



ARPA Community Facilities Project Reporting Step-by-Step Guide

Version 1



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Introduction

The City has developed a web-based reporting tool which should be completed in lieu of the reporting located in Exhibit D of your contract. The reporting tool is located at <https://www.cityoflanasterpa.gov/arpa-reporting-community-facilities/>

As you go through the process of filling the form, please note that if you have any questions or concerns, you may reach out to us at ARPA@cityoflanasterpa.gov.

Please note that you are able to save your progress on this form and continue at a later date. For information regarding this, please scroll down to the end of this guide.

Entity Information

Information needed for reporting (these will be needed the first time filling out the application and any other time such information needs to be changed):

- *Unique Entity Identifier (UEI) from SAM.gov*
- *Taxpayer Identification Number*
- *Entity legal name, address and contact information.*

1. In Reporting Period, select the appropriate reporting quarter from the dropdown list.



CITY OF LANCASTER

Quarterly Subaward Project & Expenditure Report

COMMUNITY FACILITIES PROJECTS

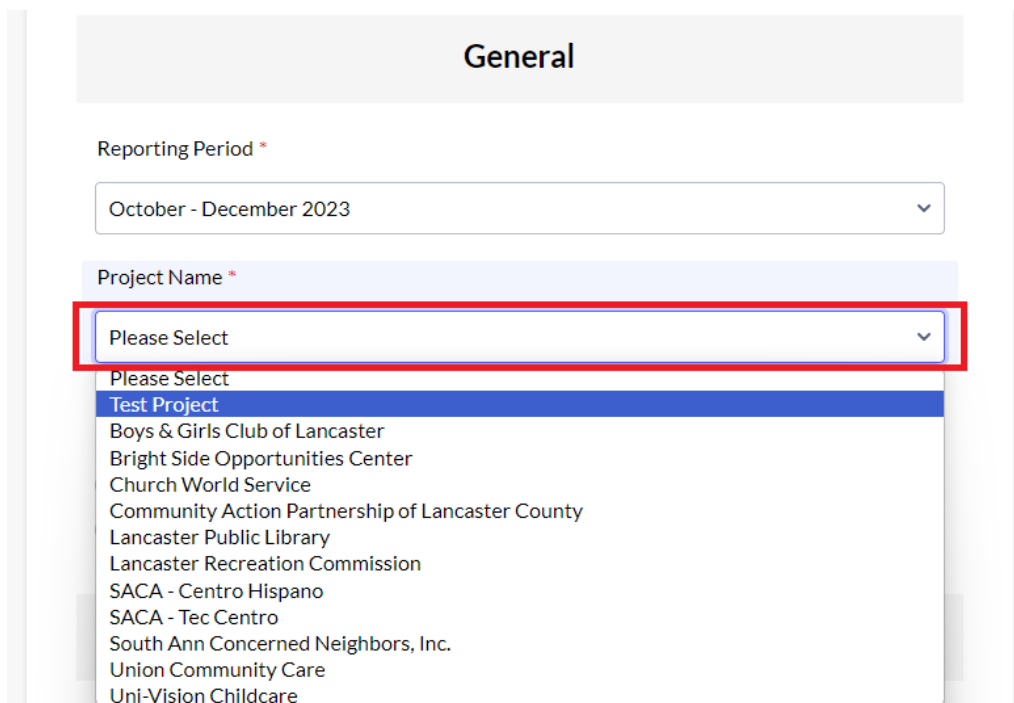
General

Reporting Period *

Please Select

- October - December 2023
- January - March 2024
- April - June 2024
- July - September 2024
- October - December 2024
- January - March 2025
- April - June 2025
- July - September 2025
- October - December 2025
- January - March 2026

2. Select your project name from the Project Name drop down. Please contact us at the arpa@cityoflancasterpa.gov if you do not see your project name.



General

Reporting Period *

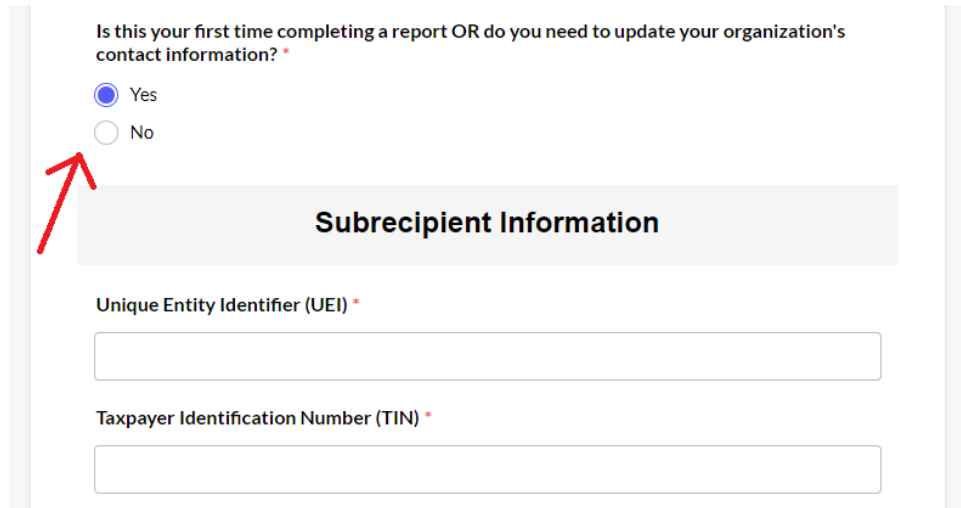
October - December 2023

Project Name *

Please Select

- Test Project
- Boys & Girls Club of Lancaster
- Bright Side Opportunities Center
- Church World Service
- Community Action Partnership of Lancaster County
- Lancaster Public Library
- Lancaster Recreation Commission
- SACA - Centro Hispano
- SACA - Tec Centro
- South Ann Concerned Neighbors, Inc.
- Union Community Care
- Uni-Vision Childcare

3. Select “Yes” if it is your first time completing a report **OR** if you have completed one in the past but need to update your organization’s contact information. Please note that for the first reporting period (October-December 2023), you **MUST** select “Yes” since it would be every organization’s first time completing the report. This will bring up a Subrecipient Information section. Otherwise, select “No” if neither of these apply to you.



Is this your first time completing a report OR do you need to update your organization's contact information? *

Yes

No

Subrecipient Information

Unique Entity Identifier (UEI) *

Taxpayer Identification Number (TIN) *

Subrecipient Information (must be completed for first time reporters)

4. Enter your organization’s Unique Entity Identifier (UEI) in the first field. You should have this number if your organization is registered in Sam.gov. Please note that this is required in order to receive federal dollars.

Is this your first time completing a report OR do you need to update your organization's contact information? *

- Yes
 No

Subrecipient Information

Unique Entity Identifier (UEI) *

Taxpayer Identification Number (TIN) *

5. Enter your organization's Taxpayer Identification Number (TIN). Note that these will not need to be entered in future quarters, EXCEPT in the event that you need to update your organization's information.

Is this your first time completing a report OR do you need to update your organization's contact information? *

- Yes
 No

Subrecipient Information

Unique Entity Identifier (UEI) *

Taxpayer Identification Number (TIN) *

6. Enter your organization's Legal Name, Address, and Point of Contact Email.

Legal Name *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Point of Contact Email *

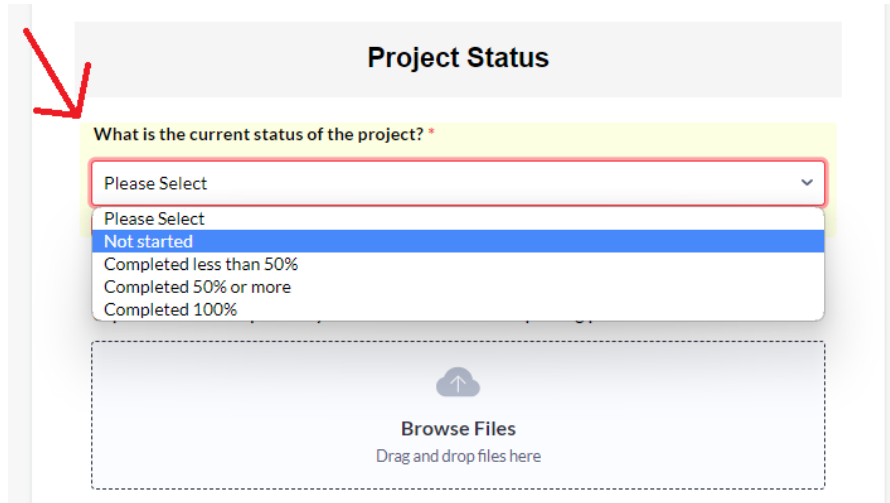
Project Status Information

Information needed for reporting:

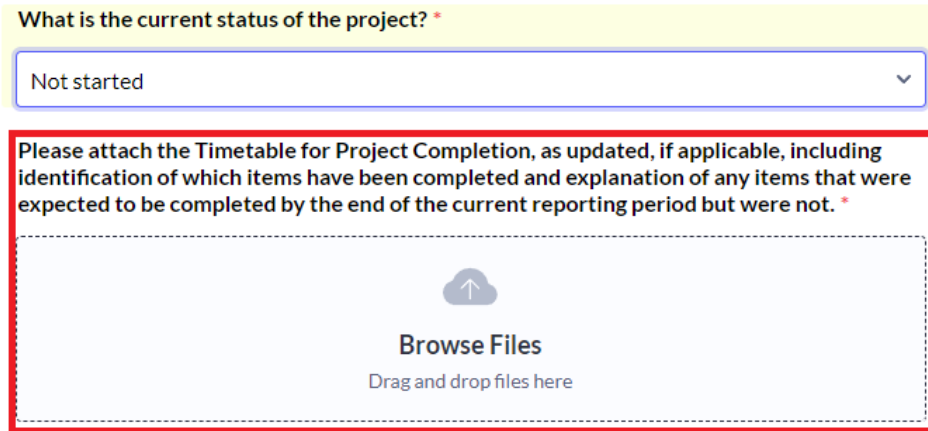
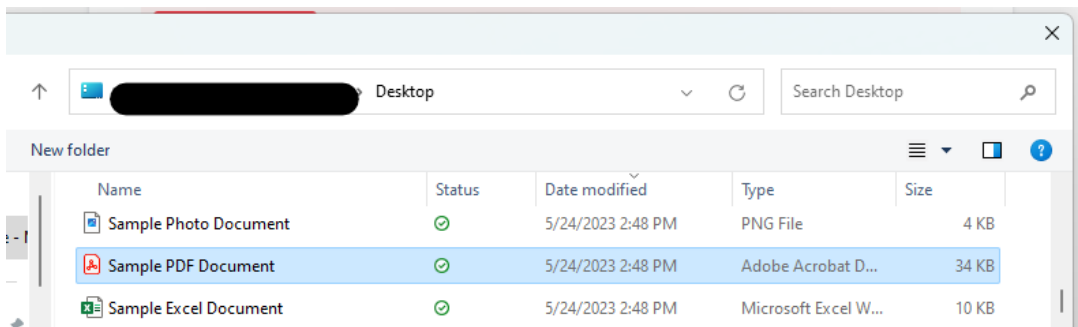
- *Current status of project*
- *Timetable for project completion*
- *Description of work completed during the reporting period*
- *Description of design modifications during the reporting period*
- *Description of permits obtained during the reporting period*
- *Description of results of building inspections during the reporting period.*

7. Estimate the current status of the project as follows:

- a. Not started (if the project has not begun),
- b. Completed less than 50% (if the project is still relatively in the early stages),
- c. Completed 50% or more (if the project is halfway done or closer to the end than its start), and
- d. Completed 100% (if the project is fully completed).




- 8. Attach a file showing the Timetable for Project Completion. Please note that the upload links in this form all allow for multiple uploads. They also allow for a variety of file types (PDF, Word, Excel, etc.).

9. Describe in detail the work completed during the current period. If none, type n/a. If you wish to provide additional detail, you may upload a file in the additional detail file upload option below.

Please describe the work completed during the current reporting period. Upload additional detail, if needed. If none, just type n/a. *

Additional detail, if needed.


Browse Files
Drag and drop files here


10. Select whether or not there have been modifications or construction change orders made or entered into during the current reporting period. If Yes, please provide a description in the ensuing required text box (also feel free to upload additional detail as a document if preferred).

Have there been design modifications or construction change orders made or entered into during the current reporting period? *

Yes
 No

Please describe: *

Upload additional detail, if needed.


Browse Files
Drag and drop files here

11. Select whether or not there were any permits obtained during the current reporting period. If Yes, please provide a description in the ensuing required text box (also feel free to upload additional detail as a document if preferred).


Were any permits obtained during the current reporting period? *

- Yes
- No



Please describe: *

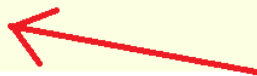
Upload additional detail, if needed.


Browse Files
Drag and drop files here

12. Select whether or not there were any building inspections completed during the current reporting period. If Yes, please provide a description in the ensuing required text box (also feel free to upload additional detail as a document if preferred).


Were any **building inspections completed** during the current reporting period? *

- Yes
- No



What were the results of the inspections? *

Upload additional documentation, if needed.


Browse Files
Drag and drop files here

13. Lastly for this section, provide any additional relevant information about project status if necessary.

Please provide any additional relevant information about project status.

Financial Reporting

Information needed for reporting:

- A.** Cash advanced from the city this quarter
- B.** Total cash advanced from the city to date
- C.** Funds obligated this quarter
 - ☐ Supporting documentation for funds obligated
- D.** Total funds obligated to date
- E.** Funds expended on project expenditures this quarter
 - ☐ Supporting documentation for funds expended on project expenditures
- F.** Total funds expended on project expenditures to date

14. For each of the three categories, please enter the appropriate figures for this quarter and totals to date. These fields won't allow \$ symbols or commas, so entering just the numbers should be fine. Please round figures to the nearest dollar.

Financial Reporting

CASH ADVANCED FROM THE CITY OF LANCASTER

<p>A This Quarter *</p> <div style="border: 2px solid red; height: 25px; width: 100%;"></div>	<p>B Total to Date *</p> <div style="border: 2px solid red; height: 25px; width: 100%;"></div>
--	---

FUNDS OBLIGATED (BINDING AGREEMENT TO EXPEND SUBAWARD FUNDS ON PROJECT EXPENDITURES)

<p>C This Quarter *</p> <div style="border: 2px solid red; height: 25px; width: 100%;"></div>	<p>D Total to Date *</p> <div style="border: 2px solid red; height: 25px; width: 100%;"></div>
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FUNDS EXPENDED ON PROJECT EXPENDITURES


<p>E This Quarter *</p> <div style="border: 2px solid red; height: 25px; width: 100%;"></div>	<p>F Total to Date *</p> <div style="border: 2px solid red; height: 25px; width: 100%;"></div>
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FUNDS OBLIGATED (BINDING AGREEMENT TO EXPEND SUBAWARD FUNDS ON PROJECT EXPENDITURES)

C This Quarter *

D Total to Date *

If Funds Obligated for this quarter are >\$0, attach supporting documentation for obligations entered into during the current reporting period, including procurement materials supporting compliance with federal procurement requirements. *



Browse Files
Drag and drop files here

FUNDS EXPENDED ON PROJECT EXPENDITURES

E This Quarter *

F Total to Date *

If Funds Expended for this quarter are >\$0, attach supporting documentation for expenditures made during the current reporting period including invoices and evidence of payment. *


Browse Files
Drag and drop files here

Compliance Certifications and Submission

Please read all the information in this section and certify as appropriate. Note that all boxes need to be checked to proceed with submission.

Certifications

CHECK EACH BOX BELOW TO CERTIFY.

-
- The Subrecipient certifies it has not denied benefits or services, or otherwise discriminated on the basis of race, color, national origin (including limited English proficiency), disability, age, or sex (including sexual orientation and gender identity) in accordance with all applicable Federal, state, and local laws in the performance of any its obligations under the Agreement including in any portion of the construction or operation of the Project.
- The Subrecipient has complied with each of the following statutes and regulations prohibiting discrimination applicable to the Subaward: ***
- Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury's implementing regulations at 31 CFR Part 22, which prohibit discrimination on the grounds of race, color, or national origin under programs or activities receiving Federal financial assistance.
- The Fair Housing Act, Title VIII-IX of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, national origin, sex, familial status, or disability.
- Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicap under any program or activity receiving or benefitting from Federal assistance.
- The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.) and Treasury's implementing regulations at 31 CFR Part 23, which prohibit discrimination on the basis of age in programs or activities receiving Federal financial assistance.
- The Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.
-
- I, as an authorized representative of the Subrecipient pursuant to the Agreement hereby certify that the Subrecipient has in all respects complied with the forgoing Civil Rights and Non-Discrimination requirements.
-
- By submitting 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).

Submitted By

This section collects contact information for the individual submitting the report in case any follow-ups are required. All fields are required here.

Submitted By

Name *

<input type="text"/>	<input type="text"/>
First Name	Last Name

Title *

Email *

example@example.com

Phone Number *	Date *
<input type="text" value="(000) 000-0000"/>	<input type="text" value="09-05-2023"/>
Please enter a valid phone number.	Date

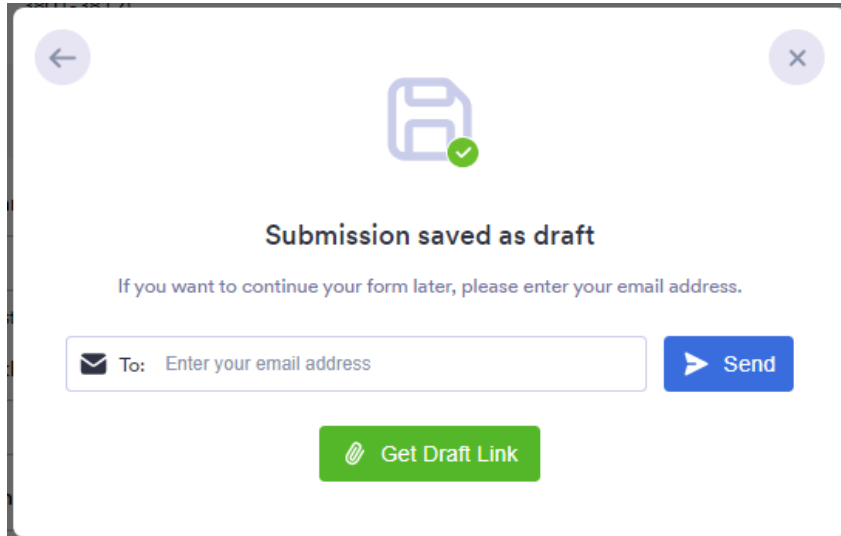
Once this section is completed, please consider taking one more look through the report confirming everything is correct before submitting or feel free to save and return later (as described below).

Saving Form Progress

- To save form completion progress, hit the Save button at the bottom of the form.
- You should be presented with options below. We recommend selecting “Skip Create an Account”.




- In the screenshot below, you can either:
 - enter your email address to have the form link sent to you for later completion, or
 - select “Get Draft Link” to copy the form link to your clipboard.



←

×




Submission saved as draft

If you want to continue your form later, please enter your email address.

✉ To:

▶ Send

 Get Draft Link

Questions? Please contact the ARPA reporting team at ARPA@cityoflanasterpa.gov.