8/31/2021 slt



Home (/cares/s/)

Account (/cares/s/account/Account/00Bt000000165QAEAY)

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





Start a Submission

Start a Compliance Report

Introduction

Submissions

Submissions &
Compliance Forms

Submission ID	Submission Type	Recipient Name	Status		
SLT-0787	SLT	City of Flint	Submitted	<u>View</u> <u>Submission</u>	<u>Download</u> <u>PDF</u>

Compliance

No current forms.

HAF Plan Submissions

Submission ID	Recipient Name	Recipient Type	Status

Report Selection

No.	Report	Assist-	Report	Report	Submis-	Status	
	Туре	ance List-	Name	Period	sion		
		ing No./			Deadline		
		CFDA No.					
1	SLFRF -	21.027	SLT-0787		8/31/2021	Submit-	View
	Interim		- Interim			ted	<u>Information</u>
	Report		Report -				
			2021				



Home (/cares/s/)

Account (/cares/s/account/Account/00Bt000000165QAEAY)

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



Recipient Profile

Expenditure Summary

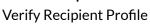
Revenue Replacement

Certification

Interim Report









Step 2

Complete Expenditure
Summary



Step 3

Complete Revenue Replacement



Step

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)			
Recipient TIN	386004611		
Recipient Legal Entity Name	Flint, Michigan		
Recipient Type 			
FAIN _®			
CFDA No./Assistance Listing €			
Recipient Address	1101 Saginaw Street		
Recipient Address 2			

Accou	nt Users
Account Administrator ●	Jennifer Ryan
Account Administrator Title⊕	Deputy Finance Director
Account Administrator Email Address o	j <u>ryan@cityofflint.co</u> <u>m</u> (mailto:jryan@cityof flint.com)
Account Administrator Phone	810-766-7266 ext 2306 (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 o	MI
Recipient Zip5⊕	48502-1420
Recipient Zip+4⊕	
Recipient Reporting Tier	

Point of Contact for Reporting Email Address	jryan@cityofflint.co m (mailto:jryan@cityof flint.com)
Point of Contact for Reporting Phone	810-766-7266 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	saneeley@cityofflint .com (mailto:saneeley@ci tyofflint.com)
Authorized Representative for Reporting Phone	810-237-2026 (tel:810-237-2026)

Please report discrepancies (if any)	on the above	
information		
	//	
Show Point of Contact List		

Next



Saving...
Account (/cares/s/account/ACCULIAP/099500000058550)464AY)





Recipient Profile

Expenditure Summary

Revenue Replacement

Certification

Interim Report









Verify Recipient Profile

Complete Expenditure
Summary

Step 3
Complete Revenue
Replacement

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		
1.2 COVID-19 Testing		
1.3 COVID-19 Contact Tracing		
1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)		

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

2. Expenditure Category: Negative Economic Impacts

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

2.8 Contributions to UI T. นรร _ล โพ <u>ต</u> เปร Your changes have been saved.	×	
2.9 Small Business Economic Assistance (General)		
2.10 Aid to nonprofit organizations		
2.11 Aid to Tourism, Travel, or Hospitality		
2.12 Aid to Other Impacted Industries		
2.13 Other Economic Support		
2.14 Rehiring Public Sector Staff		

3. Expenditure Category: Services to Disproportionately Impacted Communities

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

3.12 Housing Support: C ் hega have been saved. Assistance	×	
3.13 Social Determinants of Health: Other		
3.14 Social Determinants of Health: Community Health Workers or Benefits Navigators		
3.15 Social Determinants of Health: Lead Remediation		
3.16 Social Determinants of Health: Community Violence Interventions		

4. Expenditure Category: Premium Pay

Category	Cumulative Obligations to date	Cumulative Expenditures to date
4.1 Public Sector Employees		
4.2 Private Sector: Grants to other employers		

5. Expenditure Category: Infrastructure

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

5.9 Clean Water: Nonpo t source.	×	
5.10 Drinking water: Treatment		
5.11 Drinking water: Transmission & distribution		
5.12 Drinking water: Transmission & distribution: lead remediation		
5.13 Drinking water: Source		
5.14 Drinking water: Storage		
5.15 Drinking water: Other water infrastructure		
5.16 Broadband: "Last Mile" projects		
5.17 Broadband: Other projects		

6. Expenditure Category: Revenue Replacement

Category	Cumulative Obligations to date	Cumulative Expenditures to date
6.1 Provision of Government Services		

7. Expenditure Category: Administrative and Other

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.1 Administrative Expenses		
7.2 Evaluation and data analysis		
7.3 Transfers to Other Units of Government		

Clear Form

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

Saving...
Your changes have been saved.

Total Cumulative X
Obligations to Date

Solution

Solution

Total Cumulative Expenditures to Date

\$0.00

\$0.00

7.	Expenditure	Category	: Recir	oient Al	location
, .	Expenditure	Category	· IXCCIP		location

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.5 Transfers to Non-UGLGs		

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

Total Cumulative Obligations to Date	Total Cumulative Expenditures to Date
\$0.00	\$0.00

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Recipient Profile

Expenditure Summary

Revenue Replacement

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Verify Recipient Profile





Summary







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 o	* (required) Fiscal Year End Date
\$137,583,337.97	Jun 30, 2019
* (required) Growth Adjustment Used •	* (required) Actual General Revenue as of 12
6.30%	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	

No	
(required) Please provious government services Explanation	de an explanation of how revenue replacement funds were allocated to
Salesforce Sans	▼ 12 ▼ B I U S \(\beta \) <
The City of Flint has r	ot spent any of the SLERE received, as we are waiting on the final rules
The City of Flint has r	not spent any of the SLFRF received, as we are waiting on the final rules. nore formally calculate the revenue loss once the final rules are released.
The City of Flint has r Additionally, we will r	







Recipient Profile

Expenditure Summary

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Step 1Verify Recipient Profile

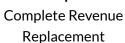




Summary



Step 3





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

1/2021	SET Compliance Report. SET-0767 - Interim Report - 2021		
Title: Deputy Finance Director	Saving Your changes have been saved.	2306) X Email: <u>jryan@cityofflint.com (mailto:jryan@cityofflint.com)</u>	
Date Submitted 8/31/2021 1:56 PM			
Back			