



HOME-ARP Supportive Services

Monthly Reports and
Invoicing

2024

Monthly Reports

Submit by the 15th of the following month.

Monthly Report



HOME-ARP Supportive Services
Monthly Report

Organization:	_____
Amount Awarded:	\$ _____ -
Reporting Period:	January 2024
Spent to Date:	\$ _____ -
Total People Assisted:	0

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

- First and Last Name
- Qualifying population
- Race
- Ethnicity
- Service(s) Requested
- Service(s) Received
- Dollar amount of Supportive Services received per person (\$5,000 max/person)

Amount this Period: \$ _____ - Number of unduplicated people assisted this period: 0 Remaining Funds: \$ _____ -

Last Name	First Name	Qualifying Population	Race	Ethnicity	Service(s) Requested	Service(s) Received	\$\$\$
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Monthly Report

The **Qualifying Population** and **Race** cells of this sheet contain drop-down lists to ensure consistency across reports.



HOME-ARP Supportive Services Monthly Report

Organization: _____
 Amount Awarded: \$ _____
 Reporting Period: Jan _____
 Spent to Date: \$ _____
 Total People Assisted: _____

\$ - Number of unduplicated people assisted this period: 0 Remaining Funds: \$

First Name	Qualifying Population	Race	Ethnicity	Service(s) Requested	Service(s) Received
		White			
		Black / African American			
		Asian			
		American Indian / Alaskan Native			
		Native Hawaiian / Other Pacific Islander			
		American Indian / Alaskan Native & White			
		Asian & White			
		Black / African American & White			
		American Indian / Alaskan Native & Black / African American			
		Other Multi Racial			
		Hispanic			



Monthly Report

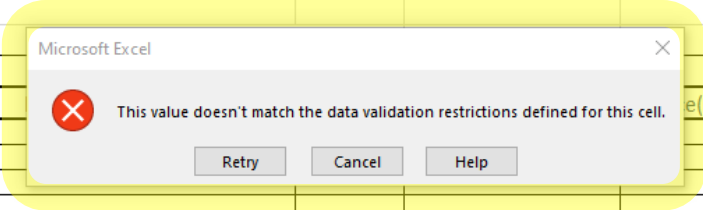
You must use the drop-down list to fill in these cells; if you try to type a response, you will receive an error notice.



HOME-ARP Supportive Services
Monthly Report

Organization: _____
 Amount Awarded: \$ _____
 Reporting Period: _____ J
 Spent to Date: \$ _____
 Total People Assisted: _____

\$ - **Number of unduplicated people assisted this period:**



First Name	Qualifying Population



Questions?

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

Invoice & Disbursement Form

Submit as needed for
reimbursement.

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 Alicia Padvorac at apadvorac@ci.richland.wa.us and we 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):

DATE STAMP

City Use only

(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.



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Comments/Notes to Fiscal: _____

Sufficient Funds Budgeted (fiscal): _____

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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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.



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Questions?

Thank you for attending!