

SUB-RECIPIENT INVOICE REPORT			
AMERICAN RECOVERY AND REINVESTMENT ACT			
Check off on the items included: <input type="checkbox"/> Job Created Reporting Form (Required) <input type="checkbox"/> Additional Entry Form (if applicable) <input type="checkbox"/> Invoices and Supporting Documentation			
1. Sub-Recipient Award Begin Date (mm/dd/yy)	2. Sub-Recipient Award End Date (mm/dd/yy)	3. Sub-Recipient DUNS Number (Required if >\$25,000)	4. Project Location
5. Invoice Report Period Covered From: (Month, Day, Year) To: (Month, Day, Year)		6. "x" the applicable box <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
7. RECIPIENT NAME AND ADDRESS Name: _____ Phone Number: _____ Address: _____ City: _____ State: _____ Zip Code: _____			
8. PROJECT LOCATION Address: _____ Zip Code: _____ City: _____ State: _____			
9. ARRA Funds Awarded:			
10. Total ARRA Paid Hours:	11. Total Full Time Hours in Period:	12. Total ARRA Payroll:	
13. Project or Activity Data (If more space is need, please attach and submit the additional entry form)			
Project or Activity Description	Funds Spent	Completion Status	
TOTAL OF ITEMS STATED ABOVE		\$0.00	
Total From Attachment: \$0.00		Grand Total (current page and attachment): \$0.00	
14. Sub-Recipient Vendor List (If more space is need, please attach and submit the additional entry form)			
Vendor Name	Product or Service Description	Zip Code	DUNS Number Payment Amount
TOTAL OF ITEMS STATED ABOVE			\$0.00
Total From Attachment: \$0.00			Grand Total (current page and attachment): \$0.00
15. Comments: (No work performed, state the reason why)			
Organization Name		Award Project Name	
Signature		Date	
Name and Title of Authorized Official (Printed)			
(OFFICE USE ONLY)			
<u>Fund Source</u>	<u>Project</u>	<u>Project Number Description</u>	<u>Federal Grant ID</u>
<u>Date Received</u>	<u>Date Processed</u>	<u>Signature</u>	<u>Initial</u>

Sub-Recipient Invoice Report Instructions

Sub-Recipients are non-Federal entities that are awarded Recovery funding through a legal instrument from the prime recipient to support the performance of any portion of the substantive project or program for which the prime recipient received the Recovery funding. If you are not a Vendor providing a service, you must be a sub-recipient. A Landowner is a Sub-Recipient and must hire Vendors to do the project work.

The Sub-Recipient Invoice Report is to be completed and submitted upon invoicing. Payment processing will begin upon receipt of all proper documentation (Invoice Report, Invoice, Job Calculation Worksheet(s), supporting documents). By signing this Report, you certify that to the best of your knowledge and belief the data on the reverse is correct. The report may be submitted by one of the following:

By Email: [William Lee Brown](mailto:William.Lee.Brown@ga.gov)
By Fax: (478) 751-6545
By Mail: Georgia Forestry Commission (ARRA)
5645 Riggins Mill Road
Dry Branch, GA 31020
Attn: William Lee Brown

Item

Entry

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- 1 **Sub-Recipient Award Begin Date:** Enter the month, day and year the Recipient was approved for ARRA Funds.
 - 2 **Sub-Recipient Award End Date:** Enter the month, day and year the ARRA Funds will be expensed and the project completed.
 - 3 **Sub-Recipient DUNS Number:** The unique nine-digit number issued by Dun & Bradstreet. Followed by the optional 4 digit DUNS Plus Number. If you do not have a DUNS Number, Name and Zip Code must be completely filled out. If your Contract is \$25,000 or greater, a DUNS Number is required (no exemptions).
 - 4 **Project Location (County or Federal Congressional District):** State the county where the project occurs. If the project performed for federal lands, provide the Federal Congressional District.
 - 5 **Invoice Report Period Covered:** Enter the dates covered by the individual invoice.
- NOTE - A report is to be completed and filed for each Invoice. Failure to do so will result in late payments and/or possible Grant Termination.**
- 6 **"x" the applicable box:** Mark the appropriate box that applies to the current report. Incomplete projects should be marked PARTIAL while completed Grant Projects are to be marked FINAL.
 - 7 **Recipient Name and Address:** The name and address of firm shall include the name, street address, city, state, zip code, and phone number for the contractor.
 - 8 **Project Location:** The address of the actual project activity.
 - 9 **ARRA Funds Awarded:** The total amount of Funds Awarded to Recipient.
 - 10 **Total ARRA Paid Hours:** The total hours on the specified project for all employees on the workforce that month, that were funded by the ARRA "Recovery Act."
 - 11 **Total Full Time Hours in Period:** The total number of hours of full time employment during the month. Ex) Enter the normal work days x 8 hours/day = Total full time hours in Period
 - 12 **Total ARRA Payroll:** The total dollar amount of wages paid that month for employees on the specified project.
 - 13 **Project or Activity Data:** Enter a description for every project or activity, along with the amount of funds spent on the project or activity and the status of completion. State the percentage of project completion. (EXAMPLE - Not Started, less than 50% completed, completed 50% or more, Fully Completed). If additional space was needed, complete the additional entry form and enter total on Sub-Recipient Reporting form.
 - 14 **Sub-Recipient Vendor List:** Enter all Vendor Names with Zip Code. If the Vendor has a DUNS Number, please enter it also. Give a brief description of the product or service provided and the amount of payment to that vendor. If additional space was needed, complete the additional entry form and enter total on Sub-Recipient Reporting form.
 - 15 **Comments:** Discuss any project specifics or any other information that needs to be brought to attention.

