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Recipient Profile

Expenditure Summary

Revenue Replacement

Certification

Agenda Item #

/ , .

Date__

Interim Report









Complete Revenue

Replacement





Complete Certification

Verify Recipient Profile

Complete Expenditure
Summary

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	\$0.00	
1.2 COVID-19 Testing	\$0.00	
1.3 COVID-19 Contact Tracing	\$0.00	
1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)	\$0.00	

1.5 Personal Protective Equipment	\$0.00	
1.6 Medical Expenses (including Alternative Care Facilities)	\$0.00	
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency	\$0.00	
1.8 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)	\$0.00	
1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19	\$0.00	
1.10 Mental Health Services	\$0.00	:
1.11 Substance Use Services	\$0.00	
1.12 Other Public Health Services	\$0.00	

2. Expenditure Category: Negative Economic Impacts

Category	Cumulative Obligations to date	Cumulative Expenditures to date
2.1 Household Assistance: Food Programs	\$0.00	
2.2 Household Assistance: Rent, Mortgage, and Utility Aid	\$0.00	
2.3 Household Assistance: Cash Transfers	\$0.00	
2.4 Household Assistance: Internet Access Programs	\$0.00	
2.5 Household Assistance: Eviction Prevention	\$0.00	
2.6 Unemployment Benefits or Cash Assistance to Unemployed Workers	\$0.00	
2.7 Job Training Assistance (e.g., Sectoral job- training, Subsidized Employment, Employment Supports or Incentives)	\$0.00	
2.8 Contributions to UI Trust Funds	\$0.00	

2.9 Small Business Economic Assistance (General)	\$0.00	
2.10 Aid to nonprofit organizations	\$0.00	:
2.11 Aid to Tourism, Travel, or Hospitality	\$0.00	
2.12 Aid to Other Impacted Industries	\$0.00	:
2.13 Other Economic Support	\$0.00	
2.14 Rehiring Public Sector Staff	\$0.00	

3. Expenditure Category: Services to Disproportionately Impacted Communities

Category	Cumulative Obligations to date	Cumulative Expenditures to date
3.1 Education Assistance: Early Learning	\$0.00	
3.2 Education Assistance: Aid to High-Poverty Districts	\$0.00	
3.3 Education Assistance: Academic Services	\$0.00	
3.4 Education Assistance: Social, Emotional, and Mental Health Services	\$0.00	
3.5 Education Assistance: Other	\$0.00	:
3.6 Healthy Childhood Environments: Child Care	\$0.00	
3.7 Healthy Childhood Environments: Home Visiting	\$0.00	
3.8 Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System	\$0.00	
3.9 Healthy Childhood Environments: Other	\$0.00	
3.10 Housing Support: Affordable Housing	\$0.00	
3.11 Housing Support: Services for Unhoused persons	\$0.00	
3.12 Housing Support: Other Housing Assistance	\$0.00	

3.13 Social Determinants of Health: Other	\$0.00	:
3.14 Social Determinants of Health: Community Health Workers or Benefits Navigators	\$0.00	
3.15 Social Determinants of Health: Lead Remediation	\$0.00	
3.16 Social Determinants of Health: Community Violence Interventions	\$0.00	

4. Expenditure Category: Premium Pay

Category	Cumulative Obligations to date	Cumulative Expenditures to date
4.1 Public Sector Employees	\$0.00	
4.2 Private Sector: Grants to other employers	\$0,00	

5. Expenditure Category: Infrastructure

Category	Cumulative Obligations to date	Cumulative Expenditures to date
5.1 Clean Water: Centralized wastewater treatment	\$0.00	
5.2 Clean Water: Centralized wastewater collection and conveyance	\$0.00	ļ
5.3 Clean Water: Decentralized wastewater	\$0,00	
5.4 Clean Water: Combined sewer overflows	\$0.00	
5.5 Clean Water: Other sewer infrastructure	\$0.00	
5.6 Clean Water: Stormwater	\$0.00	
5.7 Clean Water: Energy conservation	\$0,00	
5.8 Clean Water: Water conservation	\$0.00	
5.9 Clean Water: Nonpoint source	\$0.00	
5.10 Drinking water: Treatment	\$0.00	

5.11 Drinking water: Transmission & distribution	\$0.00	:	
5.12 Drinking water: Transmission & distribution: lead remediation	\$0.00		:
5.13 Drinking water: Source	\$0.00		
5.14 Drinking water: Storage	\$0.00		
5.15 Drinking water: Other water infrastructure	\$0.00		
5.16 Broadband: "Last Mile" projects	\$0.00		
5.17 Broadband: Other projects	\$0.00		

6. Expenditure Category: Revenue Replacement

Category	Cumulative Obligations to date	Cumulative Expenditures to date
6.1 Provision of Government Services	\$0.00	

7. Expenditure Category: Administrative and Other

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.1 Administrative Expenses	\$0.00	
7.2 Evaluation and data analysis	\$0.00	
7.3 Transfers to Other Units of Government	\$0.00	

Clear Form

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

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

7. Expenditure Category: Recipient Allocation

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.5 Transfers to Non-UGLGs	\$0.00	

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

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

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Recipient Profile

Expenditure Summary

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Step 1
Verify Recipient Profile

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Step 2

Complete Expenditure
Summary



Step 3

Complete Revenue Replacement



Step

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.

*(required) Base Year Revenue *(required) Fiscal Year End Date * \$19,318,928.00 *(required) Growth Adjustment Used *(required) Actual General Revenue as of 12 months ended December 31, 2020 *(required) Estimated Revenue Loss Due to Covid-19 Public Health Emergency as of December 31, 2020 \$0.00

No	. * .!		
* (required) Please pro government service		f how revenue replacemer	nt funds were allocated to
Explanation			
Salesforce Sans	v 12 v	B 1 교 은 를 를 사	
None so far.			
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Recipient Profile

Expenditure Summary

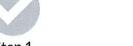
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Step 1
Verify Recipient Profile





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 of Current Login User

The information for the currently signed in user will populate as the Authorizer of this submittal. Only those in Role of Authorized Representative for Reporting or Authorized Representative on the Submission record will have access to Certify and Submit.

Name:

Telephone:

Fred Mytty

(402) 720-1453 (tel:(402) 720-1453)

Title:

Email:

Dodge County Clerk

<u>clerk@dodgecountyne.gov</u>

(mailto:clerk@dodgecountyne.gov)

Date Submitted 8/30/2021 3:05 PM

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