

KENNEWICK · PASCO · RICHLAND

HOME-ARP Supportive Services

Monthly Reports and Invoicing

2024

Submit by the 15th of the following month.

Your organization's Monthly Report spreadsheet has been pre-populated with your:

- Organization's Name
- Supportive Services Award Amount
- Reporting Period

To protect the integrity of these reports, pre-populated cells are locked and cannot be changed.



HOME-ARP Supportive Services

Monthly Report

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

Last Name	First Name	Qualifying Population	Race	Ethnicity	Service(s) Requested	Service(s) Received	
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The Monthly Report also contains formulas to automatically calculate the:

- Amount spent to date
- Total number of people assisted to date
- Amount spent per period
- Number of people assisted per period
- Remaining funds



Amount this Period:

HOME-ARP Supportive Services

Monthly Report

Number of unduplicated people assisted this period:

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

Remaining Funds: \$

Last Name	First Name	Qualifying Population	Race	Ethnicity	Service(s) Requested	Service(s) Received	SSS
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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)



HOME-ARP Supportive Services

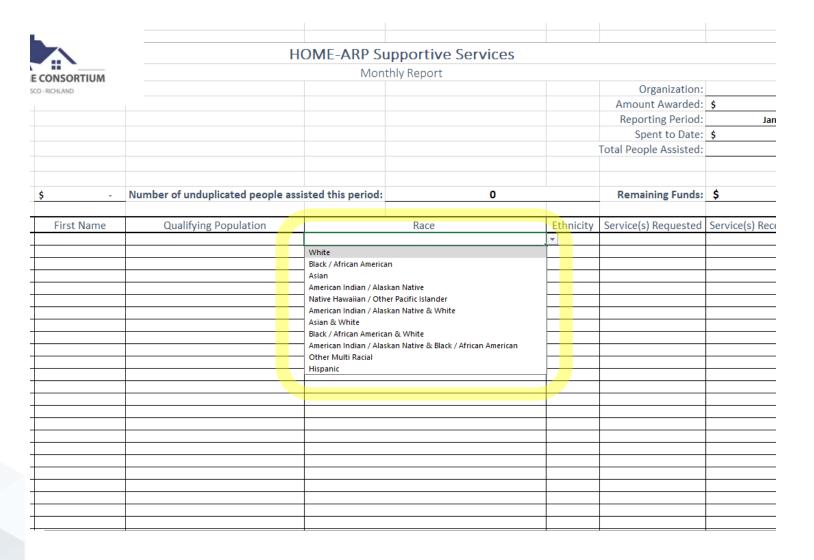
Monthly Report

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

Last Name	First Name	Qualifying Population	Race	Ethnicity	Service(s) Requested	Service(s) Received	SSS
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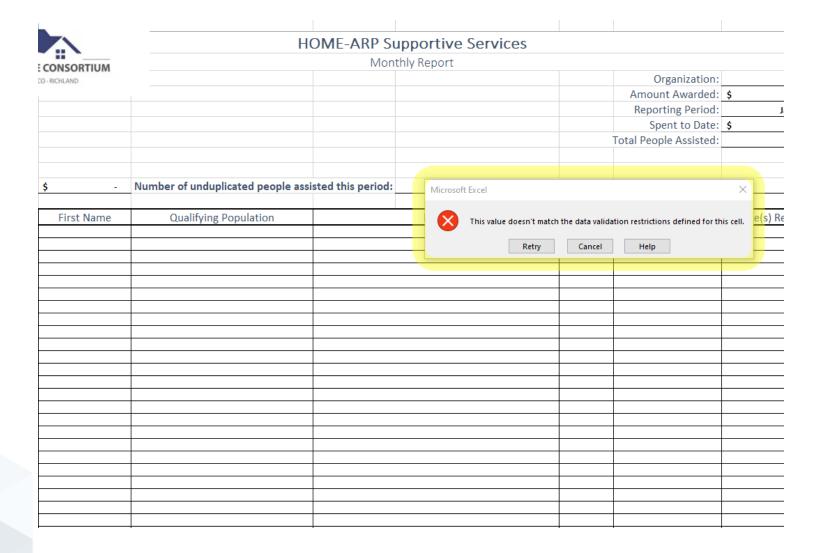


The **Qualifying Population** and **Race** cells of this sheet contain drop-down lists to ensure consistency across reports.





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.





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



Total Net City Reimbursement

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

Compliance with Project Budget

HOME-ARP Supportive Services

Aw	vard Total	\$	1,000.00]				Org Object	D8593450 4925
Amount Bille	ed for this Period	\$.	250.00					Invoice # City Vendor # Subrecipient Agreement #	
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153			s - s -	s	-	\$ \$		Authorized Signature	

CERTIFICATI

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).

250.00 \$

250.00 \$

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



INVOICE AND DISBURSEMENT REQUEST FORM





Richland, WA 99352

HOME-ARP Supportive Services

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Amount Bille	d for this Period	\$	250.00						City Vendor #	
Check if final	invoice 🗌								Subrecipient Agreement #	
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	Total Net City I	Reim bursement	\$	250.00	\$	250.00	\$	750.00	1	

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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):	
	City Use only

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



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	Development Services Department
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	Richland, WA 99352

HOME-ARP Supportive Services

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	Total Net City Reimbursement	\$	250.00	\$	250.00	\$	750.00

Project Manager Desk Monitoring						
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Eligible, Allowable Costs						
Compliance with Project Budget						

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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):

DATE:		
	DATE STAMP	
	City Use only	
	City use only	

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.



INVOICE AND DISBURSEMENT REQUEST FORM



Total Net City Reimbursement

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

HOME-ARP Supportive Services

Aw	vard Total	\$		1,000.00					Org _ Object	D8593450 4925
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Amount Bille	ed for this Period		\$250.00						City Vendor #	
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250.00 \$

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):	City 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

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Amount Bille	d for this Period		\$250.00						City Vendor #	
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	Total Net City I	Reim bursem ent	\$	250.00	\$	250.00	\$	750.00		

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(Community Services U	e Only)	
Comments/Notes to Fiscal:		
	Sufficient Funds Budgeted (fiscal):	City Use only
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Invoice & Disbursement Form

Don't forget that **Supporting Documentation is required** to process all Invoice & Disbursement Requests.

INVOICE AND DISBURSEMENT REQUEST FORM



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

HOME-ARP Supportive Services

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	Total Net City Reimbursement	\$	250.00	\$	250.00	\$ 750.00

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

DATE STAMP

City Use only

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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 Runds Budgeted (Fiscal):



Questions?

Thank you for attending!