



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	\$25,000.00	\$17,414.23
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	\$659,000.00	
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 Trust Funds	<input type="text"/>	<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"/>	<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	<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"/>

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

Total Cumulative Obligations to Date	Total Cumulative Expenditures to Date
\$684,000.00	\$17,414.23

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.

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

Back

Save

Next



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

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Step 1

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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 ⓘ

\$87,722,050.00

* (required) Fiscal Year End Date ⓘ

Dec 31, 2020

* (required) Growth Adjustment Used ⓘ

4.100%

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

\$78,824,502.00

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

\$12,494,152.00

*(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 S [List Bullets] [List Numbered] [List Square] [List Circle] [Link] [Image]

I*

We are still working through the process of getting it approved by City Council.

Clear Form

Back

Save

Next



Recipient Profile	Expenditure Summary	Revenue Replacement	Certification
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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 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:
CLARENCE SHAGER

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Date Submitted
8/31/2021 9:04 AM

[Back](#)