AMERICAN RESCUE PLAN ACT NON-PROFIT QUARTERLY PROGRESS REPORT

Organization Name			Date Submitted	Period From	Period To
				10/1/2021	3/31/2022
Point of Contact	Phone	Contact Email	District	Amount approved by BOS	
Summary by Cate	gory	Total	Description		
	Staffing	\$ -	Amount spent for regular labor		
	Equipment	\$ -	Amount spent for equipment		
	Food	\$ -	Amount spent for food expenses		
	Marketing	\$ -	Amount spent for marketing expenses		
	Supplies	\$ -	Amount spent for supply expenses		
	Facilities/Rent	\$ -	Amount spent for facilites/rent		
	Other Expenses	\$ -	Amount spent for any other expenses		
	Total ARPA Funds	\$ -	ARPA Funds spent this period		
Rema	\$ -	Amount requested minus total ARPA funds spent this period			
I CERTIFY THAT THE ABOVE INFORMATION WAS TRANSCRIBED FROM PAYROLL RECORDS, VENDOR INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT					
Date	Point of Contact Signature			Title	

LABOR SUMMARY Please provide a labor accounting report from your accounting system in excel format (Only submit a labor report if funding was used towards labor)			
Regular Time Summary Total	\$ -		
Total Labor Summary	\$ -		

MATERIALS/SUPPLIES SUMMARY

(Include copy of invoice/transaction of item purchased)

Vendor	Item Description	Total Price	Date Purchased	Invoice #
				_
	Supplies and Material Summary Total	\$ -		

FOOD EXPENSE SUMMARY

(Include copy of invoice/receipt of item purchased)

Vendor	Item Description	Total Price	Date Purchased	Invoice/Receipt #
	Food Expense Summary Total	\$ -		

FACILITIES/RENT SUMMARY

(Include copy of payment)

Vendor	Description	Total	Date Payment Made	Payment #
	Facilities/Rent Summary Total	\$ -		

OTHER EXPENSES

(Include copy of invoice/receipt of item purchased)

Vendor	Item Description	Total Price	Date Purchased	Invoice/Receipt#
		ф		
	Other Expenses Summary Total	\$ -		