



Start a Submission

Start a Compliance Report

Introduction

Submissions & Compliance Forms

## Submissions

Submission ID	Submission Type	Recipient Name	Status		
SLT-0787	SLT	City of Flint	Submitted	<a href="#">View Submission</a>	<a href="#">Download PDF</a>

## Compliance

No current forms.

## HAF Plan Submissions

Submission ID	Recipient Name	Recipient Type	Status
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## Report Selection

No.	Report Type	Assistance Listing No. / CFDA No.	Report Name	Report Period	Submission Deadline	Status	
1	SLFRF - Interim Report	21.027	SLT-0787 - Interim Report - 2021		8/31/2021	Submitted	<a href="#">View Information</a>



- Recipient Profile**
- Expenditure Summary
- Revenue Replacement
- Certification

### Interim Report



**Step 1**

Verify Recipient Profile



**Step 2**

Complete Expenditure Summary



**Step 3**

Complete Revenue Replacement



**Step 4**

Complete Certification

## Recipient Profile

### Instructions

Please verify that you are an authorized user of the prime recipient and confirm the accuracy of your organization's program profile.

Recipient Information	
Recipient DUNS ⓘ	072780067
Recipient DUNS (+4) ⓘ	<input type="text"/>
Recipient TIN ⓘ	386004611
Recipient Legal Entity Name ⓘ	Flint, Michigan
Recipient Type ⓘ	
FAIN ⓘ	
CFDA No./Assistance Listing ⓘ	
Recipient Address ⓘ	1101 Saginaw Street
Recipient Address 2 ⓘ	

Account Users	
Account Administrator ⓘ	Jennifer Ryan
Account Administrator Title ⓘ	Deputy Finance Director
Account Administrator Email Address ⓘ	<a href="mailto:jryan@cityofflint.com">jryan@cityofflint.com</a> (mailto:jryan@cityofflint.com)
Account Administrator Phone ⓘ	<u>810-766-7266 ext 2306</u> (tel:810-766-7266 ext 2306)
Point of Contact for Reporting ⓘ	Jennifer Ryan
Point of Contact for Reporting Title ⓘ	Deputy Finance Director

Recipient Address 3	
Recipient City	Flint
Recipient State/Territory	MI
Recipient Zip5	48502-1420
Recipient Zip+4	
Recipient Reporting Tier	

Point of Contact for Reporting Email Address	<a href="mailto:jryan@cityofflint.com">jryan@cityofflint.com</a> (mailto:jryan@cityofflint.com)
Point of Contact for Reporting Phone	<a href="tel:810-766-7266">810-766-7266</a> ext 2306 (tel:810-766-7266 ext 2306)
Authorized Representative for Reporting	Sheldon Neeley
Authorized Representative for Reporting Title	Mayor
Authorized Representative for Reporting Email Address	<a href="mailto:saneeley@cityofflint.com">saneeley@cityofflint.com</a> (mailto:saneeley@cityofflint.com)
Authorized Representative for Reporting Phone	<a href="tel:810-237-2026">810-237-2026</a> (tel:810-237-2026)

Please report discrepancies (if any) on the above information

Show Point of Contact List

Next



Saving...

Your changes have been saved.



- Recipient Profile
- Expenditure Summary**
- Revenue Replacement
- Certification

### Interim Report



**Step 1**

Verify Recipient Profile



**Step 2**

Complete Expenditure Summary



**Step 3**

Complete Revenue Replacement



**Step 4**

Complete Certification

## EXPENDITURE SUMMARY LEVEL INFORMATION

### Instructions

States, U.S. Territories, Metropolitan cities, Counties, and Tribes are required to submit a one-time interim report with expenditures by category at the summary level from the date of award to July 31, 2021. The recipient will be required to enter obligations and expenditures for each expenditure category.

### Category Funding Information

#### 1. Expenditure Category: Public Health

Category	Cumulative Obligations to date	Cumulative Expenditures to date
1.1 COVID-19 Vaccination	<input type="text"/>	<input type="text"/>
1.2 COVID-19 Testing	<input type="text"/>	<input type="text"/>
1.3 COVID-19 Contact Tracing	<input type="text"/>	<input type="text"/>
1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)	<input type="text"/>	<input type="text"/>

1.5 Personal Protective Equipment	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
<small>Your changes have been saved.</small>			
1.6 Medical Expenses (including Alternative Care Facilities)	<input type="text"/>		<input type="text"/>
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency	<input type="text"/>		<input type="text"/>
1.8 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)	<input type="text"/>		<input type="text"/>
1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19	<input type="text"/>		<input type="text"/>
1.10 Mental Health Services	<input type="text"/>		<input type="text"/>
1.11 Substance Use Services	<input type="text"/>		<input type="text"/>
1.12 Other Public Health Services	<input type="text"/>		<input type="text"/>

**2. Expenditure Category: Negative Economic Impacts**

Category	Cumulative Obligations to date	Cumulative Expenditures to date
2.1 Household Assistance: Food Programs	<input type="text"/>	<input type="text"/>
2.2 Household Assistance: Rent, Mortgage, and Utility Aid	<input type="text"/>	<input type="text"/>
2.3 Household Assistance: Cash Transfers	<input type="text"/>	<input type="text"/>
2.4 Household Assistance: Internet Access Programs	<input type="text"/>	<input type="text"/>
2.5 Household Assistance: Eviction Prevention	<input type="text"/>	<input type="text"/>
2.6 Unemployment Benefits or Cash Assistance to Unemployed Workers	<input type="text"/>	<input type="text"/>
2.7 Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)	<input type="text"/>	<input type="text"/>

2.8 Contributions to UI Trust Funds <small>Your changes have been saved.</small>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
2.9 Small Business Economic Assistance (General)	<input type="text"/>		<input type="text"/>
2.10 Aid to nonprofit organizations	<input type="text"/>		<input type="text"/>
2.11 Aid to Tourism, Travel, or Hospitality	<input type="text"/>		<input type="text"/>
2.12 Aid to Other Impacted Industries	<input type="text"/>		<input type="text"/>
2.13 Other Economic Support	<input type="text"/>		<input type="text"/>
2.14 Rehiring Public Sector Staff	<input type="text"/>		<input type="text"/>

**3. Expenditure Category: Services to Disproportionately Impacted Communities**

Category	Cumulative Obligations to date	Cumulative Expenditures to date
3.1 Education Assistance: Early Learning	<input type="text"/>	<input type="text"/>
3.2 Education Assistance: Aid to High-Poverty Districts	<input type="text"/>	<input type="text"/>
3.3 Education Assistance: Academic Services	<input type="text"/>	<input type="text"/>
3.4 Education Assistance: Social, Emotional, and Mental Health Services	<input type="text"/>	<input type="text"/>
3.5 Education Assistance: Other	<input type="text"/>	<input type="text"/>
3.6 Healthy Childhood Environments: Child Care	<input type="text"/>	<input type="text"/>
3.7 Healthy Childhood Environments: Home Visiting	<input type="text"/>	<input type="text"/>
3.8 Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System	<input type="text"/>	<input type="text"/>
3.9 Healthy Childhood Environments: Other	<input type="text"/>	<input type="text"/>
3.10 Housing Support: Affordable Housing	<input type="text"/>	<input type="text"/>
3.11 Housing Support: Services for Unhoused persons	<input type="text"/>	<input type="text"/>

3.12 Housing Support: Other Housing Assistance	<input type="text"/> <b>X</b>	<input type="text"/>
3.13 Social Determinants of Health: Other	<input type="text"/>	<input type="text"/>
3.14 Social Determinants of Health: Community Health Workers or Benefits Navigators	<input type="text"/>	<input type="text"/>
3.15 Social Determinants of Health: Lead Remediation	<input type="text"/>	<input type="text"/>
3.16 Social Determinants of Health: Community Violence Interventions	<input type="text"/>	<input type="text"/>

**4. Expenditure Category: Premium Pay**

Category	Cumulative Obligations to date	Cumulative Expenditures to date
4.1 Public Sector Employees	<input type="text"/>	<input type="text"/>
4.2 Private Sector: Grants to other employers	<input type="text"/>	<input type="text"/>

**5. Expenditure Category: Infrastructure**

Category	Cumulative Obligations to date	Cumulative Expenditures to date
5.1 Clean Water: Centralized wastewater treatment	<input type="text"/>	<input type="text"/>
5.2 Clean Water: Centralized wastewater collection and conveyance	<input type="text"/>	<input type="text"/>
5.3 Clean Water: Decentralized wastewater	<input type="text"/>	<input type="text"/>
5.4 Clean Water: Combined sewer overflows	<input type="text"/>	<input type="text"/>
5.5 Clean Water: Other sewer infrastructure	<input type="text"/>	<input type="text"/>
5.6 Clean Water: Stormwater	<input type="text"/>	<input type="text"/>
5.7 Clean Water: Energy conservation	<input type="text"/>	<input type="text"/>
5.8 Clean Water: Water conservation	<input type="text"/>	<input type="text"/>

5.9 Clean Water: Nonpoint source <small>Your changes have been saved.</small>	<input type="text"/>	<input type="text"/>
5.10 Drinking water: Treatment	<input type="text"/>	<input type="text"/>
5.11 Drinking water: Transmission & distribution	<input type="text"/>	<input type="text"/>
5.12 Drinking water: Transmission & distribution: lead remediation	<input type="text"/>	<input type="text"/>
5.13 Drinking water: Source	<input type="text"/>	<input type="text"/>
5.14 Drinking water: Storage	<input type="text"/>	<input type="text"/>
5.15 Drinking water: Other water infrastructure	<input type="text"/>	<input type="text"/>
5.16 Broadband: "Last Mile" projects	<input type="text"/>	<input type="text"/>
5.17 Broadband: Other projects	<input type="text"/>	<input type="text"/>

**6. Expenditure Category: Revenue Replacement**

Category	Cumulative Obligations to date	Cumulative Expenditures to date
6.1 Provision of Government Services	<input type="text"/>	<input type="text"/>

**7. Expenditure Category: Administrative and Other**

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.1 Administrative Expenses	<input type="text"/>	<input type="text"/>
7.2 Evaluation and data analysis	<input type="text"/>	<input type="text"/>
7.3 Transfers to Other Units of Government	<input type="text"/>	<input type="text"/>

Clear Form

Cumulative Amounts to Date, excluding NEU and Non-UGLG transfers.



Saving...  
Your changes have been saved.

<b>Total Cumulative Obligations to Date</b>	<b>Total Cumulative Expenditures to Date</b>
\$0.00	\$0.00

### 7. Expenditure Category: Recipient Allocation

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.5 Transfers to Non-UGLGs	<input type="text"/>	<input type="text"/>

Cumulative Amounts to Date, for NEU and Non-UGLG transfers only.

<b>Total Cumulative Obligations to Date</b>	<b>Total Cumulative Expenditures to Date</b>
\$0.00	\$0.00

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Recipient Profile   Expenditure Summary   **Revenue Replacement**   Certification

## Interim Report



### Step 1

Verify Recipient Profile



### Step 2

Complete Expenditure  
Summary



### Step 3

Complete Revenue  
Replacement



### Step 4

Complete Certification

## REVENUE REPLACEMENT

### Instructions

Please provide identifying information for revenue replacement funding.

Recipients must calculate the reduction in their general revenue using information as-of December 31, 2020 for loss due to the Covid-19 public health emergency. The formula for calculation is found in the Interim Final Rule as of May 17, 2021.

### Revenue Replacement Key Inputs

\* (required) Base Year Revenue ⓘ

\$137,583,337.97

\* (required) Fiscal Year End Date ⓘ

Jun 30, 2019

\* (required) Growth Adjustment Used ⓘ

6.30%

\* (required) Actual General Revenue as of 12  
months ended December 31, 2020

\$129,291,963.15

\* (required) Estimated Revenue Loss Due to  
Covid-19 Public Health Emergency as of  
December 31, 2020

\$21,384,943.80










\*(required) Were Fiscal Recovery Funds used to make a deposit into a pension fund?

No

\*(required) Please provide an explanation of how revenue replacement funds were allocated to government services

Explanation

Salesforce Sans 12

**B I U**         

**I**

The City of Flint has not spent any of the SLFRF received, as we are waiting on the final rules. Additionally, we will more formally calculate the revenue loss once the final rules are released.

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Home (/cares/s/)

Saving...

Account (/cares/s/account/Account/00Bt000000165Q8EAI) Your changes have been saved.



Contacts (/cares/s/contact/Contact/00Bt000000165Q8EAI)



More

Recipient Profile

Expenditure Summary

Revenue Replacement

**Certification**

## Interim Report

**Step 1**

Verify Recipient Profile

**Step 2**Complete Expenditure  
Summary**Step 3**Complete Revenue  
Replacement**Step 4**

Complete Certification

## Official Certification

I certify that the information provided is accurate and complete after reasonable inquiry of people, systems, and other information available to the SLFRF recipient. The undersigned acknowledges that any materially false, fictitious, fraudulent statement, or representation (or concealment or omission of a material fact) in this submission may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended, 18 USC 1001, and also may subject me and the SLFRF Recipient to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 USC 3729 et seq.) The undersigned is an authorized representative of the SLFRF Recipient with authority to make the above certifications and representations on behalf of the SLFRF Recipient.

By signing this report, the Authorized Representative for Reporting acknowledges in accordance with 31 CFR 35.4(c) that recipients shall provide to the Secretary periodic reports providing detailed accounting of the uses of funds, as applicable, all modifications to a State's or Territory's tax revenue sources, and such other information as the Secretary may require for the administration of this program. In addition to regular reporting requirements, the Secretary may request other additional information as may be necessary or appropriate, including as may be necessary to prevent evasions of the requirements of this program. False statements or claims made to the Secretary may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in Federal awards or contracts, and/or any other remedy available by law.

### Name and Title of Certifying Official

Name:

JENNIFER RYAN

Telephone:

(810) 766-7266 ext 2306 (tel:(810) 766-7266 ext

Saving... 2306 X  
Your changes have been saved.

Title:  
Deputy Finance Director

Email:  
✉ [jryan@cityofflint.com](mailto:jryan@cityofflint.com) (<mailto:jryan@cityofflint.com>)

Date Submitted  
8/31/2021 1:56 PM

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