

SAMPLE

AGENCY NAME
SERVICE CATEGORY

July 1, 2012 to June 30, 2013
Contract # 22-xxx

Reporting Period: July 1, 2012 to July 30, 2012

| | AMOUNT APPROVED (A1 - Program) | AMOUNT APPROVED (A2 - Admin.) | TOTAL PRIOR EXPENDED (B) | CURRENT PERIOD | TOTAL BILLED TO DATE (D=B+CA+CP) | UNEXPENDED BALANCE (E=A-D) |
|------------------------------------|-----------------------------------|----------------------------------|-----------------------------|----------------|-------------------------------------|-------------------------------|
| PERSONNEL | | | | | | |
| Health Educator #1 100% FTE | \$ 20,000 | | \$ - | \$ 2,917 | \$ 2,917 | \$ 17,083 |
| Outreach Worker #2 55% FTE | \$ 10,000 | | \$ - | \$ 2,100 | \$ 2,100 | \$ 7,900 |
| Administrative Staff | | \$ 2,000 | | | \$ - | |
| Sub-total Salaries | \$ 30,000 | | \$ - | \$ 5,017 | \$ 5,017 | \$ 24,983 |
| Benefits & Taxes | \$ 8,400 | \$ 1,600 | \$ - | \$ 800 | \$ 800 | \$ 7,600 |
| Total Salaries and Benefits | \$ 38,400 | \$ 3,600 | \$ - | \$ 5,817 | \$ 5,817 | \$ 32,583 |
| | | | | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| OPERATING EXPENSES | | | | | \$ - | \$ - |
| Telephone | \$ 500 | | \$ - | | \$ - | \$ 500 |
| Rent | \$ 1,500 | | \$ - | \$ 650 | \$ 650 | \$ 850 |
| Printing | \$ 500 | | \$ - | \$ 250 | \$ 250 | \$ 250 |
| Office Supplies | \$ 815 | | \$ - | \$ 117 | \$ 117 | \$ 698 |
| Postage | \$ 100 | \$ 150 | \$ - | \$ 30 | \$ 30 | \$ 70 |
| Mileage | \$ 1,000 | \$ - | \$ - | \$ 75 | \$ 75 | \$ 925 |
| Total Operating Expense | \$ 4,415 | \$ 150 | \$ - | \$ 1,122 | \$ 1,122 | \$ 3,293 |
| | | | | | \$ - | \$ - |
| TOTAL | \$ 42,815 | \$ 3,750 | \$ - | \$ 6,939 | \$ 6,939 | \$ 39,626 |
| TOTAL BUDGET A1 + A2) | | \$ 46,565 | | | | |

I certify that the information contained herein is true and correct in all respects and in accordance with the terms and conditions of this contract and the financial records of this organization.

Approved By: (Signature and Title)

Date