Local Organization – Community Resource Program and Application Outline

EXHIBIT A – SAMPLE PROGRAM COMPLIANCE REPORTING TRACKING FORM

FY 2022-23 Community Organization ARPA Funding Items

Organization Name:			***For Department of Treasury Project and Expenditure Report, Revenue replacment EC 6.1 Include Acutal Expended In Fiscal Year***						
			Report #	**#6**			**#7**		
			Year/Quarter	**2023/1**			**2023/2**		
			Covered	**Jan 1-Mar 31**			**Apr 1-Jun 30**		
			Date	**Apr 30, 2023**			**Jul 31, 2023**		
			Due to City	**15-04-23**			**15-07-23**		
Name of Program or Service	**ARPA $ Budgeted**	**Program Measurable**		**Current Period Expenditures**	**Current Period Obligations**	**Current Period Program Measurables**	**Current Period Expenditures**	**Current Period Obligations**	**Current Period Program Measurables**

Any questions regarding this Funding Program should be directed to Trinna Ware of the City Finance Division at (928)854-0735 waret@lhcaz.gov