SLFRF Compliance Report - SLT-2153-P&E Report Q2 2022 Report Period : Quarter 2 2022 (April-June)

Recipient Profile

Recipient Information

Recipient UEI	XBWJLNCJPW37
Recipient TIN	356000194
Recipient Legal Entity Name	St. Joseph County, Indiana
Recipient Type	Metro City or County
FAIN	
CFDA No./Assistance Listing	
Recipient Address	227 W. Jefferson Blvd
Recipient Address 2	
Recipient Address 3	
Recipient City	South Bend
Recipient State/Territory	IN
Recipient Zip5	46601
Recipient Zip+4	
Recipient Reporting Tier	Tier 1. States, U.S. territories, metropolitan cities and counties with a population that exceeds 250,000 residents
Discrepancies Explanation	
Who approves the budget in your jurisdiction?	Legislature + Executive
Is your budget considered executed at the point of obligation?	Yes
Is the Recipient Registered in SAM.Gov?	Yes

Project Overview

Does your jurisdiction have projects to report as of this	
reporting period?	

Project Name: Non Profits

Project Identification Number	NON
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.34-Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)
Status To Completion	Completed less than 50%
Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$10,000,000.00
Total Cumulative Expenditures	\$4,686,241.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$80,000.00
Project Description	Various Non Profits Affected by Pandemic
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$5,000,000.00
Type of capital expenditures, based on the following enumerated uses	Other (please specify)
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Hold for all non profits
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Non Profits
Number of Non-Profits served (by program if recipient establishes multiple separate non-profit assistance programs)	8

Project Name: Bridges

Project Identification Number	Bridges
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$3,500,000.00
Total Cumulative Obligations	\$3,500,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$3,500,000.00
Current Period Expenditures	\$0.00

Project Description Design and Engineering for County Bridges

Project Name: Park Open Spaces

Project Identification Number	Parks
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$775,200.00
Total Cumulative Obligations	\$775,200.00
Total Cumulative Expenditures	\$123,147.22
Current Period Obligations	\$0.00
Current Period Expenditures	\$38,760.00
Project Description	Parks Open Space Project

Project Name: Roads Paving

Project Identification Number	Paving
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$8,000,000.00
Total Cumulative Obligations	\$8,000,000.00
Total Cumulative Expenditures	\$1,332,773.12
Current Period Obligations	\$4,000,000.00
Current Period Expenditures	\$1,332,773.12
Project Description	Paving

Project Name: Jail Improvements

Project Identification Number	Jail
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.4-Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.)
Status To Completion	Completed 50% or more
Adopted Budget	\$795,800.00
Total Cumulative Obligations	\$795,800.00
Total Cumulative Expenditures	\$285,890.68
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Upgrades to County Jail due to health
What is the Total expected capital expenditure, including	

pre-development costs, if applicable	\$795,800.00
Type of capital expenditures, based on the following enumerated uses	Adaptations to congregate living facilities
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	9 Imp Classes of SBs designated as negatively economically impacted
Is a program evaluation of the project being conducted?	No
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Jail Population
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Congregate living within jail population

Project Name: Hotels

Project Identification Number	Hotels
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.35-Aid to Tourism Travel or Hospitality
Status To Completion	Completed less than 50%
Adopted Budget	\$148,000.00
Total Cumulative Obligations	\$148,000.00
Total Cumulative Expenditures	\$52,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Assistance to hotels
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	12 Imp Travel tourism or hospitality sectors
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Assistance for Hotels
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Chamber of Commerce administered grant program

Project Name: County Facilities

Project Identification Number	COVID Upgrades
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.4-Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.)
Status To Completion	Completed less than 50%
Adopted Budget	\$1,200,000.00

1
\$1,124,714.00
\$587,019.84
\$0.00
\$249,692.84
Upgrades to county facilities to respond to COVID
\$1,200,000.00
Improvements to existing facilities
\$0.00
No
1 Imp General Public
No
Building Improvements for Public Health
Building

Project Name: Restaurant Assistance

Project Identification Number	Restaurants
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.35-Aid to Tourism Travel or Hospitality
Status To Completion	Completed less than 50%
Adopted Budget	\$102,000.00
Total Cumulative Obligations	\$102,000.00
Total Cumulative Expenditures	\$52,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Assistance to restaurants
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	12 Imp Travel tourism or hospitality sectors
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Assistance to Restaurants
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Chamber of Commerce administered grant

Project Name: Radar

Project Identification Number	Ground Radar
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
Status To Completion	Completed
Adopted Budget	\$10,000.00
Total Cumulative Obligations	\$10,000.00
Total Cumulative Expenditures	\$7,588.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Radar to determine water flow
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$10,000.00
Type of capital expenditures, based on the following enumerated uses	Technology infrastructure to adapt government operations
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Ground Radar Device
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	All Public

Project Name: Crisis Intervention Center

Project Identification Number	1st Year
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.12-Mental Health Services
Status To Completion	Completed less than 50%
Adopted Budget	\$2,668,242.00
Total Cumulative Obligations	\$2,452,500.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Crisis Intervention Center
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Is a program evaluation of the project being conducted?	No
Brief description of structure and objectives of assistance	

program(s), including public health or negative economic impact experienced	Crisis Mental Health Intervention	
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Public Mental Health	

Project Name: County COVID Expense

Project Identification Number	COVID
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
Status To Completion	Completed 50% or more
Adopted Budget	\$2,420,100.00
Total Cumulative Obligations	\$2,420,100.00
Total Cumulative Expenditures	\$1,676,862.08
Current Period Obligations	\$0.00
Current Period Expenditures	\$66,032.21
Project Description	Carry over expenses from CARES 2020
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	County COVID
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	All covid expenses

Project Name: Police Body Cameras

Project Identification Number	Body Cameras
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$2,197,655.00
Total Cumulative Obligations	\$2,197,655.00
Total Cumulative Expenditures	\$1,098,827.50
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Body cameras for all county police

Project Name: Madison Township

Project Identification Number	Madison PPE
Project Expenditure Category	1-Public Health

Project Expenditure Subcategory	1.5-Personal Protective Equipment
Status To Completion	Completed
Adopted Budget	\$50,000.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$50,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	PPE
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	PPE For Township EMS and Fire
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	PPE for general public fire and EMS

Project Name: Health Department

Project Identification Number	Vacccine
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.1-COVID-19 Vaccination
Status To Completion	Completed less than 50%
Adopted Budget	\$473,000.00
Total Cumulative Obligations	\$473,000.00
Total Cumulative Expenditures	\$61,581.86
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Vaccine temporary help
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Vaccine Clinic
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	All Public

Project Name: Portage Manor

Project Identification Number	Wages
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.4-Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.)

Status To Completion	Completed 50% or more
Adopted Budget	\$120,690.00
Total Cumulative Obligations	\$120,690.00
Total Cumulative Expenditures	\$93,435.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Wages related to congrate living at Portage Manor
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Is a program evaluation of the project being conducted?	No
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Assisted Living
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	County Home

Project Name: JJC Group Home

Project Identification Number	JJC Group Home
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.18-Housing Support: Other Housing Assistance
Status To Completion	Completed less than 50%
Adopted Budget	\$150,000.00
Total Cumulative Obligations	\$150,000.00
Total Cumulative Expenditures	\$17,882.75
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Study of group home for juveniles
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Is a program evaluation of the project being conducted?	No
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Juvenile Group Home Study
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or	Juveniles who age out of foster care program and often

Project Name: Penn Township PPE

Project Identification Number	PPE
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.5-Personal Protective Equipment
Status To Completion	Completed
Adopted Budget	\$75,000.00
Total Cumulative Obligations	\$75,000.00
Total Cumulative Expenditures	\$75,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	PPE For Penn Township Fire
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	PPE for EMS Service in Penn Township
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	PPE for EMS

Project Name: Motels 4 Now

Project Identification Number	Motels 4 Now
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.16-Long-Term Housing Security: Services for Unhoused persons
Status To Completion	Completed 50% or more
Adopted Budget	\$876,443.13
Total Cumulative Obligations	\$876,443.13
Total Cumulative Expenditures	\$853,709.34
Current Period Obligations	\$0.00
Current Period Expenditures	\$159,342.84
Project Description	Homeless Program
Please identify the dollar amount of the total project spending that is allocated towards evidence-based interventions	\$0.00
Is a program evaluation of the project being conducted?	No
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	4 Imp HHs that experienced increased food or housing insecurity
Is a program evaluation of the project being conducted?	No
Brief description of structure and objectives of assistance program(s), including public health or negative economic	Homeless Facility

impact experienced		
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	All Homeless	

Project Name: Financial Consulting

Project Identification Number	Cender Dalton
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed 50% or more
Adopted Budget	\$100,000.00
Total Cumulative Obligations	\$42,278.10
Total Cumulative Expenditures	\$29,997.02
Current Period Obligations	\$0.00
Current Period Expenditures	\$7,175.98
Project Description	Financial Consulting

Project Name: Legal

Project Identification Number	Thorne Grodnick
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed 50% or more
Adopted Budget	\$42,388.91
Total Cumulative Obligations	\$42,388.91
Total Cumulative Expenditures	\$42,388.91
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Legal Services

Subrecipients

Subrecipient Name: Penn Township

TIN	356003637
Unique Entity Identifer	
POC Email Address	doris@penntrustee.org
Address Line 1	210 East Russ St.
Address Line 2	
Address Line 3	
City	Mishawaka
State	IN
Zip	46545
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Madison Township

TIN	356003638
Unique Entity Identifer	
POC Email Address	madison2@myfrontiermail.com
Address Line 1	15267 Madison Road
Address Line 2	
Address Line 3	
City	Mishawaka
State	IN
Zip	46544
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: St. Joseph County

TIN	356000194
Unique Entity Identifer	
POC Email Address	jmurphy@sjcindiana.com
Address Line 1	227 W. Jefferson Boulevard
Address Line 2	
Address Line 3	
City	South Bend

State	IN
Zip	46601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Village to Village International, Inc.

TIN	273982540
Unique Entity Identifer	
POC Email Address	mattborst@gmail.com
Address Line 1	1110 Portage Avenue
Address Line 2	
Address Line 3	
City	South Bend
State	IN
Zip	46616
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

Subrecipient Name: Youth Service Bureau of St. Joseph County Inc.

TIN	311174910
Unique Entity Identifer	
POC Email Address	jennifer.pickering@ysbsjc.org
Address Line 1	2222 Lincoln Way West
Address Line 2	
Address Line 3	
City	South Bend
State	IN
Zip	46628
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

Subrecipient Name: United Way of St. Joseph County, Inc.

TIN	351063368
Unique Entity Identifer	
POC Email Address	ljensen@uwsjc.org
Address Line 1	3517 E. Jefferson Blvd
Address Line 2	
Address Line 3	
City	South Bend
State	IN
Zip	46615
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Humane Society of St. Joseph County INC

TIN	356006532
Unique Entity Identifer	
POC Email Address	genny@humanesocietyshjc.org
Address Line 1	2506 Grape Road
Address Line 2	
Address Line 3	
City	Mishawaka
State	IN
Zip	46545
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

Subrecipient Name: Our Lady of the Road, Inc.

TIN	261184631
Unique Entity Identifer	
POC Email Address	jschommer@olrsb.org
Address Line 1	P.O. Box 4375
Address Line 2	
Address Line 3	

City	South Bend
State	IN
Zip	46634
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	Yes
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

Subrecipient Name: The Center for the Homeless, Inc.

TIN	351768544
Unique Entity Identifer	
POC Email Address	scammilleri@cfh.net
Address Line 1	813 S. Michigan St.
Address Line 2	
Address Line 3	
City	South Bend
State	IN
Zip	46601
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subrecipient Name: Unity Gardens, Inc.

TIN	270901122
Unique Entity Identifer	
POC Email Address	growunitygardens@yahoo.com
Address Line 1	3701 Prast Blvd.
Address Line 2	
Address Line 3	
City	South Bend
State	IN
Zip	46628
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

Subawards

Subward No: NON PROF

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$2,136,113.74
Subaward Date	1/1/2022
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46264
Place of Performance Zip+4	
Description	Non Profits
Subrecipient	St. Joseph County
Period of Performance Start	1/1/2022
Period of Performance End	3/31/2022

Subward No: OASIS

Subaward Type	Direct Payment
Subaward Obligation	\$500,000.00
Subaward Date	1/1/2022
Place of Performance Address 1	1110 Portage Avenue
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46616
Place of Performance Zip+4	
Description	Two duplexes for intentional neighboring
Subrecipient	Village to Village International, Inc.
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2022

Subward No: YOUTH

Subaward Type	Direct Payment
Subaward Obligation	\$750,000.00
Subaward Date	1/1/2022

Place of Performance Address 1	2222 Lincoln Way West
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46628
Place of Performance Zip+4	
Description	Youth Service Center for Youth Success
Subrecipient	Youth Service Bureau of St. Joseph County Inc.
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2022

Subward No: HUMANE

Subaward Type	Direct Payment
Subaward Obligation	\$125,000.00
Subaward Date	1/1/2022
Place of Performance Address 1	2506 Grape Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Mishawaka
Place of Performance State	IN
Place of Performance Zip	46545
Place of Performance Zip+4	
Description	Capital Improvements
Subrecipient	Humane Society of St. Joseph County INC
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2022

Subward No: UNITED

Subaward Type	Direct Payment
Subaward Obligation	\$3,675,000.00
Subaward Date	1/1/2022
Place of Performance Address 1	3517 E. Jefferson Blvd.
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46615
Place of Performance Zip+4	

Description	Social Innovation Hubs
Subrecipient	United Way of St. Joseph County, Inc.
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2022

Subward No: LADY

Subaward Type	Direct Payment
Subaward Obligation	\$1,653,886.26
Subaward Date	1/1/2022
Place of Performance Address 1	744 S. Main Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	Motels for Now Program - Homeless
Subrecipient	Our Lady of the Road, Inc.
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2022

Subward No: HOMELESS

Subaward Type	Direct Payment
Subaward Obligation	\$1,000,000.00
Subaward Date	1/1/2022
Place of Performance Address 1	813 S. Michigan St.
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	Homeless
Subrecipient	The Center for the Homeless, Inc.
Period of Performance Start	1/1/2022
Period of Performance End	3/31/2022

Subward No: GARDEN

Subaward Type	Direct Payment

Subaward Obligation	\$160,000.00
Subaward Date	1/1/2022
Place of Performance Address 1	3701 Prast Blvd.
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46628
Place of Performance Zip+4	
Description	Impacted Neighborhood
Subrecipient	Unity Gardens, Inc.
Period of Performance Start	1/1/2022
Period of Performance End	3/31/2022

Subward No: M4N

Subaward Type	Direct Payment
Subaward Obligation	\$876,443.13
Subaward Date	10/1/2021
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	Homeless Motels 4 Now winter 2021/22
Subrecipient	St. Joseph County
Period of Performance Start	10/1/2021
Period of Performance End	3/31/2022

Subward No: PPE

Subaward Type	Direct Payment
Subaward Obligation	\$75,000.00
Subaward Date	12/31/2021
Place of Performance Address 1	210 E. Russ St.
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Mishawaka
Place of Performance State	IN

Place of Performance Zip	46545
Place of Performance Zip+4	
Description	PPE
Subrecipient	Penn Township
Period of Performance Start	1/1/2022
Period of Performance End	1/1/2023

Subward No: Portage

Subaward Type	Direct Payment
Subaward Obligation	\$120,690.00
Subaward Date	10/1/2021
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	Wages at congregate care
Subrecipient	St. Joseph County
Period of Performance Start	10/1/2021
Period of Performance End	12/31/2021

Subward No: Vax

Subaward Type	Direct Payment
Subaward Obligation	\$473,000.00
Subaward Date	1/1/2022
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46624
Place of Performance Zip+4	
Description	Vaccine Clinic
Subrecipient	St. Joseph County
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2022

Subward No: MAD

Subaward Type	Direct Payment
Subaward Obligation	\$50,000.00
Subaward Date	12/31/2021
Place of Performance Address 1	15267 Madison Road
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Mishawaka
Place of Performance State	IN
Place of Performance Zip	46544
Place of Performance Zip+4	
Description	PPE
Subrecipient	Madison Township
Period of Performance Start	1/1/2022
Period of Performance End	3/31/2022

Subward No: COVID

Subaward Type	Direct Payment
Subaward Obligation	\$2,420,100.00
Subaward Date	10/1/2021
Place of Performance Address 1	227 W. Jeffersion Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	General COVID expenses from early 2021
Subrecipient	St. Joseph County
Period of Performance Start	10/1/2021
Period of Performance End	12/31/2021

Subward No: CRISIS

Subaward Type	Direct Payment
Subaward Obligation	\$2,452,500.00
Subaward Date	1/1/2022
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	

Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46264
Place of Performance Zip+4	
Description	Crisis Intervention
Subrecipient	St. Joseph County
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2022

Subward No: Restaurant

Subaward Type	Grant: Reimbursable
Subaward Obligation	\$102,000.00
Subaward Date	10/1/2021
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	Restaurant Grants
Subrecipient	St. Joseph County
Period of Performance Start	10/1/2021
Period of Performance End	12/31/2021
Primary Sector	grocery stores, restaurants, food production, and food delivery
Purpose of Funds	Reimburse restaurants for covid related improvements

Subward No: Facility

Subaward Type	Direct Payment
Subaward Obligation	\$1,124,714.00
Subaward Date	10/1/2021
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	

Description	Improvements to County Facilities
Subrecipient	St. Joseph County
Period of Performance Start	10/1/2021
Period of Performance End	12/31/2021

Subward No: Hotel

Subaward Type	Grant: Reimbursable
Subaward Obligation	\$148,000.00
Subaward Date	10/1/2021
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	Hotel Reimbursements
Subrecipient	St. Joseph County
Period of Performance Start	10/1/2021
Period of Performance End	12/31/2021
Primary Sector	work at hotel and commercial lodging facilities that are used for COVID-19 mitigation and containment
Purpose of Funds	Hotel Reimbursements

Subward No: Jail

Subaward Type	Direct Payment
Subaward Obligation	\$795,800.00
Subaward Date	10/1/2021
Place of Performance Address 1	227 W. Jefferson Boulevard
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	South Bend
Place of Performance State	IN
Place of Performance Zip	46601
Place of Performance Zip+4	
Description	Jail Improvements
Subrecipient	St. Joseph County
Period of Performance Start	10/1/2021
Period of Performance End	12/31/2021

Expenditures

Expenditures for Awards more than \$50,000

Expenditure: EN-00306870

Project Name	Non Profits
Subaward ID	SUB-0196637
Subaward No	NON PROF
Subaward Amount	\$2,136,113.74
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	St. Joseph County
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$613,741.00

Expenditure: EN-00318700

Project Name	Non Profits
Subaward ID	SUB-0207996
Subaward No	OASIS
Subaward Amount	\$500,000.00
Subaward Type	Direct Payment
Subrecipient Name	Village to Village International, Inc.
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$250,000.00

Project Name	Non Profits
Subaward ID	SUB-0208023
Subaward No	YOUTH
Subaward Amount	\$750,000.00
Subaward Type	Direct Payment
Subrecipient Name	Youth Service Bureau of St. Joseph County Inc.
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$375,000.00

Project Name	Non Profits
Subaward ID	SUB-0208045
Subaward No	UNITED
Subaward Amount	\$3,675,000.00
Subaward Type	Direct Payment
Subrecipient Name	United Way of St. Joseph County, Inc.
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$1,837,500.00

Expenditure: EN-00318994

Project Name	Non Profits
Subaward ID	SUB-0208108
Subaward No	HUMANE
Subaward Amount	\$125,000.00
Subaward Type	Direct Payment
Subrecipient Name	Humane Society of St. Joseph County INC
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$125,000.00

Expenditure: EN-00319102

Project Name	Non Profits
Subaward ID	SUB-0208193
Subaward No	LADY
Subaward Amount	\$1,653,886.26
Subaward Type	Direct Payment
Subrecipient Name	Our Lady of the Road, Inc.
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$825,000.00

Project Name	Non Profits
Subaward ID	SUB-0208339

Subaward No	HOMELESS
Subaward Amount	\$1,000,000.00
Subaward Type	Direct Payment
Subrecipient Name	The Center for the Homeless, Inc.
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$500,000.00

Project Name	Non Profits
Subaward ID	SUB-0208451
Subaward No	GARDEN
Subaward Amount	\$160,000.00
Subaward Type	Direct Payment
Subrecipient Name	Unity Gardens, Inc.
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$80,000.00

Expenditure: EN-00468353

Project Name	Non Profits
Subaward ID	SUB-0208451
Subaward No	GARDEN
Subaward Amount	\$160,000.00
Subaward Type	Direct Payment
Subrecipient Name	Unity Gardens, Inc.
Expenditure Start	4/1/2022
Expenditure End	6/30/2022
Expenditure Amount	\$80,000.00

Project Name	Motels 4 Now
Subaward ID	SUB-0034294
Subaward No	M4N
Subaward Amount	\$876,443.13
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County

Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$361,422.69

Project Name	Motels 4 Now
Subaward ID	SUB-0034294
Subaward No	M4N
Subaward Amount	\$876,443.13
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	4/1/2022
Expenditure End	6/30/2022
Expenditure Amount	\$159,342.84

Expenditure: EN-00044784

Project Name	Motels 4 Now
Subaward ID	SUB-0034294
Subaward No	M4N
Subaward Amount	\$876,443.13
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	10/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$332,943.81

Expenditure: EN-00305413

Project Name	Penn Township PPE
Subaward ID	SUB-0034200
Subaward No	PPE
Subaward Amount	\$75,000.00
Subaward Type	Direct Payment
Subrecipient Name	Penn Township
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$75,000.00

Project Name	Portage Manor
Subaward ID	SUB-0034302
Subaward No	Portage
Subaward Amount	\$120,690.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$22,885.00

Project Name	Portage Manor
Subaward ID	SUB-0034302
Subaward No	Portage
Subaward Amount	\$120,690.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	10/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$70,550.00

Expenditure: EN-00306701

Project Name	Health Department
Subaward ID	SUB-0196567
Subaward No	Vax
Subaward Amount	\$473,000.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$61,581.86

Project Name	Madison Township
Subaward ID	SUB-0196389
Subaward No	MAD

Subaward Amount	\$50,000.00
Subaward Type	Direct Payment
Subrecipient Name	Madison Township
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$50,000.00

Project Name	County COVID Expense
Subaward ID	SUB-0034315
Subaward No	COVID
Subaward Amount	\$2,420,100.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$17,608.60

Expenditure: EN-00468458

Project Name	County COVID Expense
Subaward ID	SUB-0034315
Subaward No	COVID
Subaward Amount	\$2,420,100.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	4/1/2022
Expenditure End	6/30/2022
Expenditure Amount	\$66,032.21

Project Name	County COVID Expense
Subaward ID	SUB-0034315
Subaward No	COVID
Subaward Amount	\$2,420,100.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	10/1/2021

Expenditure End	12/31/2021
Expenditure Amount	\$1,593,221.27

Project Name	Restaurant Assistance
Subaward ID	SUB-0034329
Subaward No	Restaurant
Subaward Amount	\$102,000.00
Subaward Type	Grant: Reimbursable
Subrecipient Name	St. Joseph County
Expenditure Start	10/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$52,000.00

Expenditure: EN-00306807

Project Name	County Facililties
Subaward ID	SUB-0034337
Subaward No	Facility
Subaward Amount	\$1,124,714.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$275,572.00

Expenditure: EN-00468456

Project Name	County Facilities
Subaward ID	SUB-0034337
Subaward No	Facility
Subaward Amount	\$1,124,714.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	4/1/2022
Expenditure End	6/30/2022
Expenditure Amount	\$249,692.84

Project Name	County Facililties
Subaward ID	SUB-0034337
Subaward No	Facility
Subaward Amount	\$1,124,714.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	10/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$61,755.00

Project Name	Hotels
Subaward ID	SUB-0034340
Subaward No	Hotel
Subaward Amount	\$148,000.00
Subaward Type	Grant: Reimbursable
Subrecipient Name	St. Joseph County
Expenditure Start	10/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$52,000.00

Expenditure: EN-00305071

Project Name	Jail Improvements
Subaward ID	SUB-0034312
Subaward No	Jail
Subaward Amount	\$795,800.00
Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	1/1/2022
Expenditure End	3/31/2022
Expenditure Amount	\$47,520.50

Project Name	Jail Improvements
Subaward ID	SUB-0034312
Subaward No	Jail
Subaward Amount	\$795,800.00

Subaward Type	Direct Payment
Subrecipient Name	St. Joseph County
Expenditure Start	10/1/2021
Expenditure End	12/31/2021
Expenditure Amount	\$238,370.18

Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-00305321

Project Name	Legal
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$15,797.91
Total Period Obligation Amount	\$15,797.91

Expenditure: EN-00044748

Project Name	Legal
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$26,591.00
Total Period Obligation Amount	\$26,591.00

Expenditure: EN-00305347

Project Name	Financial Consulting
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$10,308.14
Total Period Obligation Amount	\$27,278.10

Expenditure: EN-00468357

Project Name	Financial Consulting
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$7,175.98
Total Period Obligation Amount	\$0.00

Expenditure: EN-00044754

Project Name	Financial Consulting
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$12,512.90
Total Period Obligation Amount	\$15,000.00

Project Name	JJC Group Home

Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$17,882.75
Total Period Obligation Amount	\$150,000.00

Project Name	Radar
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$7,588.00
Total Period Obligation Amount	\$10,000.00

Report

Revenue Replacement

Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation, for identifying revenue loss?	No
Base Year General Revenue	\$141,070,999.76
Growth Adjustment Used	5.20%
Base Year Fiscal Year End Date	12/31/2019
Total Estimated Revenue Loss	\$34,690,462.93
Are you reporting Actual General Revenue using calendar year or fiscal year?	Calendar Year

2020

Actual General Revenue	\$137,381,212.96
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	\$11,025,478.79
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
Please provide an explanation of how revenue replacement funds were allocated to government services	So far: County Road Paving and the Purchase of Body Cameras for all County Police and Open Spaces Investments in Parks

2021

Actual General Revenue	\$143,484,334.37
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	\$12,639,505.35
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
Please provide an explanation of how revenue replacement funds were allocated to government services	Additional Roads and Bridges

2022

Actual General Revenue	\$137,381,212.96
Estimated Revenue Loss Due to Covid-19 Public Health Emergency	\$11,025,478.79
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No

Please provide an explanation of how revenue replacement funds were allocated to government services	Roads and Police Body Cams

Overview

Total Obligations	\$33,355,769.14
Total Expenditures	\$11,126,344.32
Total Number of Projects	20
Total Number of Subawards	19
Total Number of Expenditures	34

Certification

Authorized Representative Name	John H. Murphy
Authorized Representative Telephone	5742359399
Authorized Representative Title	Chief Deputy Auditor
Authorized Representative Email	jmurphy@sjcindiana.com
Submission Date	7/31/2022 10:20 AM