**Worksheet for Compiling Information for ERA Quarterly Reports

Tribe, TDHE, and DHHL Recipients**

**April 2022**

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# **Overview**

Use this worksheet to review the entire list of quarterly reporting data points in preparation for submitting an ERA Quarterly Report. The worksheet contains all the required data points as they appear in Treasury’s portal for Recipient Reporting. The worksheet includes one table for each Tab (in Treasury’s portal. Sub-modules are indicated by blue header bars. The **bold** words indicate the method for reporting data – **yes/no questions, manual entry, text box,** etc.

This worksheet focuses specifically on the data points applicable to Tribal, TDHE[[1]](#footnote-2), and the DHHL[[2]](#footnote-3) recipients.

Please see the following documents as you prepare for submitting an ERA Quarterly Report:

* [Reporting Guidance, Emergency Rental Assistance Program](https://home.treasury.gov/system/files/136/ERA-Reporting-Guidance-v2.pdf)
* [User Guide for Treasury’s Portal for Recipient Reporting](https://home.treasury.gov/system/files/136/ERA-Treasury-Portal-User-Guide-v2.pdf), Emergency Rental Assistance Programs
* Emergency Rental Assistance webpage ([Treasury.gov/era](file:///%5C%5Cdo.treas.gov%5Cdfsres%5Cisilon%5CHomeshare1%5CParisienJ%5CORP%20Funds%5C2.%20ERA%5CGuidance%5CTreasury.gov%5Cera))

If you have questions or need additional information, please contact us via email at EmergencyRentalAssistance@Treasury.gov

# **Portal Tab: Recipient Profile**

| **Data Point** | **Description** | **Notes** |
| --- | --- | --- |
| ERA Recipient Information | The following information will be pre-populated on the screen for verification:* Unique Entity Identification (UEI)
* Taxpayer Identification Number (TIN)
* DUNS number
* Legal Entity Name
* Type
* Address
* Address 2 **(as needed)**
* Address 3 **(as needed)**
* City
* State/Territory
* Zip
* Zip +4
* Country Name
 |  |
| Errors or updates | Please report any errors or updates (if any). **(Text Box)** |  |
| SAM.gov registration status | Is the Recipient registered in SAM.gov? **(Yes/No)** |  |
|  -If previous entry is no:  | 1. In the preceding fiscal year, did the Recipient receive 80% or more of its annual gross revenue from federal funds? **(Yes/No)**
2. In the preceding fiscal year, did the Recipient receive $25 million or more of its annual gross revenue from federal funds? **(Yes/No)**
 |  |
|  -If answer to a and b is yes:  | 1. Is the total compensation for the organization’s five highest paid officers publicly listed or otherwise listed in SAM.gov? **(Yes/No)**
 |  |
|  -If answer to c is no:  | 1. If no, please enter the Name and Total Compensation for each officer below. If the number of officers is less than 5, please enter N/A. **(manual entry)**
 |  |
| Official Points of Contact | Recipients must verify the names and contact information of staff previously designated as the Recipient’s ERA Account Administrator, ERA Point(s) of Contact for Reporting and ERA Authorized Representative(s) for Reporting for the ERA award that is the subject of the quarterly report.  |  |

# **Portal Tab: Project Overview**

| **Data Point** | **Description** | **Notes** |
| --- | --- | --- |
| ERA Recipient Project ID | Enter a self-generated Project ID for the subject ERA1 or ERA2 project. It may include numbers and letters. The Project ID may be the Fund code assigned within your general ledger. Be sure to maintain for your future records. **(manual entry)** |  |
| ERA Project Name | Enter the name of the ERA Project that is the subject of the report. Please use different names for each ERA1 and ERA2 award. Choose an easily identifiable project name. Be sure to maintain for your future records. **(manual entry)** |  |
| ERA Project Website URL | Enter the ERA Project Website URL. **(manual entry)** |  |
| ERA Project Description | Provide a narrative (12,000 characters or less) with the following information about the subject ERA project as of the end of the reporting period **(text box)**: 1. Performance Goals
2. Major timelines
3. Key partner organizations
4. Planned outreach strategies
5. Other housing services provided
6. Housing stability services provided
7. Other affordable rental housing and eviction prevention services provided, if applicable
 |  |
| System for Prioritizing Assistance | Provide a narrative (12,000 characters or less) describing the ERA Recipient's system for prioritizing assistance to participant households of certain incomes. That is, households with incomes less than 50% of area median income or households with one or more members who were unemployed for at least 90 days prior to when the household applied for ERA assistance. Also, provide the URL address for the website where information on the ERA Recipient's system for prioritizing assistance is publicly available. If there is no website, upload a copy of publicly available information about the system for prioritizing assistance. **(text box)** |  |
| Fact-Based Proxies | Did the ERA Recipient use fact-based proxy for determining applicants' income eligibility for financial assistance under the ERA Project? **(Yes/No)** |  |
| -If previous entry is yes: | If yes, provide a narrative(12,000 characters or less) describing the proxy used, and all relevant thresholds, figures, policies, and procedures used for verifying eligibility. **(text box)** |  |

# **Portal Tab: Subrecipients, Contractors, and Beneficiaries**

| **Data Point** | **Description** | **Notes** |
| --- | --- | --- |
| UEI | Enter the Unique Entity Identifier (UEI) number and following information for each subrecipient, contractor, or beneficiary where $30,000 or more of ERA funds has been obligated. Starting in April of 2022, the federal government stopped using the DUNS number to uniquely identify entities and now requires the UEI number. **(manual entry)** |  |
| TIN | The subrecipient, contractor, or beneficiary’s Internal Revenue Service (IRS) Taxpayer Identification Number (TIN). The portal requires that either a UEI number or TIN must be entered before the record can be saved. **(manual entry)** |  |
| Type | Select the type of subrecipient, contractor, or beneficiary. * A subrecipient is a pass-through entity where the Tribe or TDHE is providing funds to the organization to carry-out a programmatic function of ERA.
* A contractor is hired to provide services or goods to the Tribe or TDHE in a procurement transaction.
* A beneficiary is an entity or individual that receives direct payments from the ERA Recipient or its Subrecipient(s). A beneficiary may be a household/tenant, a landlord, a utility provider, or a vendor for other related housing expenses (e.g., for internet services and hotel stays).

**(select from list)** |  |
| Legal Name | The legal name of the subrecipient, contractor, or beneficiary. **(manual entry)** |  |
| POC Email Address | The email address of the primary point-of-contact for the subrecipient, contractor, or beneficiary. **(manual entry)** |  |
| Address Line 1 | First line of the subrecipient, contractor, or beneficiary’s address. **(manual entry)** |  |
| Address Line 2 (if applicable) | Second line of the subrecipient, contractor, or beneficiary’s address. **(manual entry)** |  |
| Address Line 3 (if applicable) | Third line of the subrecipient, contractor, or beneficiary’s address. **(manual entry)** |  |
| City | Name of the city in which the subrecipient, contractor, or beneficiary is located. **(manual entry)** |  |
| State | United States Postal Service (USPS) two-letter abbreviation for the state or territory in which the subrecipient, contractor, or beneficiary is located. **(select from list)** |  |
| Zip | United States ZIP code (five digits) associated with the subrecipient, contractor, or beneficiary’s address. **(manual entry)** |  |
| Zip+4  | An additional +4 ZIP digits that USPS appends to standard five-digit ZIP codes to identify a specific geographic segment within an area. **(manual entry)** |  |
| Country | The country in which the subrecipient is located. **(select from list)** |  |
| SAM.gov Registration status  | Is the subrecipient, contractor, or beneficiary registered in SAM.gov? **(Yes/No/N/A)** |  |
| -If previous entry is no:  | 1. In the preceding fiscal year, did the subrecipient, contractor, or beneficiary receive 80% or more of its annual gross revenue from federal funds? **(Yes/No)**
2. In the preceding fiscal year, did the Recipient receive $25 million or more of its annual gross revenue from federal funds? **(Yes/No)**
 |  |
| -If answer to a and b is yes:  | 1. Is the total compensation for the organization’s five highest paid officers publicly listed or otherwise listed in SAM.gov? **(Yes/No)**
 |  |
| -If answer to c is no:  | 1. If no, please enter the Name and Total Compensation for each officer below. If the number of officers is less than 5, please enter N/A. **(manual entry)**
 |  |
| My Subrecipients, Contractors, or Beneficiaries | A cumulative list of information about all entities that have received a subaward, contract or direct payment. |  |

# **Portal Tab: Recipient Subawards, Contracts, and Direct Payments**

| **Data Point** | **Description** | **Notes** |
| --- | --- | --- |
| Select “Subrecipient” Entity | Once you select a subrecipient, contractor or beneficiary record, please verify the information that pops up in the field. **(searchable list)** |  |
| Address Information  | **Manually enter:**1. Place of Performance Address
2. Place of Performance Address 2 (if applicable)
3. Place of Performance Address 3 (if applicable)
4. Place of Performance City
5. Place of Performance State
6. Place of Performance Zip
7. Place of Performance Zip+4 (if applicable)
8. Place of Performance Country
 |  |
| Subaward, Contract or Direct Payment No. | Recipient's internal account number for the subaward, contract, or direct payment. A best practice is to enter the unique invoice number that conforms with the number entered within your payables system. This can be the account number, vendor ID, or any other unique identifying number assigned by the Recipient to the award. This number is strictly for the Recipient's recordkeeping. **(manual entry)** |  |
| Type | The type of subaward, contract or direct payment. **(select from list)** |  |
| Amount Obligated | Total amount of ERA funds obligated by the ERA Recipient under a given subaward, contract or direct payment. **($)** |  |
| Subaward Date  | The date the Recipient obligated funds to a subrecipient, contractor or beneficiary under a given subaward, contract or direct payment. **(date)** |  |
| Performance Start | The date on which efforts begin or the subaward, contract or direct payment is otherwise effective. **(date)** |  |
| Performance End | The date on which all effort is completed, or the subaward, contract or direct payment is otherwise ended. **(date)** |  |
| Description  | Brief description of the subaward, contract or direct payment and underlying eligible use in 750 characters or less. **(text box)** |  |
| My Subawards, Contracts, Direct Payments | Searchable list of information about all subawards, contracts and direct payment records created for the Recipient’s ERA project to date |  |

# **Portal Tab: Expenditures**

| **Data Point** | **Description** | **Notes** |
| --- | --- | --- |
| *Expenditures Associated with the ERA Recipient’s Subawards, Contracts and Direct Payments Valued at $30,000 or More* |
| ERA Project Name | Project name from Recipient. **(the Project name will be pre-populated after the first submission)** |  |
| Subaward ID | Please enter the ID generated on the subaward, contracts, and direct payments tab. **(manual entry)** |  |
| Transaction Type | Type of transaction. **(auto generated)** |  |
| Subaward, Contract, or Direct Payment No. | Recipient's internal account number for the subaward, contract, or direct payment. A best practice is to enter the unique invoice number that conforms with the number entered within your payables system. This number is also required on the Recipient Subawards, Contracts, Direct Payments tab. **(manual entry)** |  |
| Expenditure Start Date | Start date for the range of time when the expenditure(s) occurred. **(date)** | This should not be prior to the first date of the reporting period. |
| Expenditure End Date | End date for the range of time when the expenditure(s) occurred. **(date)** | This should not exceed the last date of the reporting period. |
| Expenditure Amount | Total amount of Emergency Rental Assistance dollars expended by the Recipient on the subaward, contract or direct payment in the reporting period. **($)** |  |
| Expenditure Category | Select an expenditure category for each subaward, contract and direct payments valued at $30,000 or more. **(select from list)** |  |
| Administrative Cost Narrative | If Administrative Costs is selected, please provide a brief description outlining the specific task performed by the recipient of the expenditure for which the Recipient or subrecipient, contractor or beneficiary incurred / expended Administrative Costs in amounts equal to or greater than $30,000. Administrative costs, both direct and indirect, may not exceed 10 percent of the total award. **(text box)** |  |
| Cumulative Expenditures Amount reported to date | Sum of expenditures across all reporting quarters for this subaward, contract, or direct payment type (Aggregates). **(auto generated)** |  |
| Expenditures List | Searchable list for all expenditures (payments) created for the Recipient’s ERA project to date. |  |
| *Total of all Obligations and Total of all Expenditures Associated with the ERA Recipient’s Subawards, Contracts, and Direct Payments Valued at Less than $30,000* |
| Project Name | Project name from recipient. **(auto generated)** |  |
| Expenditure Category | Select an expenditure category for each subaward, contract, and direct payments valued at less than $30,000. **(select from list)** |  |
| Subaward, Contract or Direct Payment Type (Aggregates) | The subaward, contract, or direct payment type (aggregates) that had obligations or expenditure/payment activity during the current reporting period. **(select from list)** |  |
| Total obligations in the reporting period associated with subawards, contracts, and direct payments valued at less than $30,000 | Sum of amounts/obligations for this subaward, contract, or direct payment type (aggregates) during the reporting period. **($)** |  |
| Total expenditures in the reporting period associated with subawards, contracts, and direct payments valued at less than $30,000 | Sum of expenditures (payments) for this subaward, contract, or direct payment type (aggregates) during the reporting period. **($)** |  |
| Administrative Cost Narrative | If Administrative Costs is selected, please provide a brief description outlining the specific task performed by the recipient of the expenditure for which the Recipient or subrecipient, contractor, or beneficiary incurred / expended Administrative Costs in amounts less than $30,000. **(text box)** |  |
| Cumulative Obligations reported to date | Sum of amounts/obligations for this subaward, contract, or direct payment type (Aggregates) for all reporting quarters. **(auto generated)** |  |
| Cumulative Expenditures reported to date | Sum of expenditures (payments) for this subaward, contract, or direct payment type (Aggregates) for all reporting quarters. **(auto generated)** |  |
| List of all Expenditures Associated with the Recipient’s Subawards, Contracts, and Direct Payments Valued at Less than $30,000 | Searchable list for all expenditures (payments) recorded in the portal for the Recipient’s ERA project to date. |  |
| *Recipient Obligations and Expenditures (Payments) to Individuals (Beneficiaries)* |
| Project Name | Project name from recipient. **(auto generated)** |  |
| Expenditure Category | Select an expenditure category for each obligation and expenditure (payment) to an individual (beneficiary). **(select from list)** |  |
| Total obligations to individuals in this expenditure category in the reporting period | Sum of amounts/obligations to individuals for this expenditure category during the reporting period. **($)** |  |
| Total expenditures (payments) to individuals in this expenditure category in the reporting period | Sum of expenditures (payments) to individuals for this expenditure category during the reporting period. **($)** |  |
| Administrative Cost Narrative | If Administrative Costs is selected, please provide a brief description outlining the specific task performed by the recipient of the expenditure for which the Recipient or subrecipient, contractor or beneficiary incurred / expended Administrative Costs for individuals (beneficiaries). Administrative costs, both direct and indirect, may not exceed 10 percent of the total award. **(text box)** |  |
| The Recipient’s Cumulative Obligations to individuals Over the ERA Project | The Recipient’s Cumulative Obligations to individuals Over the ERA Project. **(auto generated)** |  |
| The Recipient’s Cumulative Expenditures to individuals Over the ERA Project | Sum of expenditures (payments) to individuals for this expenditure category for all reporting quarters. **(auto generated)** |  |
| List of Aggregate Amounts Expended for Payments to Individuals (Beneficiaries) by Expenditure Category Over the ERA Project | Searchable list for all expenditures (payments) recorded in the portal for the Recipient’s ERA project to date. |  |

# **Portal Tab: Project Data and Participant Demographics**

| **Data Point** | **Description** | **Notes** |
| --- | --- | --- |
| *ERA Applicants*  |
| Number of unique households that completed and submitted an application for ERA assistance in the reporting period | The number of unique households that submitted a complete application, as reasonably determined by the Recipient, for ERA assistance in the reporting period. **(number)**  |  |
| Number of unique households that received ERA assistance in the reporting period | The number of unique participant households whose rent, rental arrears, utility/home energy payments, utility/home energy arrears, or other expenses related to housing were fully or partially paid under the subject ERA Project. **(number)**  |  |
| Number of unique households that received their initial assistance in the current reporting period  | The sum of the number of unique participant households whose rent, rental arrears, utility/home energy payments, utility/home energy arrears, or other expenses related to housing were fully or partially paid for the first time under the subject ERA Project during the reporting period. **(number)** |  |
| *ERA Assistance Provided* |
| Rent | The number of unique participant households that were paid (or whose landlord was paid) at least one rent payment of any dollar amount under the subject ERA Project in the reporting period. **(number)** |  |
| Rental Arrears | The number of unique participant households that were paid (or whose landlords were paid) a payment of any dollar amount for rental arrears under the subject ERA Project in the reporting period. **(number)** |  |
| Utilities/ Home Energy Costs | The number of unique participant households that were paid (or whose utility/home energy provider was paid) a payment of any dollar amount for any portion of at least one utility or home energy bill under the subject ERA Project in the reporting period. **(number)** |  |
| Utilities/ Home Energy Arrears | The number of unique participant households that were paid (or whose utility/home energy provider was paid) a payment of any dollar amount for utility or home energy bill in arrears under the subject ERA Project in the reporting period. **(number)**  |  |
| Other expenses related to housing | The number of unique participant households that were paid any dollar amount for other approved housing expenses (including eviction prevention/diversion) under the subject ERA Project in the reporting period (excluding rent, rental arrears, utility/home energy costs, and utility/home energy costs arrears). **(number)** |  |
| Housing stability Services | The number of unique participant households that were paid a payment for housing stability services or were otherwise provided such services under the subject ERA Project during the reporting period. This includes housing stability services provided directly by the Recipient or by any subrecipients or contractors. **(number)** |  |
| Total amount of ERA award paid to or for participating households | The total dollar amount of ERA award funds paid under the subject ERA Project to or for participating households including payments for rent, rental arrears, utility/home energy costs, utility/home energy arrears, and other housing services and eligible expenses. This does not include funds paid for housing stability services.  |  |
| *ERA Amounts Approved (Obligated) and Amounts Paid (Expended) in the Reporting Period* |
| Total dollar amount of ERA Award Funds Approved (Obligated) to or for Participant Households in the reporting period | Total dollar amount of the ERA award the Recipient (and its subrecipients and contractors, as applicable) approved (obligated) for payment to eligible households in the reporting period for rent; rental arrears; utility/home energy costs; utility/home energy costs arrears; and other housing expenses in the reporting period. This does not include amounts expended (paid) for housing stability services. |  |
| Total dollar amount of ERA Award Fund Paid (Expended) for Administrative Expenses in the reporting period. | The total dollar amount of the ERA award the Recipient (and its subrecipients and contractors, as applicable) expended for administrative expenses in the reporting period. This does not include amounts expended (paid) for housing stability services. |  |
| Total Dollar Amount of ERA Award Funds Approved (Obligated) for Administrative Expenses in the reporting period | The dollar amount of the ERA award that the Recipient (and its subrecipients and contractors), as applicable has approved (obligated) for payment for administrative expenses in the reporting period. This may include both direct administrative costs and application of the Recipient’s negotiated indirect cost rate. |  |
| Total Dollar Amount of ERA Award Funds Paid (Expended) for Housing Stability Services in the reporting period | Total dollar amount of the ERA award the Recipient (and its subrecipients and contractors, as applicable) paid (expended) for housing stability services (including eviction prevention/diversion) in the reporting period. |  |
| Total Dollar Amount of ERA Award Funds Approved (Obligated) for Housing Stability Services in the reporting period | Total amount of the ERA award the Recipient (and its subrecipients and contractors, as applicable) approved (obligated) for housing stability services (including eviction prevention/diversion) in the reporting period. |  |

# **Portal Tab: Performance and Financial Reporting**

| **Data Point** | **Description** | **Notes** |
| --- | --- | --- |
| Performance Narrative | Provide a narrative (12,000 characters or less) on the performance and accomplishments of the subject ERA Project in the reporting period. The narrative must cover all of the following topics: **(text box)**1. Activities implemented and notable accomplishments in the reporting period.
2. Activities planned for the next reporting period.
3. Notable challenges (if any) and status of each.
4. Details on compliance/non-compliance issues (if any) and mitigation plans.
5. Requests for Treasury assistance or guidance.
6. Other information, as appropriate.
 |  |
| Performance Narrative Upload | As an alternative to the Performance Narrative text box, the recipient may upload a file with the narrative. **(file upload)** |  |
| Narrative on Effective Practices | (Optional) Recipients are encouraged to provide a brief narrative (3,500 characters or less) describing effective practices implemented in their ERA project to share with the broader ERA community. **(text box)** |  |
| Narrative on Effective Practices Upload | As an alternative to the Narrative on Effective Practices text box, the recipient may upload a file with the narrative. **(file upload)** |  |
| Cumulative Amount of Award Obligated as of the end of the Reporting Period | Total ERA funds obligated by the Recipient to date. **($)** |  |
| Cumulative Amount of Expenditures as of the end of the Reporting Period | Total ERA funds expended by the Recipient to date. **($)** |  |
| Cumulative Amount of Award Obligated but Not Expended as of the end of the Reporting Period | Total ERA funds obligated minus total ERA funds expended. **($)** |  |
| Amount of Award Unobligated as of the end of the Reporting Period | Total ERA funds awarded to the Tribe or TDHE minus the total ERA funds obligated by the Recipient to date. **($)** |  |
| Current Quarter Obligations | Total ERA funds obligated by the Recipient in the current reporting quarter. **($)** |  |
| Current Quarter Expenditures | Total ERA funds expended by the Recipient in the current reporting quarter. **($)** |  |
| Recipient Comments | An optional narrative field to further explain any data or narrative responses submitted in the quarterly report. **(text box)** |  |
| Recipient Comments Upload  | Alternatively to the Recipient Comments box, the recipient may upload a file. **(file upload)** |  |

# **Portal Tab: Report Certification and Submission**

|  |  |  |
| --- | --- | --- |
| **Data Point** | **Description** | **Notes** |
| Certify | Click the certify button to agree to the statement on the page. **(click)** |  |
| Submit | Confirmation the report is ready for submission. **(click)** | After submission, the system performs a validation check to confirm all required fields are completed. If there are no errors, “Verification Success” will appear on top of the certification page. |
| Submit Form | Click the submit form button to agree to the statement on the page. **(click)** | Only the ERA Account Administrator or ERA Authorized Representative for Reporting can successfully certify. If the Point of Contact certifies the report, it will remain in draft status until certified by the appropriate user. |
| Date of Certification | The date of certification. **(auto generated)** |  |
| Download | Click the download button to obtain a PDF of the submitted report. **(click)** |  |

1. Indian Tribes, Tribally Designated Housing Entities (TDHEs) [↑](#footnote-ref-2)
2. Department of Hawaiian Home Lands (DHHL) [↑](#footnote-ref-3)