate the:

- Amount Awarded
- Spent to Date
- Number of people assisted this period
- Amount This Period

These items are in gray and should not be altered

Collect and record the following information for each person assisted with HOME-ARP Supportive Services funding:

- Month Joined Program
- Intake Form Included (drop down)
- •Last and First Name
- •List each client ONLY once
- Veteran (Drop Down of Yes or No)
- •Number in Household
- Household Type (Drop Down)
- Qualifying population (Drop Down)
- •Race (Both Drop Down)
- •Hispanic (Yes or No)

| | | | | | | HON | IE-ARP Supportiv | e Services | | | | |
|------|-----------|--------------------|------------|---------|---------------------|--------------|---------------------------|------------|----------|---------------------|---------------|--------|
| | | | | | | | Monthly Report | t | | | | |
| | | - 1- | | | | | | | | Organization: | | |
| | | | | | | | | | | Amount Awarded: | | |
| | _/#\ | H , | | | | | | | | Reporting Period: | January 20 | 025 |
| TRI- | | ME CONSO | | | | | | | | Spent to Date: | | |
| | KENNEWICK | - PASCO - RICHLAND | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | • | |
| | | | | | | | | | | | | |
| | | | | | Nu | ımber of peo | ple assisted this period: | 0 | | Amount This Period: | #SPILL | ! |
| | | | | | | | | | | | | |
| onth | Intake | | | | No. in | Household | | | | Reimbursable | Staff Time & | |
| ined | Form | Last Name | First Name | Veteran | No. in Household | | Qualifying Population | Race | Hispanic | | | \$\$\$ |
| gram | Included | | | | nousenoid | Type | | | | Expenses | Mileage Costs | |
| | | | | | | | | | | \$ - | \$ - | \$ |
| | | | | | | | | | | \$ - | \$ - | |

Monthly Report

Collect and record the following information for each person assisted with HOME-ARP Supportive Services funding:

- Reimbursable Expenses
 - If a client has more than one reimbursable expense, use the following formula to enter the total cost:
 =(Item1+Item2+Item3...)
- Staff Time & Milage Costs
 - Enter the total amount spent on Staff Time and Mileage for the client this month using the following formula:

 =(Number Of Hours x Hourly Rate) + (Number of Miles x Federal Milage Rate)
- The \$\$\$ will calculate for you

| Reimbursable Expenses | Staff Time & Mileage Costs | \$\$\$ | |
|--------------------------|-------------------------------|--------|-----|
| | | \$ | - |
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Services Received

• To enter information on the services received, place a "X" in each column that corresponds to services the client received that month.

Please note:

- Some services are available <u>one time only</u> (such as rental deposits). If this service has already been provided, it will not be reimbursed a second time.
- Some services (like case management) are permissible on an ongoing basis as needed.
- Urgent need items have price caps and do not include the "luxury" version of items.

| Se | Service(s) Received - place a "X" in each column that corresponds to services the client received this month | | | | | | | | | | | | | | | | | | | |
|-----------|--|--------------------------|-----------------|---------------------------|----------------------------|----------------------------|---------------------------|-----------------|------|-------------|------------------------------|--------------------------------|------------|----------------|------------|------------------|-----|-------------------|-------------------------|-----------|
| (I) | | nt e | Н | ousing Sea | arch & Co | unselin | g Servi | ces | ces | 10 | Mental Health Services | e | eds | Transportation | | ent | air | Landlord / Tenant | | |
| Childcard | Educatior Services | Employment Assistance | House Search | Application Assistance | Pay Application Fees | Pay Security Deposit | Pay Utility Deposit | Moving Costs | ervi | Life Skills | | Substance Abuse Services | Urgent Nee | Bus Passes | Car Repair | Case Manageme | | | Physical Inspections | Mediation |
| | | | | | | | | | | | | | | | | | | | | |
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Please Remember:

Website has resources available to you:

https://www.ci.richland.wa.us/departments/developmentservices/home-american-rescue-plan/home-arpsubrecipient-resources-for-supportive-services

Each person may only receive assistance for 12 months

Maximum assistance per household is \$5,000.00



Questions?

We will briefly walk through an example on the Excel spreadsheet.

Invoice & Disbursement Form

Must Submit Within 90 Days of Accrual

First Month

Invoice & Disbursement Request Form

The Invoice & Disbursement Request form has been filled out with your organization's:

- Name & Address
- Award Total
- Vendor #
- Subrecipient #

*If any of this information is incorrect or missing, please complete / correct the form, or contact Toni Lehman at <u>tlehman@ci.Richland.wa.us</u> and I will send you an updated form.





| Remit to: | Send to: |
|-----------|---------------------------------|
| | City of Richland |
| | Development Services Department |
| | Attn: Toni Lehman |
| | 625 Swift Blvd., MS-19 |
| | Richland, WA 99352 |

HOME-ARP Supportive Services

| Aw | ard Total | s | 1,00 | 0.00 | | | Org | D8593450 |
|----------------|-------------------|-------|-----------------|-------|---------------|----------------|--------------------------|------------|
| | | • | <u> </u> | | | | Object | 4925 |
| | | | | | | | Invoice # | |
| Amount Bille | d for this Period | | \$250.00 | | | | City Vendor # | |
| Check if final | invoice | | | | | | Subrecipient Agreement # | |
| | | | | | | | | |
| Fund | Act | ivity | Billed this Per | io d | Total to Date | Balance | Project Manager Desk | Monitoring |
| | Example | | \$ 2 | 50.00 | \$ 250.00 | \$ (250.00) | | |
| | | | \$ | - | \$ - | \$ - | Authorized Signature | |

| runa | Activity | billed t | nis Perioa | | lotal to Date | Balance |
|------|------------------------------|----------|------------|----|---------------|----------------|
| | Example | \$ | 250.00 | \$ | 250.00 | \$ (250.00) |
| | | \$ | - | \$ | - | \$ - |
| | | \$ | - | \$ | - | \$ |
| 153 | | S | - | Ś | _ | \$ - |
| | | \$ | - | \$ | - | \$ - |
| | | \$ | - | \$ | - | \$ - |
| | Total Net City Reimbursement | \$ | 250.00 | \$ | 250.00 | \$ 750.00 |

| Project Manager Desk | Monitoring |
|--------------------------------|------------|
| Authorized Signature | |
| Eligible, Allowable Costs | |
| Compliance with Project Budget | |
| | |

CERTIFICATE

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or frau dulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Billing Invoice will only be paid based on provider attaching the required supporting documentation.

Required attachments (checkmark indicates compliance):

(Community Services Use Only)

Comments/Notes to Fiscal:

Sufficient Funds Budgeted (Fiscal):



First Month

Invoice & Disbursement Request Form

To fill out your first request, complete the green highlighted sections:

- Invoice Date
- Activity
- Billed this Period
- Total to Date

Sign, date, and submit the form.



INVOICE AND DISBURSEMENT REQUEST FORM





HOME-ARP Supportive Services

| Aw | ard Total | \$ | | 1,000.00 | | | | | Org Object | D8593450 4925 |
|------------------|-------------------|-----------------|----------|-------------|-----|---------------|----------------|---------------------------|--------------------------------|------------------|
| | | | | | | | | | Invoice # | |
| Amount Bille | d for this Period | | \$250.00 | | | | | | City Vendor # | |
| Check if final i | invoice 🗌 | | | | | | | | Subrecipient Agreement # | |
| Fund | A Act | ivity | Billed | this Period | - 4 | Total to Date | Balance | 1 | Project Manager Desk Mo | onitoring |
| , | S die | | 77 | 250.00 | ₹ | 250.00 | \$ (250.00) | | | |
| | | | M | - | ķ | 1 | \$ - | | Authorized Signature | |
| | | | 5 | - | s | - | \$ - | | _ | |
| 153 | | s - | | \$ - | | \$ - | | Eligible, Allowable Costs | | |
| | | | \$ | - | \$ | - | \$ - | | | |
| | | | s | - | \$ | - | \$ - | | Compliance with Project Budget | |
| | Total Net City | Reim bursem ent | \$ | 250.00 | \$ | 250.00 | \$ 750.00 | | | |

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| SIGNATURE | DATE: |
|--|-------------|
| Billing Invoice will only be paid based on provider attaching the required supporting documentation. Required attachments (checkmark indicates compliance): | DATE STAMP |
| (Community Services Use Only) | |
| Comments/Notes to Fiscal: Sufficient Funds Budgeted (fiscal): | |
| · · · · · · · · · · · · · · · · · · · | Cityllsoonk |

Invoice & **Disbursement Form**

Supporting Documentation is required to process all Invoice & Disbursement Requests. For example:

- Timecards for reimbursement on time spent providing direct client services
- Receipts from rental application fees or security deposits
- Receipts from purchasing books or instructional materials associated with employment assistance and job training
- Invoices from organizations that provide tutoring
- Etc.



INVOICE AND DISBURSEMENT REQUEST FORM



| Remit to: | Send to: |
|-----------|---------------------------------|
| | City of Richland |
| | Development Services Department |
| | Attn: Toni Lehman |
| | 625 Swift Blvd., MS-19 |
| | Richland, WA 99352 |

HOME-ARP Supportive Services

| Award Total | c | 1,000.00 | Org |
|------------------------------|---|----------|--------------------------|
| Award Total | Ģ | 1,000.00 | Object |
| | | • | Invoice # |
| mount Billed for this Period | | \$250.00 | City Vendor # |
| heck if final invoice | | | Subrecipient Agreement # |
| | | | - |

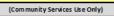
| Fund | Activity | Bille | ed this Period | Total to Date | | Balance | |
|------|------------------------------|-------|----------------|---------------|--------|---------|---------|
| | Example | \$ | 250.00 | \$ | 250.00 | \$ | (250.00 |
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| 153 | | s | _ | Ś | - | \$ | - |
| | | \$ | - | \$ | - | \$ | - |
| | | \$ | - | \$ | - | \$ | - |
| | Total Net City Reimbursement | \$ | 250.00 | \$ | 250.00 | \$ | 750.0 |

| Project Manager Desk | Monitoring |
|--------------------------------|------------|
| Authorized Signature | |
| Eligible, Allowable Costs | |
| Compliance with Project Budget | |
| | |

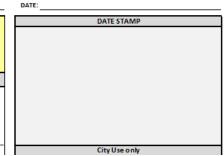
Comments/Notes to Fiscal

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Billing Invoice will only be paid based on provider attaching the required supporting documentation (Community Services Use Only)



Sufficient Funds Budgeted (fiscal):



Subsequent Months

Invoice & Disbursement Request Form

To fill out the form in subsequent months:

- Open the previous month's Invoice & Disbursement Request Form.
- Use the "Save As" function to create a new document for the new request.



Total Net City Reimbursement

Award Total

Amount Billed for this Period

Check if final invoice

comments/Notes to Fiscal

INVOICE AND DISBURSEMENT REQUEST FORM

Sufficient Funds Budgeted (fiscal):

City of Richland Development Services Department Attn: Toni Lehman 625 Swift Blvd., MS-19 Richland, WA 99352 **HOME-ARP Supportive Services** 1,000.00 City Vendor # Subrecipient Agreement # Total to Date Project Manager Desk Monitorin 250.00 \$ 250.00 \$ Authorized Signature Compliance with Project Budget 250.00 \$ 250.00 \$ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). DATE STAMP Billing Invoice will only be paid based on provider attaching the required supporting documentation (Community Services Use Only)



Subsequent Months

Invoice & Disbursement Request Form

Update the Invoice Date.

Replace the previous values in "Billed this Period" with zeros. **Do** not delete any other previously submitted information.

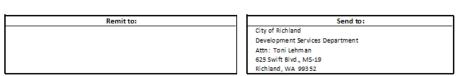
Add new activities, including the amount billed this period and the total to date fields.

Sign, date, and submit the form.



INVOICE AND DISBURSEMENT REQUEST FORM





HOME-ARP Supportive Services

| Δw | ard Total | s | | 1,000.00 | | | | | Org _ | D8593450 |
|----------------|-------------------|----------------|------------|------------|----|---------------|----------------|---|--------------------------------|-------------|
| 744 | ara rotai | Ÿ | | 1,000.00 | | | | | Object | 4925 |
| | | | | | | | | | Invoice # | |
| Amount Bille | d for this Period | 9 | \$250.00 | | | | | | City Vendor # | |
| Check if final | invoice | | | | | | | | Subrecipient Agreement # | |
| Fund | Act | tivity | Billed t | his Period | A | Total to Date | Balance | 1 | Project Manager Desk M | lon itoring |
| | A Cole | | 77 | 250.00 | マ | 250.00 | \$ (250.00) | | | |
| | | | § ^ | - | ķ | - | \$ - | | Authorized Signature | |
| | | | 5 | - | \$ | - | \$ - | | _ | |
| 153 | | | 5 | - | \$ | - | \$ - | | Eligible, Allowable Costs | |
| | | | \$ | - | \$ | - | \$ - | | | |
| | | | 5 | - | \$ | - | \$ - | | Compliance with Project Budget | |
| | Total Net City | Reim bursement | \$ | 250.00 | \$ | 250.00 | \$ 750.00 | | | |

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| SIGNATURE | DATE: |
|--|-----------------------|
| Billing Invoice will only be paid based on provider attaching the required supporting docu Required attachments (checkmark indicates compliance): | mentation. DATE STAMP |
| (Community Services Use Only) | |
| Comments/Notes to Fiscal: Sufficient Funds Budgeted (fiscal): | |
| | City Use only |

Invoice & Disbursement Form

Don't forget that **Supporting Documentation is required** to process all Invoice & Disbursement Requests. Invoice and Disbursements must be submitted at a minimum every 90 days.

INVOICE AND DISBURSEMENT REQUEST FORM



| Send to: |
|---------------------------------|
| City of Richland |
| Development Services Department |
| Attn: Toni Lehman |
| 625 Swift Blvd., MS-19 |
| Richland, WA 99352 |
| |

Authorized Signature

Compliance with Project Budget

HOME-ARP Supportive Services

| 0 | and Takal | c | 4 000 00 | | | Org | D8593450 |
|-------------------|-----------------|-------|--------------------|---------------|---------|--------------------------|------------|
| Awa | ard Total | Þ | 1,000.00 | | | Object | 4925 |
| | | | | | | Invoice # | |
| Amount Billed | for this Period | \$1 | 250.00 | | | City Vendor # | |
| Check if final ii | nvoice | | | | | Subrecipient Agreement # | |
| | | | | | | | |
| Fund | Acti | ivity | Billed this Period | Total to Date | Balance | Project Manager Desk | Monitoring |

| Fund | Activity | Billed this Period | | Total to Date | | Balance | |
|------|------------------------------|--------------------|--------|---------------|--------|---------|----------|
| | Example | \$ | 250.00 | \$ | 250.00 | \$ | (250.00) |
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| | | \$ | - | \$ | _ | \$ | - |
| 153 | | \$ | - | \$ | _ | \$ | - |
| | | \$ | - | \$ | - | \$ | - |
| | | 5 | - | \$ | - | \$ | - |
| | Total Net City Reimbursement | \$ | 250.00 | \$ | 250.00 | \$ | 750.00 |

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Billing Invoice will only be paid based on provider attaching the required supporting documentation.

Required attachments (checkmark indicates compliance):

(Community Services Use Only)

Comments/Notes to Fiscal:

Sufficient Funds Budgeted (Fiscal):



Questions?

Website

Thank you for attending!