

CHICAGO DEPARTMENT OF FAMILY & SUPPORT SERVICES
ARRA Reporting

COLA & Quality Improvement

1. Enter Delegate Name

2. Enter DUNS Number.

Most Delegates should have a DUNS Number—check with personnel in charge of grants, contracting or finance. If you do not, go to the following website and register for one: <http://www.hrsa.gov/grants/dunscrr.htm>. All recipients of ARRA funding are required to have a DUNS number.

3. Enter the Year (e.g. 2009)

4. Enter the Month (e.g. Dec)

5. Check either Head Start or Early Head Start

6. 1.84% COLA

Personnel and Fringe. Click on the Personnel and Fringe Worksheet to complete. For each employee funded through Head Start, enter in the appropriate column his or her name, title, assignment (site or program area), hourly wage (convert salary to hourly pay if necessary), hours worked this month (again, for salaried employees, adjust in order to compute monthly wage), and salary fringe rate. The worksheet will automatically compute your personnel and fringe line and populate your monthly report sheet.

Other. List any other expenses you are using ARRA COLA funds to cover. Make sure these items are described adequately and meet the COLA guidance: “COLA increases are to be used to pay for higher operating costs and to increase staff salaries and fringe benefits.” Under **ARRA Activity** column, list out the type of activity, and under the **Item/ Activity Description**, list particular items purchased under that activity. Under the **Total Monthly Payment** column, enter the amount paid this month for the listed activity/item.

7. Quality Improvement – Classroom Enhancements

Under the **ARRA Activity** column, list the Classroom Enhancement in which you received an award. This activity should be on your award letter. Under the **Item/ Activity Description** column list the items or services purchased under that activity. For example if your ARRA Activity is Literacy Materials, in the **Item/ Activity Description** column list books, flashcards, specific curricula, etc. If your ARRA Activity is new classroom furniture, in the **Item/ Activity Description** column list pieces of furniture purchased. For each item, enter the amount paid this month.

All items and services purchased under this activity must be in “ensuring that the physical environments of Head Start programs are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities.”

8. Quality Improvement – Additional Staff – Family Service Worker(s)

Under the **ARRA Activity** column, enter the names of new family service worker hires being paid through the ARRA Quality Improvement grant. Under the **Item/ Activity Description** column, enter each new hire’s title and a brief description of his or her work. Under the **Regular Cost per Hour** column, enter his or her hourly wage; Under the **Hours Worked** column, enter the hours he or she worked this month. You may include fringe either in the hourly rate of pay or as a separate line in this section (i.e. Quality Improvement Additional Staff).

9. Voucher and Payment Date

Under the **Voucher Date** column, for each **Item/ Activity Description** entry, list the date you vouchered for it, and in the **Payment Date**, list the date you received payment from the City.

10. Signature

At the Bottom of the report, please obtain the signature of your Board Chairperson, date, and print out the signatory’s name.

Expansion

Children Enrolled

1. Enter Delegate Name

2. Enter DUNS Number.

Most Delegates should have a DUNS Number—check with personnel in charge of grants, contracting or finance. If you do not, go to the following website and register for one: <http://www.hrsa.gov/grants/dunscrr.htm>. All recipients of ARRA funding are required to have a DUNS number.

3. Enter the Year (e.g. 2009)

4. Enter the Month (e.g. Dec)

5. Check either Head Start or Early Head Start

6. Enter your projected ARRA Expansion Enrollment and your ARRA cost per child.

7. Enter Children Enrolled

Under the **Name** column list each child as he or she is enrolled in the program and under the **Site/Program Option** column the list his or her site and/or program option.

During the first month of enrollment for each child, a “1” should be entered under the **New Enrollment** column. During each additional month, the “1” should be erased from the **New Enrollment** column and entered in the **Continued Enrollment** column. If a child resigns from the program, the “1” should be removed from the **Continued Enrollment** column and entered in the **Resigned Enrollment** column. Your monthly enrollment and revenue based on that enrollment will automatically populated the **Enrollment This Month** and **Revenue This Month** boxes at the top of the Children Enrolled form.

8. Complete Personnel & Fringe Worksheet

Each employee ARRA Expansion funds should be listed under the **Person** column. His or Her title should be listed in the **Title** column, and a brief description of his or her assignment should be entered under the **Assignment/ Job Description** column. The hourly rate charged to ARRA Expansion should be entered in the **Cost per Hour** column, and the hours that employee worked this month should be entered in the **Hours Worked this Month** column. Under the **Fringe Rate** column, please enter that employee’s fringe rate. Totals from the Personnel and Fringe Worksheet will automatically populate the **Actual Expenditure this Month** column on the Program Report.

9. Complete Program Report

Under the Supplies, Contractual, and Other sections, please list all expenditures charged to the ARRA Expansion grant. Under the **Items** column, list the item and/or service purchased this month, under the **Justification** column, briefly describe its relationship to the program, under the **Budgeted Amount** column, list the amount budgeted for this month, and under **Actual Expenditure this Month**, list the amount paid this month for the item and/or service.

10. Administrative Costs

Administrative Costs are allowed up to 10 percent. Enter the percentage of administrative costs to be taken this month. The actual cost will be automatically calculated.

11. Voucher Date and Payment Date

Under the **Voucher Date** column, for each **Item/ Activity Description** entry, list the date you vouchered for it, and in the **Payment Date**, list the date you received payment from the City.

12. Signature

At the Bottom of the Children Enrolled Report, please obtain the signature of your Board Chairperson, date, and print out the signatory’s name.

