



City of New Haven
Office of Management and Budget
Justin M. Elicker, Mayor

Michael Gormany, City Budget Director and Acting Controller

AMERICAN RESCUE PLAN ACT (ARPA) QUARTERLY PERFORMANCE REPORT SUBRECIPIENT FORM

State, territorial, metropolitan city, county, Tribal governments, and Non-Entitlement Units that receive funding from the State and Local Fiscal Recovery Funds Programs are required to meet compliance and reporting responsibilities. This ensures an equitable, transparent, and responsible recovery for all Americans. Subrecipients who are awarded funding through the American Rescue Plan are required to provide quarterly data pertaining to the program for which they are awarded. Please note, the City may request additional information outside of this report per the Department of Treasury guidance and the Subrecipient is required to comply.

****Please note, this template is subject to change based on funding requirements. Version 2/7/2023****

SECTION 1-SUMMARY OF SUBRECIPIENT INFORMATION:

| | |
|--|-----------------|
| DUNS(+4) <i>if applicable</i> | |
| <i>If no DUNS, UEI (City assigned) or TIN</i> | |
| Legal Name | |
| Address Line 1 | |
| Address Line 2 | |
| Address Line 3 | |
| City | |
| Zip | |
| State | |
| Point of Contact Name & Email Address | |
| Is the Subrecipient registered in SAM.gov? (Enter "Yes" or "No") | Choose an item. |
| If yes, please provide SAM Registration Number | |
| If no | |
| 1. In the proceeding fiscal year, did the recipient receive 80% or more of it's annual gross revenue from federal funds? | Choose an item. |
| 2. In the preceeding fiscal year, did the recipient \$25 million or more of its annual gross revenue from federal funds? | Choose an item. |
| 3. Is the "total compensation" for the organization's five highest paid officers publicly listed or otherwise listed in SAM.gov? | Choose an item. |



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Does your jurisdiction have projects to report as of this reporting period?
Yes or No:

If your jurisdiction does not have projects to report, please provide a brief narrative as to why you do not have approved projects at this time.

If your cumulative award was **greater than \$50,000**, please fill out section 2A. If your cumulative award was **less than \$50,000**, please fill out section 2B. **The Subrecipient should only fill out either 2A or 2B. Section 2C is required for both cumulative award amount types (<\$50K, >\$50K)**

SECTION 2A-PLEASE PROVIDE GENERAL INFORMATION FOR EACH SUBAWARD OR DIRECT PAYMENT OF FEDERAL FUNDING GREATER THAN \$50,000 PROVIDED UNDER THIS PROGRAM. YOU WILL NEED TO PROVIDE DETAILED INFORMATION ON THE AMOUNT, DATE, PERIOD AND PLACE OF PERFORMANCE, AND A BRIEF DESCRIPTION OF THE SUBAWARD OR DIRECT PAYMENT AND ITS UNDERLYING ELIGIBLE USE. IN ADDITION, YOU WILL ALSO ASSOCIATE THE SUBAWARD OR DIRECT PAYMENT WITH THE RELEVANT PROJECT/FAIN AND SUBRECIPIENT.
SECTION 2A-SUMMARY OF ARPA INFORMATION:

| | |
|---|-----------------|
| Subaward Number <i>(provided by the City)</i> | |
| Subaward Type | Choose an item. |
| Subaward Amount (Obligation) | |
| Subaward Date | |
| Period of Performance Start | |
| Period of Performance End | |
| Quarterly Reporting Period | |
| Place of Performance Address 1 | |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | |
| Place of Performance State | |
| Place of Performance Zip+4 | |



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SECTION 2B-SUMMARY OF ARPA INFORMATION:

For disbursements **less than \$50,000**, please provide the aggregate expenditures and obligations for the current reporting period and total to date. Your organization must assign project and subaward identifiers to each aggregate expenditure.

| | |
|---------------------------------|--|
| Project Name* | |
| Project Identification Number | |
| Subaward Type (Aggregates) | |
| Project Expenditure Category** | |
| Total Period Expenditure Amount | |
| Total Period Obligation Amount | |
| Period of Performance Start | |
| Period Performance End | |
| Quarterly Reporting Period | |

SECTION 2C-PROJECT OBLIGATIONS, EXPENDITURES, AND STATUS:

For both cumulative awards greater than \$50,000 and less than \$50,000: once a project is entered into the Treasury Portal, the recipient will be able to report on the project's obligations and expenditures. Recipients will be asked to report:

| | |
|---|-----------------|
| Cumulative Obligation | |
| Cumulative Expenditure | |
| Project Status | Choose an item. |
| Program Income Earned (if applicable) | |
| Program Income Expended (if applicable) | |

SECTION 3-PROJECT DESCRIPTION

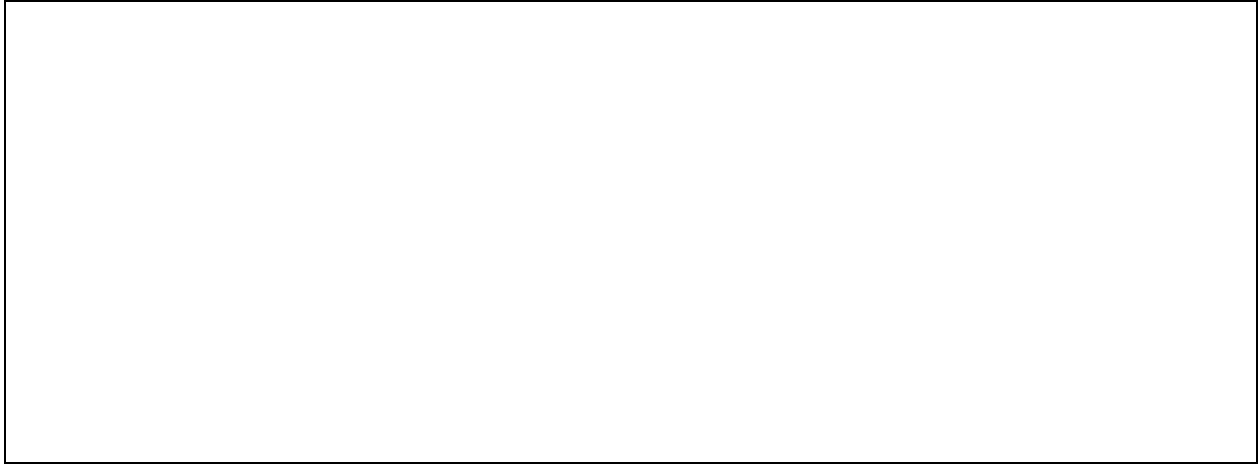
Brief description of Subaward and its underlying eligible use (750 characters):

A description of the overall and expected outputs and outcomes or results of the funded subaward, including significant deliverables and, if appropriate, associated units of measure. The purpose and outcomes or results should be stated in terms that allow an understanding that the subaward constitutes an eligible use of funds.



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**Projects are defined as a grouping of closely related activities that together are intended to achieve a specific goal or are directed toward a common purpose.*

*** Assigned by the City of New Haven at onset of program.*



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OVERALL PROJECT DEMOGRAPHICS:

| Race: | Total Served |
|---|---------------------|
| Asian | |
| Black (not of Hispanic origin) | |
| Hispanic or Latino | |
| Native Hawaiian or Other Pacific Islander | |
| American Indian or Alaska Native | |
| White (not of Hispanic origin) | |
| Total | |

**please refer to Appendix A, Demographic Descriptions for definitions (Source: City of New Haven Equal Opportunity Information)*

| Ethnicity: | Total Served |
|-------------------|---------------------|
| Hispanic | |
| Not Hispanic | |
| Total | |

| Income Level by Area Median Income*: | Total Served |
|---|---------------------|
| Less than 30% AMI | |
| 30-50% AMI | |
| 50-80% AMI | |
| Greater than 80% AMI | |
| Total | |

**please refer to the attached 2021 New Haven-Meriden, CT HUD Metro FMR Area for Income Limits*

| Age: | Total Served |
|-------------|---------------------|
| Under 18 | |
| 18-24 | |
| 24-40 | |
| Over 40 | |
| Total | |

| Gender Identity: | Total Served |
|-------------------------|---------------------|
| Male | |
| Female | |
| Non-Binary | |
| Client refused | |
| Data not collected | |
| Total | |



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PROHIBITIONS VERIFICATION:

By checking these boxes, the [NAME REVIEWING PERSONNEL HERE] attests that the statements are true.

- ☐ Project does not contravene the statutory purpose of ARP, including program, service, or capital expenditure that includes a term or condition that undermines efforts to stop the spread of COVID-19
- ☐ No Conflict of Interest
- ☐ Complies with all state and federal laws and local ordinance
- ☐ No pension fund deposit
- ☐ No borrowings or debt service
- ☐ No financial reserves

CERTIFICATION

Name