



EQUITABLE RECOVERY GRANT PROGRAM

Closeout Report Form

The Equitable Recovery Grant Program ("Program") is administered by the Wisconsin Department of Administration (DOA) and supported by up to \$87,628,861 in American Rescue Plan Act of 2021 (ARPA) federal funding. The Program assisted community-based organizations providing services or programming aimed at increasing equity and eliminating disparities in health, early childhood development, education, economic support, housing, and environmental justice in qualified census tracts or communities disproportionately impacted by the COVID-19 pandemic.

INSTRUCTIONS: Program Grantees shall use this form to submit a Final Report describing activities and eligible expenses under the Program. Eligible expenses include services or programming aimed at increasing equity and eliminating disparities in qualified census tracts or communities that were disproportionately impacted by the COVID-19 pandemic and other expenses that are reasonable and consistent with program intent.

Program Grantees are not considered "subrecipients" under guidance from the Department of Treasury and are therefore not subject to the Uniform Guidance procurement requirements (under 2 CFR Part 200, Subpart D) or cost principles (under 2 CFR 200, Subpart E) and are not required to include the grant award funds in an audit of federal awards (under 2 CFR part 200, Subpart F) or the State Single Audit Guidelines issued by DOA.

Section 1. GRANTEE CONTACT INFORMATION			
Grantee Name			
Date		Project ID <i>(ARPA-ERG#-###)</i>	
Contact Person Name			
Contact Person Title			
Contact Person Phone			
Contact Person Email			

Section 2. **REPORTING AND NARRATIVE DESCRIPTION OF ACTIVITIES**

1. Select the program category for which you received funding under your grant application:
 Category A: Health, Early Childhood or Education
 Category B: Economic Support, Housing or Environmental Justice

If you have grants in both categories, complete a closeout report for each category. If you are not sure which category your grant falls under, please check the project ID in your Grant Agreement or in your approved Payment Request forms. ERG1 signifies Category A. ERG2 signifies Category B.

2. Total number of individuals or organizations served during the Performance Period from qualified census tracts* and/or disproportionately affected communities _____
 - a. Organizations _____
 - b. Individuals _____

Check if grantee did not collect this data during the reporting period.

*Definition: <https://www.huduser.gov/portal/datasets/qct.html>

3. Did you collect demographic information on the individuals your organization served? If so, how many persons did you serve who met the following criteria:

Check if you did not collect this data during the reporting period.

- _____ Persons who identified as BIPOC
- _____ Persons who identified a LGBTQ+
- _____ Persons who identified as Latino/a
- _____ Persons who identified as Veterans
- _____ Persons over the age of 65
- _____ Youth

4. Did grant funds lead to the retention or creation of jobs for your organization? If so, how many?

Check if not applicable or you did not collect this data during the reporting period.

- a. _____ Jobs retained
- b. _____ Jobs created

5. Did your organization expend all award funds received under this grant?

- Yes
- No, our organization must return \$_____ to DOA per terms of the grant agreement.

Please send a check made out to the Wisconsin Department of Administration to:

WI Department of Administration
BFM AR (Floor 6)
PO BOX 7869
Madison WI 53707-7869

In the memo line, please include your project ID (example: ARPA-ERG#-###) that is included at the top of your Grant Agreement and on Semi-Annual Reimbursement and Payment Request forms.

Accomplishments

6. In the space provided, describe the activities performed (goals, outcomes, and accomplishments, services provided and community impact) and how these compare to the objectives described in your approved Scope of Work during the Performance Period. *(4000-character limit)*

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COVID Recovery Impact

7. In the space provided, describe how the funds helped your organization provide services, programming, or build capacity aimed at increasing equity and eliminating disparities from the negative economic impacts of COVID-19 in economic, educational, health, housing, and/or environmental areas. Please share specific examples that demonstrate the impact the funds have had on your organization, community and/or individuals who have benefited from your grant and where possible include quantitative metrics to illustrate outcomes (e.g., year-over-year increase in individuals served, persons housed, etc.). *(4000-character limit)*

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Challenges

8. Please describe any barriers or difficulties you experienced in achieving the objectives of your Scope of Work, Timeline or Budget (e.g., cost overruns, staffing, etc.). Offer specific examples where applicable *(4000-character limit)*

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Success Stories (optional but encouraged)

9. Do you have specific examples of successes you want to share? Please describe, or attach an example in the space provided below (e.g., anecdotes from individuals or organizations served by your program, or capacity building efforts of your organization and its resilience) *(4000-character limit)*.

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Attach photos, press releases, or other documentation supporting the narrative.



Section 3. CERTIFICATION AND ATTESTATIONS

Check all that apply. Accepting all attestations is required.

- I, the undersigned, attest that the information contained in the ARPA Equitable Recovery Grant Program Final Report Form is complete and accurate to the best of my knowledge and belief, and
- I, the undersigned, attest that all expenses were incurred by the organization that received payment, and
- I, the undersigned, attest that all expenses were incurred during the allowable expense performance period, as specified in Article 3 of the amended grant agreement and
- I, the undersigned, attest that all expenses are compliant with applicable state and federal laws, regulations, and the terms and conditions of the grant agreement, and will remit any unencumbered funds to the DOA per the terms and conditions of the grant agreement, and
- I, the undersigned, attest that I understand that real property bought in whole or in part with grant funds may not be sold, encumbered, or otherwise disposed of without the consent of the Department and that, to the best of my knowledge and belief, this has not occurred, and
- I, the undersigned, attest that the organization will maintain records sufficient to demonstrate that the expenses were compliant with applicable American Rescue Plan Act of 2021 (ARPA) requirements for at least five (5) years, and
- I, the undersigned, am authorized to submit this final report form and am authorized to certify compliance with the terms and conditions of the grant agreement, and
- I, the undersigned, irrevocably authorize the State of Wisconsin, Department of Administration (DOA), to use any information I provide, including any images, for the purposes of advertising related to DOA's administration of federal funds under the American Rescue Plan Act of 2021 and waive any and all claims for invasion of privacy or violation of rights of publicity arising from such authorized use. I further confirm that the provision of any and all information was done in compliance with all applicable laws.

Applicant Authorized Representative

By signing below, I certify that the above attestations are true and accurate and that I have the authority to make the above attestations, the intent, and legal authorization to agree to them on the organization's behalf.

Authorized Representative Signature	
Print Name	
Title	
Date	
Email	

OFFICE USE ONLY	Date Received:	Date Reviewed:
Performance Period		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:		