

## **Exhibit "D"**

### **Negative Economic Impacts:** **Program Outcomes and Performance Measures** **Quarterly Report to Clark County**

This form is due by **XX**. You may submit the form: **INSERT SUBMISSION OPTION.**

For any questions related to this form, please email  
[CCFiscalRecoveryFunds@ClarkCountyNV.gov](mailto:CCFiscalRecoveryFunds@ClarkCountyNV.gov).

**Quarter/Year:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**DUNS Number:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_  
*(Provided by Clark County)*

**Project Expenditure Category (E.C.):** \_\_\_\_\_  
*(Please enter the E.C. number provided by Clark County.)*

**Status of Completion:** \_\_\_\_\_  
*(Not Started, Completed Less than 50%, Completed 50% or More, or Completed)*

**Primary Location of Project:** \_\_\_\_\_

### **Required Reporting of Performance Indicators:**

The following are required performance indicators per the United States Department of Treasury (Treasury) if they are applicable to your project. To the extent possible, provide data disaggregated by race, ethnicity, gender, income, and other relevant factors. If necessary to provide the data disaggregated, please attach an additional sheet of paper.

If necessary to allow Clark County and Treasury to interpret the results and understand any changes in performance indicators over time, you may attach a brief narrative.

<b>Required Performance Indicators per Treasury</b>		<b>Quarter:</b> _____	<b>Calendar Year-To-Date</b>	<b>Program To-Date</b>
Household Assistance (E.C. 2.2 & 2.5)	Number of People or Households Receiving Eviction Prevention Services			

Required Performance Indicators per Treasury		Quarter:	Calendar Year-To-Date	Program To-Date
	(including Legal Representation)			
	Number of Individuals Served			
Negative Economic Impacts (E.C. 2.7)	Number of Workers Enrolled in Sectoral Job Training Programs			
	Number of Workers Completing Sectoral Job Training Programs			
	Number of People Participating in Summer Youth Employment Programs			
Small Business Assistance (E.C. 2.9)	Number of Small Businesses Served			

### **Additional Performance Indicators**

Please complete the table below to detail both the output and outcome measures that you have identified for your project. To the extent possible, provide data disaggregated by race, ethnicity, gender, income, and other relevant factors. If necessary to provide the data disaggregated, please attach an additional sheet of paper.

If necessary to allow Clark County and Treasury to interpret the results and understand any changes in performance indicators over time, you may attach a brief narrative.

Required Performance Indicators per Treasury		Quarter:	Calendar Year-To-Date	Program To-Date

### **Projective Narrative**

1. In 50-250 words, provide a description of the project in sufficient detail to provide understanding of the major activities that occurred over the past quarter. Please detail the upcoming major activities.
2. Please list the areas where your services are being provided.

3. Provide a brief description of the structure and objectives of assistance program(s).
4. Provide an update on the timeline related to your program.
5. Describe any strategies employed to maximize programmatic impact and effective, efficient, and equitable outcomes.
6. Economically Disadvantaged Communities:
  - a. Identify whether one (1) of the following is true:
    - i. A program or service is provided at a physical location in a Qualified Census Tract<sup>1</sup> (for multi-site projects, if a majority of sites are within QCTs);
    - ii. A program or service where the primary intended beneficiaries live within a QCT;
    - iii. A program or service for which the eligibility criteria are such that the primary intended beneficiaries earn less than 60 percent of the median income for the relevant jurisdiction (e.g., State, county, metropolitan area, or other jurisdiction); or
    - iv. A program or service for which the eligibility criteria are such that over 25 percent of intended beneficiaries are below the federal poverty line.
7. Promoting Equitable Outcomes: Your organization is required to report and describe efforts to date and intended outcomes to promote equity.<sup>2</sup> Each update should include qualitative and quantitative data.
  - a. Describe efforts to promote equitable outcomes, including how programs were designed with equity in mind. Describe any strategies used to prioritize economic and racial equity.
  - b. Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction?
  - c. How equal and practical is the ability for residents or businesses to become aware of the services funded by the Local Fiscal Recovery Funds?
  - d. Are there differences in levels of access to benefits and services across groups? Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?

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<sup>1</sup> For more information on Qualified Census Tracts (QCTs), visit: <https://bit.ly/3AtUe0f>.

<sup>2</sup> For the purposes of the Fiscal Recovery Funds, "equity" is defined in the [Executive Order 13985 On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), as issued on January 20, 2021.

- e. Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, or other equity dimensions where relevant for the policy objective?
  - f. Describe any constraints or challenges that impacted project success in terms of increasing equity.
8. What challenges has your organization encountered? How are you addressing them?
  9. Provide an overview of the outreach that was done in the community to provide an awareness about the services being provided.
  10. Describe any collaborations built among and between agencies and persons serving this population.
  11. If your organization has received other federal recovery funds and are using such funds to assist with the implementation of programs and services, please detail how the other federal recovery funds are being used. In your response, please detail how the use of all federal recovery funds assist with overall approach for the pandemic recovery.
  12. Aid to Travel, Tourism, and Hospitality or Other Impacted Industries (E.C. 2): If applicable, provide a brief description of the pandemic impact and how funds aid in responding to the industry. In your response, provide a brief narrative of how the assistance provide responds to negative economic impacts of the COVID-19 pandemic, as described in the [Interim Final Rule](#). Additionally, provide details around the sector of the employer and the purpose of the funds.
  13. Household Assistance (E.C. 2): If applicable, provide a brief description of your organization's approach to ensuring that aid to households responds to a negative economic impact of COVID-19, as described in the [Interim Final Rule](#).
  14. Negative Economic Impacts (E.C. 2): If applicable, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses. Describe any strategies employed to maximize programmatic impact and effective, efficient, and equitable outcomes. Describe how the funds support specific communities, populations, and/or individuals in Clark County.
  15. Small Business Economic Assistance (E.C. 2): If applicable, describe how funds are being used to ensure that aid to small businesses responds to a negative economic impact of COVID-19, as described in the [Interim Final Rule](#).
  16. Evidence-Based Projects: Evidence-based uses are: 1) Evidence-based community violence intervention programs to prevent violence and mitigate the increase of violence during the pandemic; 2) Evidence-based educational services and practices to address the academic needs of students, including tutoring, summer, afterschool, and other extended learning and enrichment programs; and 3) Evidence-based practices to address the social, emotional, and mental health needs of students.

- a. If your program is an evidence-based program, provide an update on the goals of the evidence-based project.
- b. Detail the type of evidence that you are using to implement programs and services. Please include the citations of the evidence that you are using as an attachment to this reporting document.
- c. Identify the dollar amount of total project spending that is allocated towards evidence-based interventions for each project in the Public Health (E.C. 1) Expenditure Category.<sup>3</sup>
- d. If your evidence-based program has produced results, please report the results below. You may attach supporting documentation.

17. Program Evaluations:

- a. If you are conducting a program evaluation, please describe the program evaluation. In your response, please include whether it is randomized or quasi-experimental design; the key research questions being evaluated; whether the study has sufficient statistical power to disaggregate outcomes by demographics; and the timeframe for the completion of the evaluation.
- b. Please include the link to the completed evaluation, if relevant.

18. Project Inventory:

- a. For each project, list the name and provide a description that includes an overview of the main activities of the project, the approximate timeline, primary delivery mechanisms and partners, if applicable, intended outcomes. Please include a link to the website of the project if available.
  - i. **Project [Identification Number]:** [Project Name]  
*(Identification Number provided by Clark County.)*
  - ii. **Funding Amount:**
  - iii. **Project E.C.:** [E.C. Number, E.C. Name]  
*(E.C.. provided by Clark County.)*

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<sup>3</sup> Of note, recipients are only required to report the amount of the total funds that are allocated to evidence-based interventions in the areas of Public Health, Negative Economic Impacts, and Services to Disproportionately Impacted Communities that are marked by an asterisk in Appendix 1: Expenditure Categories of [Treasury's Compliance and Reporting Guidance](#).

### **Table of Expenses by Expenditure Category**

List the amount of funds used in each E.C. The table should include cumulative expenses to date within each category, and the additional amount spent within each category since the last annual Recovery Plan.

<b>Expenditure Category</b>		<b>Cumulative Expenditures to Date (\$)</b>	<b>Amount Spent Since Last Recovery Plan</b>
<b>2</b>	<b>Expenditure Category: Negative Economic Impacts</b>		
2.1	Household Assistance: Food Programs		
2.2	Household Assistance: Rent, Mortgage, and Utility Aid		
2.3	Household Assistance: Cash Transfers		
2.4	Household Assistance: Internet Access Programs		
2.5	Household Assistance: Eviction Prevention		
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers		
2.7	Job Training Assistance (e.g., Sectoral Job-Training, Subsidized Employment, Employment Supports or Incentives)		
2.8	Contributions to UI Trust Funds*		
2.9	Small Business Economic Assistance (General)		
2.10	Aid to Non-Profit Organizations		
2.11	Aid to Tourism, Travel, or Hospitality		
2.12	Aid to Other Impacted Industries		
2.13	Other Economic Support		
2.14	Rehiring Public Sector Staff		