



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)

HOME-ARP Supportive Services													
Monthly Report													
								Organization:					
								Amount Awarded:					
								Reporting Period:		January 2025			
								Spent to Date:					
						Number of people assisted this period:		0		Amount This Period:		#SPILL!	
Month Joined Program	Intake Form Included	Last Name	First Name	Veteran	No. in Household	Household Type	Qualifying Population	Race	Hispanic	Reimbursable Expenses	Staff Time & 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	\$\$\$
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

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 one time only (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.*

[illegible]



Please Remember:



Website has resources available to you:

<https://www.ci.richland.wa.us/departments/development-services/home-american-rescue-plan/home-arp-subrecipient-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 tlehman@ci.Richland.wa.us and I will send you an updated form.*



INVOICE AND DISBURSEMENT REQUEST FORM

Invoice Date _____

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 \$ 1,000.00

Amount Billed for this Period \$250.00

Check if final invoice ☐

Org D8593450

Object 4925

Invoice # _____

City Vendor # _____

Subrecipient Agreement # _____

Fund	Activity	Billed this Period	Total to Date	Balance
153	Example	\$ 250.00	\$ 250.00	\$ (250.00)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
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 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).

SIGNATURE _____

DATE: _____

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): _____

DATE STAMP

City Use only

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.



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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.



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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.



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Required attachments (checkmark indicates compliance):

☐

☐

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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.



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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.



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Questions?

[Website](#)

Thank you for attending!