Question 1 (Legislator Brew) Voucher 4, August

9-6-23 60 Report Kewler Copy

Bring Monroe Back - Monroe County ARPA Budget Proposal Organization Name: Neighborhood Collaborative Project (NCP) / Community Resource Collaborative List Each 7/17/2023 Voucher 8/15/2023 Voucher 9/15/2023 Voucher 10/17/2023 Personnel Costs S -1071047/ S - 11037.17 (1) Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN) S 221845(02) S G1927(1) (2(2)) On-Site Vocational Trainers (Cameron, FTAC, SWAN) (S) 92:076 S = (J5)(52) = 72(C) On-Site Social Workers (Carneron, FTAC, SWAN) (s) 675000 (S) 675000 (F) Neighborhood Collaborative Project (NCP) Liaison (BTS) \$ 750000 S 750000 (S) Full-Time Social Worker (MC2) (5) 3750(00) [5] 3750(00) (6) Part-time Social Worker (MC2) 9 2000 B B 2000 E (7) NCP Local Researcher (OTG) \$ 1/48577J \$ 1/48577J (\$) Student Research Assistant (OTG) \$ 3,000,00 (9) Communications Coordinator (OTG) Fringe Benefits Ś 72,180.49 \$ 55,629.82 \$ Total Personnei Costs: 7/17/2023 Voucher | 8/15/2023 Voucher | 9/15/2023 Voucher | 10/17/2023 Other Than Personnel Services Costs \$ 57,800 00 IS Vocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN) \$ = 561.72 \$ 642.00 £7(e) Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN) S 2951S 65103 7(D) Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN) 6 205059 S 270215 46(P) Facility Use / Operations Support: Anchor Agencies (Cameron, FTAC, SWAN) \$ 101m S - - -Snacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN) **(**(12) S 369002 S 4388474 Credibilty Trust /Brand Value: Anchor Agencies (Cameron, FTAC, SWAN) G:3750 S 53970 (7D) 10% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN) \$ 77,087 Administrative Support: Support Services Partners (LABA, BMC, BSCSC) \$ 32652 \$ 4,85245 (2) Food Pantry Supplies (TPP) (\$ \$85(00 (1; ?)) Per Diem Stipends for Peer Outreach Workers (AFC) ζ <u>ε |</u>5 -Staff Mileage Reimbursement (BTS, C3) \$ 620032 \$ 3070009 Contracted Services: NCP Client Wraparound Support Services (BTS) (E) Contracted Services: Anchor Agency Social Worker Supervision (MC2) $\boldsymbol{\xi}$ \$ 6 Research Supplies (OTG) \mathfrak{S} NCP Marketing & Communications (OTG) \$ 7/58540 \$ 25.927 (9)6 Software and Subscriptions (OTG) (S 7/200)00 (S 7/200)00 (1) Contracted Services: Project Lead / Community Consultant (C3) 80000 S 80000 (10) Contracted Services: Historian / Neighborhood Legacy (C3) \$ 6000 \$ 6000 Contracted Services: On-Site / Field Coordinator (C3) S = . Contracted Services: Neighborhood Ambassadors (C3) Suit Land S - S RTS Bus Passes/Transportation Assistance Per Diem Stipends for Event Logistics Helpers (C3) Microsoft Surface Pro Packages - 5 (c3) Neighborhood/Community Engagement Conversations & Activities (C3) 6 352982 (1) (1) (1) (1) (1) NCP Supplies & Materials (C3) S 679880 E) 6000EE CFFE 10% de minimis indirect cost rate (BTS, MC2, OTG, C3) Fiscal Sponsor Administrative Cost Rate - 5% (CRC) 70,030.85 \$ 57,916.64 \$ Total Other Than Personnel Services Costs: 125,660.67 \$ 130,097.13 \$

Total Project Cost:

^{*15 -} Expenses charged fall under the definition of 'support services' as outlined in the project scope.

Bring Monroe Back - Monroe County ARPA															
Budget Proposal															
Organization Name: Heighborhood Collaborative Project (MCP) /															
Community Resource Collaborative														1	- 11 3
	4/17/3003 Voud-or				1/15/2023 Yearcher	9/15/2025 Voud	No. 19/17/202	1 (1/)1/2001	TIV RAVIOUS 2	1/16/2024	1 34,238.92	5 106.865.00	% of Year 3 Bydget 24% 5	140,639 00	5 76L271 in
terighterhand Caffeborstive Project (PCP) Workers (Carrieron, FTAC, SNEAM)	- Company of the Comp		5.157 86 5	10,112.67 \$	11,937.12			1 2000000000000000000000000000000000000	10000000	-	_		32% 5	154,689.00	5 837,405 C
Dn-Ster Vocational Trainers (Cameron, FTAC, SWARI)	5 - 1		4,180.40 \$	23,845.02 5			.1					\$ 145,519.27	14%	168,750.00	3 913,580.0
Ow-Site Social Wearsers (Cameron, FTAC, SWAN)	5	5 6,730.75 S	2,442.30 \$	9,210.76 1			1				\$ 19,750,00	\$ 41,750.00	30% 5	62,300,00	5 265,362.0
resigniparhood Callebarative Project (InCP) Lieban (875)	5 :		6,250,00 \$	9,250:00 5				-					50% \$	75,000.00	5 123,3000
Full-Time Social Worker (MC2)	5 - :	\$ 15,000.00 \$	7,500:00 5	7,506.00 \$			-	-			\$ 17,500.00 \$ 16,750.00		50% S	37,500.00	5 161,630.0
Part time Social Wester (MC2)	5		8,750.00 S	8,756-00 \$	3,750.00								20% 5	78,000.00	5 586,1300
NCP socal Equaercher (OTG)	S			13,004.33 3							5 23,968.35 S 2,971.42		293 5	10,400.00	5 44,825.0
Stuppent Rana profit Assistant (OTG)	5	5 4 5		1,485.71 5									173 5	18,000.00	5 77,382.0
Communications Coombinator (IOTG)		5 - 5		- 11	3,000.00		_				\$ 1,000.00	> 15,000 00	174 3	24,800.00	, //,382.00
Frings Benefits	8										5	5 0.0	1		\$
	5	5 32,519.05 5	26,646.27 4	72,100,00 5	55,424.02	5	5	1	5 -	5	\$ 210,005.65	5 534,469.37	25% 1	745,865.00	1 1,725,675.0
THE PERSON WITH				72,100 mg 4											
Other Their Personnel Services Corts	A/ST/2025 Voueton	5/15/2022 Vouchor 6	/15/2023 Veuches 7	/11/2023 Venether 6	1/11/2023 Vaucher	B/15/2023 Voud	Nov (10/17/200	3 13/15/2003	12/13/2023	1/14/2014	Top: 40-Date Year I	Remaining funds	N of Year 1 Bedget		Progressed Expenditure
Vocaperal Training Stipendy, Anchor Agencies (Common, FFAC, Smith)	5		. 5			The second					5 7,800.00	\$ 46,200,00	14% \$	\$4,000.00	\$ 292,746,0
Neighborhood Dutreach Supplies: Ancher Agencies (Cameras, FSAC, SNAME		5 . 5	290.25 5 \$	561.72 5	642.00			السائل ا			5 1,493.17		145 5	10,800.00	
Office Supply Supplement: Anchor Approising supplement Flac, South	13	5 940.00 5	1.691.99 \$	849.54	661.08		1				3 4,162.61		56% 5	7,200.00	\$ 30,1360
Facility Lise / Operations Support: Ancher Agenties (Canaras, 1764, 981AR)	1 .	5 12,001 93 5	6,416,97 5	3,850,92	2,702.16		نندند ا			100	5 23,993.00	\$ 12,008.92	67% \$	96,000,00	5 150,6110
Snacks, Song-Ascending Supplies: Anchor Agencies (Comment (14C, 1840))	5	5 . 5	240 00 1	191 14 1							\$ 43114	5 6,748.86	6% 5	7,200-00	\$ 80,120.0
Credibility Trust /Brand Value, Anchor Agencies (Commun. 174C, \$11/46)	3	5 7,651.70 \$	4,319 LL S	5.649.02	4,864.71			نفسيا و		-	5 20,463.54	3 23,534.46	38% 3	\$4,000.00	\$ 23,913.0
10% de minimis Indinect cont rate. Ancher Agencies (Comune, 1744, 3040)	3	5 6,443 60 5	4,332.70 5		6,812.70		ناواننا و				\$ 27,441.70	\$ 35,885.30	43% 5	43,327.00	\$ 32,007.0
Administrative Support, Support Services Partners (sees, 84% 8903)	1	- 15	. 5		770 07						\$ 770.87	\$ 60,729.15	19- 5	81,000.00	\$ 356,871.0
Food Parery Supplies (1975	1	5 - 5	. 3	126.51	4,852.45			النظائل ا			5 5,176.97	\$ 21,821 🖽	19% 5	Z7,000.00	
Par Diam Statement for Poor Gurranch Workers LNCI	1	1 - 5	- 1		\$45.00					والتنابي	\$ 545.00	3 26,413 00	2% 5		
Staff Mileage Reimbursement sets Cle	5	5 - 5	- 5								S	\$ 2354.00	Ph 1	2,358.00	
Contracted Services: NCP Client Wraparound Support Services (178	5 -	5 - 5	940.00 5	6 200,32 1	\$ 90,700.09						\$ 17,860.41	5 16,139.59	70% 5	\$4,000.00	3 32,741.0
Contracted Services - Anchor Agency Social Worker Supervision MCI	3 .	5 4,400,00 \$	1.200.00 5	2.200.00	2,100,00						5 [1,000.00	\$ 11,000.00	90% S	22,000.00	\$ 54,822.7
Passarch Supplies sortis	5 -		. 1	-	-		_				5 500 19	\$ 24931	37%	3,000.00	11.5510
InC/ Marketing & Communications street			10 17 1					-			5 863.96	5 7,136 64	11,41	8,000.00	\$ 12,000.0
Sefforders and Subscriptions rotto	3		149.90	7,646,00	344.27	-					5 8,224 97	\$ 7,610.43	52% 5	15,811.00	
Contracted Services: Project Lead / Convinuity Consultant II II	3 .		7,800.00		\$ 7,800,00						\$ 39,000,00		50%	76,000.00	5 386,190.0
Contracted Services: Highertan / Ferighborhood Legacy (Cts	3	\$ - 13		800 00	\$ 800.00		1				\$ 1,600.00	\$ 24,400,00		36,000.00	
Constructed Services On-Site / Field Coordinator otto	1 .			605.00	\$ 600.00						\$ 1,300.00	5 17,550.00	65 5	11,750.00	# 80,814±0
Contracted Senices: Neighborhood Ambessadors vibe	3					1	-			100	5 -	3 45,000.00	0% 1	45,000.00	\$ 188,3640
RTS but Fasses/Transportation Assistance	3 -					1			1	1	\$	5 4,644.00	0% 1	4,644.00	
For Digen Signands for Event Logistics Helpers IIII	\$.			-				1			\$	5 1,300,00	04 9	1,200.00	\$ 5,020.0
Ariconett Surface Pto Packages - 5 acm	3									1	\$	\$ 12,766.00	0% 5	12,786.00	\$ 20,015.0
Tel greathood/Community Engagement Conversations & Activities (CS)	\$			3,531,83					1		5 5,529.42	\$ 4,05410	47%	7,586 00	
NCP Supplier & Materials size	5 -		ا المساحد	1	\$ 43.19			1			5 49.19	\$ 1,136.61	4%	1,200.00	\$ 5,020.0
10% de minimis indirect cost rate (6% MCL 6% Cit	1 -		4.592.66	5,498.34							\$ 23,906.55	\$ 54,230.45	41%	\$8,139.00	\$ 245,953 0
Flocal Sponegr Administrative Cost Rate - \$16-000	4										\$ 73,550,00	5	100%	79,590.00	\$ 843,0000
									·			1			
Harry Stough, why was a good office with 1.3 minute		1	BA351.47 1	37.710.64	\$ 70.430.81				-	_	\$ 200,601.50	4 505,407.41	37N	799,469,00	\$ 3,415,771

Bring Monroe Bac	k - Monroe C	ounty ARPA Budget Proposal
Organization Name: Neighborho	ed Collaborative Pr	oject (NCP) / Community Resource Collaborative
Personnel Costs List Each	h 8/15/2023 Vaucher	Voucher Explanation
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAW)	d <u>it</u> erat	SWAIL: NCP Worker (shared role—Executive & Youth Elector) salary expense for suly 2023 = \$5,177.85 (\$123.84,5186.66) FIGC. NCP Worker (R.Yelszquer) salary expense for July 2023 = \$3,228.80 (\$1442.40 + \$1,778.40) Cameron: NCP Worker (B. Mariiki) salary expense for July 2023 = \$3,288.66
On-Site Vocational Trainers (Cameron, FTAC, SWAR)	0 (99-27)	FTAC: ESE, Prep For Workforce Readiness (C.Boched, salary expense for Jedy 2023 - \$1961.54 (mid-month bland) Camerais: Onlike Trainers for Global Logholics (\$2061.10) and Barbaring/Enrepreneur training(\$2081.10) + \$4590.30
On-Site Social Workers (Cameron, FTAC, SWAN)	(n r. m	FTAC: Quaine Case Menager salary expense for July 2021 = \$1884.62 (mild recent hine) Compared: Onsile Social Worker salary expense for July 2023 = \$2692.30 (\$3346.15" 2 pay periods)
Neighborhood Collaborative Project (NCP) Libison (BTS)	\$12000000 6,250,000	BTS: Annual Budget allocation (62,500)/10 months "1 month (loh)
Full-Time Social Worker (MCZ)	\$ 765750000	MC2: Annual Budget allocation (75,000)/ 10 months " 1 month (My)
Part-time Social Worker (MC2)	\$12:25/532 5,750.00	MC2: Annual Budget allocation (\$37,500) / 10 months * 1 month (fully)
NCP Local Researcher (OTG)	54/8/09/11,006:33	OTG: Remaining Budget (\$77,044.31)/ 7 months * 1 month (lub)
Student Research Assistant (OTG)	SECOND 1485.71	OTG: Budget allocation (10,400) / 7 months * 1 month (Hely)
Communications Coordinator (OTG)	\$ 1000000000000000000000000000000000000	CTCC: Bedget allocation (16,000) / 6 months * 1 month (July)
Fringe Benefits	MATERIAL PROPERTY.	
Total Personnel Costs:	\$ 55,629.82	
·		
Other Than Personnel Services Costs	8/15/2023 Voucher	
Vocational Training Stipends: Anchor Agencies (Cemeron, FTAC, SWAN)	1.2 Exploration to the Print	
Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)	n r	SWAN: Monthly Viocation for Nels 2023 = \$160.00 (\$3600/10months) FTAG: Actual expenses incorred for July 2023 = \$282.00
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)	၆ ကျော်	Compens: Asses at Bookget a Secretion (\$2400) / 30 points in 1 month (July) = \$240 \$WAIN: Annual Bookget a Secretion (\$2400) / 10 months 1 month (July) = \$240 \$TAG: Aprual expenses for (by) 2023 = \$181.08
Facility Use / Operations Support: Anchor Agencies (Cameron, FTAC, SWAN)	0 2 10	Carse ron: Annual Budget allecation (\$12,000) / 10 months * 1 month (!vhi] = \$1,700 \$WAN! Retry-inth pulping allecation (\$4,025,64) / 7 months *1 coorth [lahr] = \$5,146.52 FRAC Actual expenses for high 20,231 = \$55.64
Snacks, Swag/Incentive Supplies: Anchor Agencies (Caregron, FTAC, SWARI)	CHANGE BUREAU TO	
Credibility Trust / Brand Value: Anchor Agencies (Carneron, FTAC, SWAIN)	n i čensk	Cameron: Annual Budget a/hcatlon [518,000] / 10 months * Lemonth (#uh) = 51800 SWAN: Annual Budget affication (518,000) / 10 months * 1 month (July) = 51800 FMA: Annual Budget affication (518,000) / 10 months * 2 month (July) = 51800 FMA: Annual Budget affication (518,000) / 10 months * 2 month (July) = 51800 FMA: Annual Budget affication (518,000) / 10 months * 2 month (July) = 51800 FMA: Annual Budget affication (518,000) / 10 months * 2 months (July) = 51800
30% de minimis Indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN)	si e corre	Cates on: Ameria Bedget a "location (\$21,109) f. of months " 1 month [utyl = \$2,110.90 SWAN: Annual Bedget allocation (\$21,109) f. 0 months ' 3 month (utyl = \$2,110.90 STAC: Annual Bedget allocation (\$21,09) f. 0 months ' 1 month [utyl = \$2,10.90 STAC: Annual Bedget allocation (\$21,09) f. 0 months ' 1 month [utyl = \$2,10.90 STAC: Annual Bedget allocation (\$21,09) f. 0 months ' 1 month [utyl = \$2,10.90 STAC: Annual Bedget allocation (\$21,09) f. 0 months ' 1 month [utyl = \$2,10.90 STAC: Annual Bedget allocation (\$21,09) f. 0 months ' 1 months
Administrative Support: Support Services Partners (LABA, BMC,BSCSC)	130000000000000000000000000000000000000	LABA: Supplies and refreshments for 7/14/2023 Lyelf Avenue Greden Planting Event (see Invoice detail)
Food Pantry Supplies (TPP)	3 00525	
Par Diem Stipends for Peer Outreach Workers (AFC)	COMMISSION SPECIAL	AFC: Reimburgement for Clutrands Worker Pay: June: \$127.50 + July: \$457.50 (see each involve details.)
Staff Mileago Relimburation (BTS, C3)	S ADEXE ASSESSMENT OF	
Contracted Services: NCP CFent Wraparound Support Services (BTS)	r ma	BTS: HCP referrals - 11 for food pantry service @\$40/heferral = \$440; 10 for rental staistance (\$25,487-31); \$ for emergency services/non-load news (\$4,822.74); 3 for clothing @ \$50/referral = \$150
Contracted Services: Anchor Agency Social Worker Supervision (MC2)	\$50000000	MC2: Annual Budget allocation (\$22,000) / 10 months * 1 month (July)
Research Supplies (OTG)	S SUPERIORS OF THE	
NCP Marketing & Communications (OTG)	STEED CT MADE AND THE	
Software and Subscriptions (OTG)	(\$177.078/4X/388/27	OTG: Zoom for Business (3 users)
Contracted Services: Project Lead / Community Consultant (C3)	\$000,000,007,000.00	E3: Annual Sudget affocation (\$76,000) / 10 months * 1 month (July)
Contracted Services: Historian / Neighborhood Legacy (C3)	\$ 800.00	C3: Proparation & organization; into gathering; post-reporting, debrief, follow-up, records management (16
Contracted Services: On-Site / Field Coordinator (C3)	To the force	home * \$50/hr) C3: Legistics point of contact and fistion for nation and partner agencies NCP support staff, religibleshood costs ach extended and supports are staffer to make accordination, action from following, and \$70 femore *
Contracted Services: Neighborhood Ambessedors (C3)	Contract Con	
RTS Bus Passes/Transportation Assistance	**	
Per Diem Stipenes for Event Logistics Helpers (C3)	15 April 19 Car	
Microsoft Surface Pre Packages - S (C3)	1.5 国际国际的 1.5 (1)	BI
Neighborhood/Community Engagement Conversations & Activities (C3)		
NOR Consider & Managaria (CS)	Section 1886	C3: Case of printer paper for meong agendas, minutes, handouts, flyers, etc.
NCP Supplies & Materials (CS) 10% de minimis Indirect cost rate (BTS, MC2, OTG, C3)	0 σ	[MCZ: Annual Budget alfocation (\$13,550) / 10 months *1 month [July] = \$1345.00 C: Annual Budget alsocation (\$19,524) / 10 months *1 month [July] = \$1,962.40 STS: Annual Budget alsocation (\$19,524) / 10 months *1 month [July] = \$1,962.40 STS: Annual Budget alsocation (\$11,729) / 10 months *1 month [July] = \$1,372.90 STS: Annual Budget alsocation (\$11,729) / 10 months *1 month [July] = \$1,372.90 STS: Annual Budget alsocation (\$11,729) / 10 months *1 month [July] = \$1,372.90
Fiscal Sponsor Administrative Cost Rate - 5% (CRC)	Francisco Da	
	1	

70,030.85

| \$ 70,030.05 | Total Project Cost for July 2023 | \$ 125,660.67

Fotol Other Thon Personnel Services Costs:

NCP's Monthly Check Request Log - Monroe County Invoice Submission *Month: August 2023*

NCP Partner Agency	Buc	Total lget Allocation	Prior Balance	Re	eimbursement Amount Requested	Current Balance	Check Number	Check Date
ABC Action Front Center	\$	27,000.00	\$ 27,000.00	\$	585.00	\$ 26,415.00		
Baden St Counseling Center	\$	27,000.00	\$ 27,000.00	\$		\$ 27,000.00		
Barakah Muslim Charities	\$	27,000.00	\$ 22,000.00	\$		\$ 22,000.00		
Beyond the Sanctuary	\$	129,015.00	\$ 107,008.88	\$	38,122.99	\$ 68,885.89		
Cameron Community	\$	232,197.00	\$ 176,126.96	\$	15,743.86	\$ 160,383.10		
C3 Consultancy Services **	\$	215,866.00	\$ 171,886.58	\$	11,205.59	\$ 160,680.99		
Father Tracy Advocacy Center	\$	232,197.00	\$ 201,345.74	\$	11,281.29	\$ 190,064.45		
Lyell Avenue Business Assoc.	\$	27,000.00	\$ 27,000.00	\$	770.87	\$ 26,229.13		
MC Collaborative	\$	147,950.00	\$ 88,770.00	\$	14,795.00	\$ 73,975.00		
On the Ground Research*	\$	146,581.00	\$ 121,667.98	\$	17,468.34	\$ 104,199.64		
SWAN at Montgomery Center	\$	232,197.00	\$ 164,136.83	\$	10,835.28	\$ 153,301.55		
The Peoples' Pantry	\$	27,000.00	\$ 26,673.48	\$	4,852.45	\$ 21,821.03		
Community Resource Collaborative	\$	73,550.00	\$ -	\$		\$ -		
			Total Disbursed	\$	125,660.67			

^{**} MBE & WBE Vendor

^{*} WBE Vendor

INVOICE

Cameron Community - Olivia Kassoum-Amadou, Executive Director 48 Cameron St Rochester, NY 14606 Phone: 585-254-2697 ext. 101 Email: olivia@cameronministries.org

Bill To: Tina Paradiso, Executive Director **Community Resource Collaborative** 100 College Avenue, Suite 130 Rochester, NY 14607

Phone: 888-444-1060

August 7, 2023 Onvoice # 00004 July 1-July 31, 2023 Neighborhood Callaborative Project (NCP) Anchor Agency Activities

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
Global Connections Enterprise - Sharale Gray: Global Logistics Program at Cameron: planning, curriculum development, information sessions, community outreach, techology set up, registration, and other services from July 1, 2023 - July 31, 2023 as documented by Global Connection Enterprise's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10
CEO KUTZ, LLC Derrick Singleton: Cameron Cuts Apprenticeshiip Program. planning, curriculum development, information sessions, community outreach, site planning, and teaching classes, and other services from July 1, 2023-July 31, 2023 as documented by CEO KUTZ, LLC's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10 2
Payroll Reimbursement for Community Engagement worker, Jonathan Hardin, planning with instructors, participate in information sessions and outreach, oversee workforce development program, mantain NW outreach schedule and data. Cameron Community payroll register documentation. (2 pay periods @ 1,769.23 per pay period)	NCP Worker	\$3,538.46
Payroll Reimbursement for Cameron's On-Site Social Worker: Felecia B. Merriam, LCSW. planning with instructors, participate in information sessions and outreach, developed platform for tracking student data, colordinate linkages to anticipated services, prepared resource and referral pocket cards for participants, acquired pre and post assessments designed to determine client needs. Cameron Community payroll register documentation. (2 pay periods @\$1346.15 per pay period)	Social Worker	\$2,692.30
Monthly allocation of Neighborhood Credibilty / Trust Value for July 2023 (AA's brand identity / reputation)	Credibility Trust/Brand Value	\$1,800 (13)
Facility Use / Operation Support Monthly Allocation for July 2023	Facility Use/Operations Support	\$1,200
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$240
10% de minimis Indirect cost rate: Monthly allocation for the month of July 2023		\$2,110.90
	BALANCE DUE	\$15,743.86

Questions or concerns regarding this invoice can be submitted via email to alivia@comeronministries.org or by 585-254-2697 ext. 101

BEST WISHES FOR A FABULOUS DAY!

INVOICE

Patricia Jackson, Executive Director
SWAN at Montgomery Neighborhood Center
10 Cady Street
Rochester, NY 14608
Phone: 585-436-3090 Email: pjackson@swanonline.org

Ted . com

DATE: August 14, 2023
INVOICE # NCP 004 7/1-31/2023
Neighbarhood
FOR: Collaborative Project
(NCP) Anchor Agency
Activities

Bill To: Tina Paradiso, Executive Director Community Resource Collaborative 100 College Avenue, Suite 130 Rochester, NY 14507 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT	
NCP Worker: shared role and responsibilty between Executive Director & Youth Director positions Executive Director: interface for workforce development training, managing NCP Anchor Agency action plan, reporting, budget, NCP leadership mtgs / Youth Director: Interface for neighborhood outreach activities, program development, building connections with NCP peers & other partners. Payroll salary expense for July 2023 = \$5177.86 (\$645.90 * 2 pay periods) + (\$1938.07 + 1947.99)	NCP Worker	\$ 5,177.86	0
Neighborhood Outreach Supplies: Monthly allocation for July 2023	Neighborhood Outreach Supplies	\$360.00	<u> </u>
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$ 240.00	
Facility Use / Operations Supplement: monthly allocation of remaining unspent balance (July 2023)	Facility Use/Operations Support	\$ 1,146.52	ĺ
Neighborhood Credibilty / Trust Value: Monthly allocation for July 2023	Credibility Trust/Brand Value	\$ 1,800.00	(
10% de minimis indirect cost rate: Monthly allocation for July 2023	Indirect Cost	\$ 2,110.90	(
	BALANCE DUE	\$ 10,835.28	

Questions or concerns regarding this invoice can be submitted via email to pjackson@swanonline.org or by 585-436-3090



821 North Clinton Avenue Rochester NY 14605 585.563.7008

Invoice

Submitted on 08/2023

Invoice for

Payable to

The Father Tracy Advocacy Center

Invoice # 230701

Company name

Street address City, State, Zip Project

NCP-Anchor Agency

Due date

8/11/23

			en a dissilar
Description	Qty	Unit price	Total price
NCP Liason - Safary	NV		\$3,220.80 (1)
NCP Social worker	DV		\$1,884.62
NCP workforce development	ÇR		\$1,961.54
Family Dollar NCP Facilities			\$36.63
Costco -NCP POP-Up			\$282 00
NCP office supplies- Regional Distrib			\$181 08 (11)
Costco- NCP trust (client assistance)			\$39 10
Costco- NCP trust (client assistance)			\$42.98
Costco- NCP trust (client assistance)			\$198 62
Red Roof- NCP Trust (client assistance)			\$191 52
Bright Bubble-NCP Trust (client assistance)			\$31 50
Costco- NCP trust (client assistance)			\$215.99
NCP Trust-Vendor- Lizzette Agoslo			\$515 00
Amazon - NCP Facilitles (table & chairs)			\$226.68
Amazon - NCP Facilities (food cart)			\$92 33 🕦
PR Birth certificate NCP trust (client assistance)			\$50.00(13)
10% de minimis indirect cost rate: Monthly allocation for July 2023			\$2,110.90

Notes:

Subtotal

\$11,281.29

INVOICE

Beyond the Sanctuary

Parent the Santfrage

PO Box 18146 Rochester, NY 14618 585-520-6004 DATE: 8/8/2023
INVOICE # 3
FOR: Jul-23

Submitted to Jocelyn Basely Project Lead - NCP

DESCRIPTION		QUANTITY	UNIT COST	TOTAL
NCP Liason - weekly NCP planning meetings, process review, referral coordination, hired NCP Mgr			\$6,250.00	\$ 6,250.00
Wrap Around Support Servics - Food Pantry		11	\$40.00	\$ 440.00
Wrap Around Support Servics - Rental Assistance		10	}	\$ 25,487.31(18)
Wrap Around Support Services - Emergency Services		5		\$ 4,622.78 (18)
Wrap Around Support Servics - Clothing		3	\$50.00	\$ 150.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Monthly Allocation for 10% de minimis indirect cost rate		1		\$ 1,172.90 (15)
Remaining Balance	TOTAL	29		\$ 38,122.99

Make all checks payable to Beyond the Sanctuary

If you have any questions concerning this invoice, Contact Carmen Allen 585-520-6004 or email at

callen@beyondthesanctuary.org



A Complex Care Management Agency

Voucher for Neighborhood Collaborative Project July 2023

Date:	8/1/2	3	
Month of Payment Due:	July		
	July	Budget Amount	YTD Billed
		\$ 147,950	\$ 73,975
Social Workers (MC Collaborative)	\$ 7500/5	\$ 75,000	0.00.000

TOTAL DUE	\$ 14,795		
Remaining Balance		\$ 73,975	
Indirect Costs	\$ 1,345 (29)	\$ 13,450	\$ 5,380
Supervision	\$ 2,200 (4)	\$ 22,000	\$ 8,800
Part-Time Social Worker	\$ 3,750	\$ 37,500	\$ 15,000
Social Workers (MC Collaborative)	\$ 7,500(5)	\$ 75,000	\$ 30,000

Total amount due for July = \$ 14,795.00

Please remit payment to:
MC Collaborative
PO BOX 18030
Rochester, NY 14618



INVOICE

CONTRACTOR

On The Ground Research, LLC 400 Andrews St Suite 220 Rochester, NY, 14604

Phone: 585-683-3638

Email: janelle@onthegroundny.com

TO

Tina Paradiso, Executive Director Community Resource Collaborative 100 College Ave, Suite 130 Rochester, NY 14607

Phone: 888-444-1060

INVOICE DATE August 4, 2023

INVOICE NUMBER

012

PROJECT TITLE

Neighborhood Collaborative Project

INVOICE TIME PERIOD

7/1/23-7/31/23

Description

Date	Description of Services Rendered/Purchases Made	Budget Category	Amount		Budget Amount	Y	TD Billed
	I		(7)	\$:	146,581.00	\$	42,381.37
July	NCP Researcher	Salaries monthly allocation	\$ 11,006.33	\$	78,000.00	\$	22,968.35
	NCP Research Assistant	Salaries monthly allocation	\$ 3,485.71	\$	10,400.00	\$	2,971.43
	Communications Specialist	Salaries monthly allocation	\$(9)3,000.00	\$	18,000.00	\$	3,000.00
	ZOOM for NCP staff	Software and Subscriptions	\$(50)388.27	\$	15,855.00	\$	8,224.57
		Total Costs	\$ 15,880.31				
	j	Indirect Costs	\$231,588.03	\$	13,326.00	\$	3,852.86
		Remaining Balance		\$	104,199.63		
		Total Amount Due	\$ 17,468.34				

Total

\$17,468.34

Please make all checks payable to On The Ground Research, LLC

If you have any questions concerning this invoice, contact:

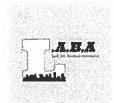
Janelle Duda-Banwar

T. (585) 683-3638 or Email: janelle@onthegroundny.com

INVOICE

Lyell Avenue Business Association (LABA)

190 MURRAY ST STE 1 ROCHESTER, NY 14606 585-370-5148



DATE: 8/7/2023
INVOICE # 1
FOR: Jul-23

Submitted to

Community Resource Collaborative Jocelyn Basley, Project Lead for Neighborhood Collaborative Project 100 College Avenue, Suite 130 ROCHESTER, NY 14607

Purchases to support the July 14th Lyell Avenue Garden Plant Day (youth,		rticipants d community	mem	bers)
DESCRIPTION	QUANTITY	UNIT COST	T	OTAL
Garden Tools: wheelbarrow, shovels, rakes, etc (details on receipt IMG_3159.jpg)		<u>}</u>	\$	375.26
Flowers and plants (details on receipt IMG_3329.heic)			\$	55.07
5.5 Cu ft. Smart Cart and refreshments (details on receipt IMG_3328.heic)			\$	62.11
Gloves, seeds and markers (details on receipt IMG_3327.heic)		<u> </u>	\$	24.62
Hotdogs, buns, paint brushes & rollers, plastic covers, etc (details on receipt IMG_3157.jpg)			\$	94.35
Bag of charcoal (details on receipt IMG_3156.jpg)			\$	12.91
Paint (4 gallons) and 10pk of tray liners (details on receipt IMG_3155.jpg)			\$	146.55
			\$	-
			\$	-
			\$	-
			\$	
Total Reimbursement Reques	st		\$	770.87
				(15)

Make all checks payable to Lyell Avenue Business Association
If you have any questions concerning this invoice, Contact Lydia Rivera (585) 524-7072 or email at roccityroadsideassistance@gmail.com

THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY



The People's Pantry 555 Avenue D Rochester, NY 14621

Invoice

July 2023

Balance: \$4,852.45

Purchases

T di Cita de Co		
Headwater Food Hub	Eggs, Beans	\$255
Walmart	Pop up lunch at FTAC, buns, rice, aluminum trays, supplies	\$108.53 A
Regional Distributors	Bags for packing food	\$254.77 (B)
Uline	Shelving and equipment for the pantry	\$1,469.42
Foodlink	July invoices for food supplies	\$2,764.73

Total: \$4,852.45 (i6)



Headwater Foods, Inc.

6318 Ontario Center Road Ontario NY 14519 United States (585) 565-4840 www.headwaterfoodhub.com

Bill To

Michael Durfee The People's Pantry 555 Avenue D Rochester NY United States Ship To

The People's Pantry 555 Avenue D Rochester NY United States

Invoice

Date Invoice # 7/19/2023 INV10455

Due Date Ship Date 7/19/2023 7/20/2023 7/20/2023

Expected Delivery Date Terms

Due on Receipt

SO # PO # Sales Rep Sales Order #SO13749

Signature

Goldfeder, Arthur

llfam (Item Internal ID	Sto Units	Unit Price	/Oiranilfv≅	Catch Wh	Actual Wt	Description	Amnt
Eggs, Large Chicken	126,813	30Doz	90.00	2				180.00
Cooked Beans, Black NYS	140,556	12x15.50 z	15,00	5				75.00
Milk, 1 Percent White NYS Half Pint	138,250	70xHalfPl nt	0.00	2			,	0.00
Milk, Fat Free Chocolate NYS Half Pint	138,251	70xHalfPi nt	0.00	2				0.00
Milk, Skim NYS Half Pint	138,252	70xHalfPl nt	0.00	2				0.00
Apples, Braeburn, No. 1 IPM	30,398	Bu	0,00	3		:		0.00
Apples Empire, No. 1 ECO	141,877	Bu (traypk)	0.00	1				0.00
							<u> </u>	

Total 255.00 Amount Due \$255.00

Please include Invoice reference number on all payments and correspondence to help avoid service delays.

Customer Invoices paid by credit card will be assessed an additional 3% process fee.

Give us feedback @ survey.walmart.com Thank you! ID #:7S3V2GLWK01

Walmar

WM Supercenter 585-787-1370 Mgr. MICHAEL 1990 BRANDI POINT DRIVE WEBSTER NY 14580 ST# 01744 OP# 009047 TE# 47 TE# 04073

ITEMS SOLD 25 10# 8469 7639 7822 2442 0085 3

12.28 X 078742349340 GV 9200PLT KETCHUP 320Z 0130000006050 F MUSTARO 2002 041500000310 F 3.98 0 2.72 0 4 98 X 070485125390 PAN W/CID 4 98 X 070485125390 PAN W/LID 5,48 X 070485389100 LASAGNA PAN 6 14 X 078742210800 GV TOWEL 6.14 X 078742210800 GV_TOWEL 1.77 Ù WHI RICE 2LB 073742352050 F 3.78 X 078742086560 FOIL GV ORG PINJO 078742131620 F 1.1601 16 0 GV ONE PINIO 078742131620 F FB FXTRA VIR 041736010130 F 9,38 0 GV NSA BLKBN 078742061990 F GV 500 NM NP 078742233410 0.78 0 32 X 7.36 X CUTLERY 073742089400 1.380078742097280 F TOV HID BUND 30 0 -078742097280 F GY HO BUNS 33 0 GV HD BUNS 078742097260 F 1.33 0 2.28 0 GV HD BUNS 078742097280 F -041331038590 F HOT SAUCE 4.87 0 SZNIRP N/MSG 03:3844007570 F 4.28 # YLW ONLOW 3# 853120003000 F 2.98 N BELL PEPPERS 057836000040 F W. SL WATER 078742279090 F 5.36 X 2.00 11 078742215640 F

ţ... 103470 4.33 SUBTOTAL 8.0000 % TAX1 108.53 TOTAL *** 108,53 **(A** DEBIT TEND 0.00 CHANGE DUE

DECEMBED TRANSACTION DFBIT 4645 1 AID A00000000042203 TERMINAL # 26507300 . DECLINED 14 53 52 07/11/23

NY DEPOSIT

DECEMBED TRANSACTION EFT BULL DEB11 - 4645 1 1 FEF # 3192000000406 NETWORK ID. GOOL. AID AUODUOOO0422UG TO 4UUZGE 7888271GB TERMINAL # 26587870 14:54:26 U3 11/2

ANAMI GOL LON LO LINABA EFF OFBIA 103 53 TOTAL PURCHASE US DEB11- 3440 1 O REF # 319200366502 RELIVORK ID 0008 APPR CODE 005414 ATO A000000098034U 1C 94REBE711B69A1B1 TERMINAL # 20587800 *Pin Verified 14:54:49 07/11/23



回答! Become a

Regional Distributors, Inc.

1281 MT READ BLVD ROCHESTER, NY 14606 585 458-3300 Fax 585 458-3314

BILL TO: SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621 SHIP TO: SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621 585-325-4950

** INVOICE **

INVOICE DATE	INVOICE NUMBER
07/19/23	S1985190.001
REMIT TO: REGIONAL DISTRU	BUTORS, INC
PO BOX 60859 ROCHESTER, NY 1-	4606 1

USTOHER	CUS	OHER ORDER MUNGER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP	IIA	1	ERMS	SHIP DATE	ORDER DATE
	PICKU	P		LEA KANE	WICHELE L	IDMS-XM	PICK UP					3 07/19/2
ORDER		SHIP OTY	Transferring Colors		RIPTION	CELY CHORN VICE A	derally uplant	PART.NO	TAX	unit Pric	e man i inser	EXT PPC
***	3cs 2bn Con	3cs :	* **** * *** * DELIVER E * CALL 729- ********* 11-10093 II 11.5×6.5×21 GS57NP5C (6 BBL 12X7X1	PS 1/6 WHITE RED PRINT 1 30076) 57# PA 7 500/BUNDLE	T CARD*** ******* PM THANK YOU 1000/CASE	***** BAG	* * * * * * *	3398 35			.930	68.3

Regional Distributors, Inc.

1281 MT READ BLVD ROCHESTER, NY 14606 585 458-3300 Fax 585 458-3314

SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621

SHIP TO: SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621 585-325-4950

** INVOICE **

0.001
PAGE NO.
2

CUSTONER#	CUSTOMER ORDER HUMBER	RELEASE NAMBER	ORDERED BY	SALESPERSON	CSR	SHIP VI	A	10-51-27.15	TERMS	SHIP DATE	ORDER DATE
	PICKUP		LEA RANE	MICHELE	IDMS-XM	PICK UP			ON INVOIC	07/19/23	07/19/23
ORDER (USB ENGINEER SELECTION	DESCRIPT	ION	Amilianian.		PART.NO	1/1	Unit Price	Part of the last o	
* * * * * * * * * *	Merchant ID# : Card Number : Card Holder : Charge Amount: Signature : I agree to pay *********** cunt paid toda	25078014073 5322XXXXXX LINCOLN SPA \$254.77 above total	8 Time (X4645 Carc (LDING Aut) Char PAID IN FULL amount accord	e/Date: 1 d Type: M n Code: 6 rge Date:	.2:23:01 IC 95017 07/20/	20 JUL Exp.: 0	526	* * * * * * * * * * * * *			0.00
nvoi	ce is due by 0	7/19/23.							Subto FREI Sales	GHT	0.00
editte ni	for shortage or errors wast itten authorization and are less are non returnable								Amo	unt Due	0.00

Special orders are non-setathable.

Past due invoices may be subject to 1.5% late charge



THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2021

RECEIPT

ULINE FED ID#: 36-3684738

INVOICE #: 166247031

ORDER #: 3650419

SOLD TO: SW FOOD PROGRAM INC

PMB 350

620 PARK AVE

ROCHESTER NY 14607-2994

SHIP TO:

SW FOOD PROGRAM INC

PMB 350

620 PARK AVE

ROCHESTER NY 14607-2994

CUSTOMER	NO.	PURCHASE	ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
2091688	20916883 LINCOLN		, I	A DUIE PYLE 07/21/23 07/21/23		MASTERCARD	07/21/23		
QIY ORDERED	U/M	BACK ORDERED	ITEM NUM	BER		DESCRIPTION		UNIT PRICE	EXTENDED PRICE
3	кт		H-10712-6	53	CHROME WIRE	SHELVING UNIT	- 42 X 24 X	199.00	597.00
1	кт		H-10712-6	3A	CHROME WIRE 42 X 24 X 63"	SHELVING ADD	ON UNIT -	189.00	189.00
1	кт	H-6218 WIRE BASKET SHELVING - 48 X 24 X 63"		325.00	325.00				
12	EA		S-24137G		VENTILATED STACK AND NEST CONTAINER - 20 X 13 X 6", GREEN			16.00	192.00
1	EA		S-21433Bi	.U	UTILITY WAGO! THIS ITEM AT	N - BLUE I NO CHARGE		.00.	.00.
					CHARGED TO 4645 \$1,469.4	MASTERCARD E 42	NDING IN		

ORDER PLACED BY: LINCOLN SPAULDING INTERNET PRO #: 533560827 SUB-TOTAL SALES TAX SHIPPING/HANDLING 1,303.00 166.42

 $\overline{(c)}$

(2)

AMOUNT DUE

PAID IN FULL

Foodlink , 585-328-3380 www.foodlinkny.org

Statement Aging:

Days old:

Aged amounts:



The People's Pantry Michael Durfee 555 Avenue D Rochester, NY 14621 United States

STATEMENT

Statement Date: 7/31/2023

Agency ID: CAL003

Page: 1

Amount Remitted

Document	Date	Description	Transaction	Debits	Credits	Balance
AO-00075-1 AO-00256-1 AO-00268-1	7/13/2023 7/20/2023 7/27/2023	Order AO-00075 Order AO-00256 Order AO-00268	Invoice Invoice Invoice	431.87 85.50 2,247.36		431.87 517.37 2,764.73
Grant No.		Description HPNAP Purchased LOC 2024 1		Balance 1,911.00		

0.00

Current

2,764.73

Statem	ent Balance	2,764.73	0.00	(L) 2,764.73
31 - 60 Days	61 -	90 Days	Over 90 Day	/S

0.00

0.00



400 WEST AVENUE, 3RD FLOOR ROCHESTER, NY 14611

Jerome H. Underwood President & CEO Brad Rye Board Chair

7/14/2023

Community Resource Collaborative 100 College Ave Suite 130 Rochester, NY 14626

Purchase Order Number	
Subagreement	Year 1
Invoice Period	Jun-23
Invoice #	AFC1

Date:

er over eventski	Budget	Prior	Current	Cumulative
		YID	Charges	YTD
PERSONNEUSALARY			\$0.00	\$0.00
FRINGE BENEFITS			\$0.00	\$0.00
EQUIPMENT			\$0.00	\$0.00
EXPENSES/	\$7,000.00		\$0.00	\$0.00
SUPPLIES TRAVEL	ψ1,000.00		\$0.00	\$0.00
ALL OTHER	\$20,000.00		\$127.50	\$127.50
TOTAL:	\$27,000.00	\$0.00	\$127.50	\$127.50

CERTIFICATION: I certify that this report, schedule, and the expenses for which payment is requested are true, correct and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.

SIGNATORY;	Michele Boyd	585-262-4330	07/14/23
<u>GGWGGW.</u>	(SIGNATURE)	(PHONE NUMBER)	(Case)



PAYEE'S NAME & ADDRESS		Requested b	y: Brooks Benton	& Michele Boyd
NAME: Patricia Terziani		Dept / Progr		
ATTN:		<u> </u>		
ADDRESS: 690 S. Goodman Stre	et	Check Dist		* Note: Any paperwork to be sent with check
ADRESS LINE 2		Send directly		must be in an attached
CITY Rochester, NY 14620	<u> </u>	Send with a		addressed envelope.lf
PHONE # Vendor Reference:		Return to re	questor	no, the check will be sent directly to the payee.
Minority Vendor: Yes No		If separate of	heck is required	please check box
Is this a current vendor? If not, a new vendor	or set-up request form			
Description of purchase and reason for the				
Stipends for June 1, 2023 - June 30	, 2023			
Outreach, education and other prog		ctivities.		
TO BE CHARGED:				
G/L Code	Program Eleme	ent Code		\$ Amount
72700	212300 (MSA)			क्य हैं।
			•	io one Malikal
72700	202023 (HIPCoC)		-	por el la designation
			-	
32324	232400 (NCP)			\$127.50
			TOTAL	\$ 127.50
			TOTAL	\$ 127.50
Required Signatures				
If an advance, I hereby authorize	ABC Inc. to de	educt from	mv wages ar	nv amount not
accounted for by me within(30) the	hirty days from t	he date of	f this advance	or upon termination
of my employment, whichever co		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Of the employment, who let of) ()			
Signature: / Luc Dog	n de	Date	7/12/23	-
Requestor's Signature	•		' '	
)		n/1-1-	a
Signature:		Date	111212	2
Program director/Députy D	irector		1 /	
Additional Circuit was an enquired				
Additional Signatures as required:				
		Date	_	_
All highlighted fields must be filled in	n or request will b	e returned.		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Finance	Use Only
		Vendor# Batch#		Voucher#
		Audited By	:	VOGOTOL IF

Date:

10



AFC PEER WORKER

MONTH: _ *Grey area	11.7-7.1.8		nce of	Wiani 023			
DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
6/14	2:00		Wereut	aus	1,5	815	82
4/21	300	600	Sibult Buit	hus	30	815	654
6/26	110	5 10	table	migo	4.0	#15	B6
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					100		
		000 000 mg					



400 WEST AVENUE, 3RD FLOOR ROCHESTER, NY 14611

Jerome H. Underwood

President & CEO

Brad Rye

Board Chair

e 2 Rip	Purchase Order Number Subagreement Year	8/4/2023
	Subagreement Year	1
лр	Subagreement Year	1
	Subagreement Year	1
	_	1
		Jul-23
	Invoice #	AFC2
	mvoice #	7100
Prior	Current	Cumulative
1 <u>YID</u>		\$0.00
	1000 HINE	\$0.00
	TEMPO (2000)	\$0.00
	\$6.00	
	\$0.00	\$0.00
	\$0.00	\$0.00
\$127.50	\$457.50	\$585.00
A 10044 () 7	er out the second	发展的现在分词
\$127.50	\$457.50	\$585.00
	9тр	Prior Current (Charges) (S0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$457.50)



PAYEE'S NAME	& ADDRESS		Requested	by: Brooks Bentor	n & Michele Boy	d
NAME:	Gwendolyn Craw	ford	Dept / Progr	7117354673	= '	
ATTN:		V				
ADDRESS:	69 Avery Street	N . 3 . 3	Check Dist	ribution:	* Note: Ans	paperwork
ADRESS LINE 2		es Ox	Send direct	445 W. T. M. C. C.	to be sent wit	
CITY	Rochester, NY 1	4612	Send with a	14 7 1 1 1 1 1	must be in an	
PHONE#	Trochester, 147	4012	Return to re	er Wiles	addressed en	
Vendor Reference			110107771010	400000	directly to the	
Minority Vendor:			If senarate	check is required	please check b	ox
•	vendor? If not, a new					
	urchase and reason for					
Description of pu	irchase and reason lo	the absence of all the	voice of pulchase	didei.		
Stipends for J	July 1, 2023 - July	31, 2023				
	ucation and other		e activities.			
-						
	TO BE CHARGED:					
	G/L Code	Program E	lement Code		\$ Am	ount
	72700	212300 (MSA)		_	\$ 1 =	202.50
				_		117.117
	72700	202023 (HIPCod	C)	_	1500 1500	
				_		
32324	72740	232400 (NCP)		-	\$	210.00
300				-		
				TOTAL	\$	412.50
				TOTAL	4	412.00
Required Signa	atures					
-	ce, I hereby autho	rize ABC, Inc. to	o deduct from	n mv wages a	ny amount i	not
	or by me within(3					
	yment, whicheve				•	
or my ownpro		1		-0 I -		
Signature:	1 Suly Of	Lelen	Date	8/04/23	_	
	Requestor's Sigr	ature				
,	h.A.)		8/4/0	マ	
Signature:	Jule 9	<u>/</u>	Date	01418	,	
	Program director/Dep	ity Director		•		
Additional Signa	atures as required:					
			Date		_	
All highlighte	d fields must be fil	led in or request w	vill be returned.	,		
			<u> </u>	Cinona	Hea Only	
			Vendor#	rinance	Use Only	
			Batch #		Voucher#	

Audited By: Date:

ACTION for a BETTER COMMUNITY

AFC PEER WORKER

*	/
V	

NAME:	Guen Ca	TO FUE			
MONTH: _	July	(B-)	NCP /	1 ABC	

*Grey	area	for	staff	use	only
-------	------	-----	-------	-----	------

	Grey area		<u> </u>	S. — 1,455 — 11,455/1889 — 55-		Lindagi	112.22.194	I amount of the second
	DATE	TIME	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
	7-633	1.60	3:00	Child 19th	KA	2	15	9202
	7-11-23	100	3:00	NCP Lyell Outrach	ICA	Q	15	430
	7-12-23	1:00	300	NC P Jeillean	LA	2	15	830
	2-13-23	1:00	3.00	NCP NCtinen	LA	A	15	930
	7-15-22	ì	2:00	Pricle Tabeling	ILA	4.	15	160
	7.20.23	1,	3:00	rabeling NCP Climin	ilit	2	15	930
	- 7.2/2	3 1130					3	
7	24-21	100	3:00	Comited	ich	2	15	420
7	10-23	1:00	3:00	comiled	ILA	2	15	# 6X
7-	26-23	11:30	5:00	Condon		5,5	IS	884 S
7.	77.12	1:00	Sid	Condon 1		4	15	60
•				Prems				70/1
							11	
								
				NCP 7 MSA 7	6700	8 21 9 20	000	
				MSA 7	otal	4 20	\$ 5°	/
				 				



PAYEE'S NAME	& ADDRESS		Requested	by: Brooks Be	nton & Mich	ele Boyd
NAME:	Frederick Parker		Dept / Prog	ram: AFC	th.	
ATTN:	egal ma 250			- ,		
ADDRESS:			Check Dist	tribution:	* Not	te: Any paperwork
ADRESS LINE 2			Send direct	ly to Payee		ent with check
CITY	Rochester, NY		Send with a	ttached *		ne in an attached ssed envelope.if
PHONE #			Return to re	equestor		check will be sent
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•	72700	232400 (NCP)		-	\$	37.50
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Required Signat	ures					
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			Audited By	r:		

Date:



AFC PEER WORKER



NAME: FREDERICK	L PARKER		
MONTH: July	27.2023		
*Grey area for staff use only		2	

DATE /	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	ikieit limus	(Mir	dire
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PAYEE'S NAME	& ADDRESS		Requested I	y: Brooks Benton	& Michele Boyd
NAME:	Samantha Wilson		Dept / Progr	am: AFC	3.8
ATTN:	The man Mass.				
ADDRESS:			Check Dist	ribution:	* Note: Any paperwork
ADRESS LINE 2			Send directl	y to Payee	to be sent with check
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	endor? If not, a new vend				VV-9.
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Outreach, euc	ication and other prog	Ji airi assistance a	Otivities.		
					
	TO BE CHARGED:				
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	72700	202023 (HIPCoC)			112500000000000000000000000000000000000
	72100	202023 (HIP COC)		-	
	20004	000400 (MOD)		-	\$37.50
	32324	232400 (NCP)		•	\$37.00
				TOTAL	\$ 37.50
				TOTAL	37.00
Required Signa	tures				
	e, I hereby authorize	e ABC. Inc. to de	educt from	mv wages at	nv amount not
accounted for	or hy me within(30) (thirty days from f	he date o	f this advance	or upon termination
	yment, whichever c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
, ,	yment, whichever c	onies mst.			
Signature:	0,0/3	()	Date	8/04/23	
Signature. 1 C	Requestor's Signatur	re		8/4/23	
	n A	•			
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Signature:	- / WI DOX	S*	Date	0/4/00	2
	Program director/Deputy [JIFECTOR		' '	
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			Audited By	<i>!</i> :	

Date:

BZ-11/2009







NAME: Samantha	Wilson		
MONTH: July	2023	5*	

	TIME	TIME OUT	ACTIVITY	MANAGER APPROVAL	Hotel //hic hours	dire
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PAYEE'S NAME	Jenitter		Paguartad	by: Brooks Benton	& Michele Royd	
	Jennifer Wilson				d wilchele Boyd	
NAME:	Jennier VVIISUR	.U	Dept / Prog	am. AFC	ED 23 90%	
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ADDRESS:	324 - 324	<u> </u>	Check Dist	111	* Note: Any paper to be sent with che	
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Stipends for	July 1, 2023 - July 31	1, 2023				
	lucation and other pr		activities.	·· ··-		
					:	
	TO BE CHARGED:					
	G/L Code	Program Elem	ent Code		\$ Amount	
	72700	212300 (MSA)			•	
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	72700	202023 (HIPCoC)		•	= filestes (x221)	1
				-		33.1
	32324	232400 (NCP)		-		\$37.50
				•	#15 10 2 X 15 10 4	-100
				•		
				TOTAL	\$ -	37,50
Required Signa	atures					
If an advance	ce, I hereby authori	ze ABC. Inc. to d	educt from	mv wages ar	v amount not	
	for by me within(30)					ation
	oyment, whichever	• •				
or my emple		1				
Signature:	Luly St &	ulh	Date	8/04/23		
	Requestor's Signat	ure			_	
	1100	1		8/4/23		
Signature:	MUSTON		Date	81418	73	
Oignatare.	Program director/Deputy	Director		0/3/		
Additional Signa	atures as required:					
			5.			
			Date		-	
All highlighte	ed fields must be filled	in or request will t	oe returned.			
				Finance I	lse Only	
			Vendor#	- manue		
			Batch #		Voucher#	
			Audited By	•		

Date:



AFC PEER WORKER

X

NAME: JEN; AR	- Wilson	
MONTH: TIALIA	2023	

*Grey area for staff use only

DATE	TIME	TIME	ACTIVITY	MANAGER APPROVAL	Itokil Irauss	S/hi _k	forth Laur
-17-13	11:30	2:00	pet/outreach training	BB		7/1/2	,
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PAYEE'S NAME	& ADDRESS		Requested I	by: Brooks Benton	& Michele Boyd	
NAME:	David B. Whitaker, J	r	Dept / Program: AFC			
ATTN:	_ " gwren fa					
ADDRESS:			Check Dist	ribution:	* Note: Any pap	
ADRESS LINE 2			Send directly	1 1000000	to be sent with che	
CITY	Rochester, NY		Send with a	ttached *	must be in an attac addressed envelop	
PHONE#			Return to re	questor	no, the check will i	be sent
Vendor Reference	ce:				directly to the paye	96.
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Description of pu	urchase and reason for the	absence of an invoice	e or purchase	order.		
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Outreach, edi	ucation and other prog	gram assistance a	ctivities.	<u>;</u>		
	TO BE CHARGED:					
	G/L Code	Program Eleme	ent Code		\$ Amount	Ł
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	72700	202023 (HIPCoC)		•	i arettira	\$3000
	70700	200400 (NOD)			2.00	\$30.00
	72700	232400 (NCP)			State of the State	\$30.00
				•	1500	2 Per
				TOTAL	\$	30.00
Required Signa						
	ce, I hereby authorize					
	or by me within(30) t		he date of	this advance	or upon termin	nation
of my emplo	yment, whichever co	omes first.				
Signature:	Kunle >	43.0,	Date	8/04/23		
Olymature.	Requestor's Signatur	re		010,103	_	
				8/04/23	/	
Signature:	MURSON		Date	8/04/23	3 yups	
	Program director/Deputy D	Director	_			
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Additional Signa	atures as required:					
			Date			
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All highlighte	d fields must be filled i	in or request will b	e returned.			
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Audited By:

Date:



AFC PEER WORKER



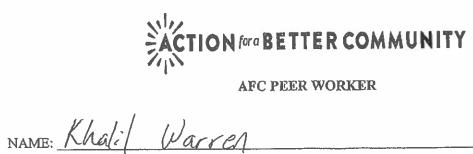
NAME: David	B. Whitaker	Jr	
монтн: Тир	2023		
*Grev area for staff use	only		

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
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PAYEE'S NAME & ADDRESS	Requested by: Bro	Requested by: Brooks Benton & Michele Boyd					
NAME: Khalii Warren	Dept / Program:	AFC					
ATTN:							
ADDRESS:	Check Distribution						
ADRESS LINE 2	Send directly to P	ayee to be sent with check must be in an attached					
CITY Rochester, NY	Send with attache	d * addressed envelope.lf					
PHONE #	Return to request						
Vendor Reference:		directly to the payee.					
Minority Vendor: Yes		is required please check box					
Is this a current vendor? If not, a new vendor	set-up request form must be attached	, including a W-9.					
Description of purchase and reason for the ab	sence of an invoice or purchase order						
00 - 1 for total 0000 - hit-04 00	00						
Stipends for July 1, 2023 - July 31, 20							
Outreach, education and other progra	m assistance activities.						
TO BE CHARGED:							
G/L Code	Program Element Code	\$ Amount					
72700	12300 (MSA)						
72700 2)2023 (HIPCoC)						
72700 2	32400 (NCP)	\$ 30.00					
	TOTA	AL \$ 30.00					
Required Signatures							
If an advance, I hereby authorize	ABC, Inc. to deduct from my	wages any amount not					
accounted for by me within(30) thi	ty days from the date of this	advance or upon termination					
of my employment, whichever con	nes first.						
2140	<i>' </i>	alaa					
Signature: / Lucle 18 24	2c Date 8/6	<u> 54 37</u>					
Requestor's Signature		•					
h. Para		2/1/23					
Signature: Program director/Deputy Dire	Date)	7402					
Program director/Deputy Dire	CiOi	•					
Additional Signatures as required:							
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	Batch #	Voucher#					

Audited By: Date:





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DATE	TIME	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total liours	(S)ihr4	ાજિકો હોπ⊛
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PAYEE'S NAME	: 2 ADDRESS		Parusatad	hu Procke Post	on & Michele Boyd
NAME:	Johnnie Waston		Dept / Prog		ton a witchele boyd
ATTN:	JOHNNE WASION		Debririog	nam. AFC	
ADDRESS:	JEE Fact Pidas	Posit	Check Dis	tribution:	* Note: Any paperwork
ADRESS LINE 2	Apr. 4-10	The same of the sa	#2750A + 42747	tly to Payee	to be sent with check
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PHONE #	Rochester, NT 4		-753	· =	addressed envelope.lf
		<u> </u>	Return to re	equesior	no, the check will be sent directly to the payee.
Vendor Reference Minority Vendor:		<u> </u>	If congrate	check le requin	ed please check box
•	-	vendor set-up request for			
		r the absence of an invoice			g a vv 0.
Description of pr	archase and reason for	the absence of an involu	ce or purchasi	e order.	
Stipends for	July 1, 2023 - July	31, 2023		·	
		program assistance	activities.	· · · · · · · · · · · · · · · · · · ·	
	TO BE CHARGED:				
	G/L Code	Program Elem	ent Code		\$ Amount
	72700	212300 (MSA)			
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	72700	202023 (HIPCoC)			
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	72700	232400 (NCP)		_	\$45.00
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				TOTAL	\$ 45.00
Required Signa	itures				
		orize ABC, Inc. to d	educt from	n my wages	any amount not
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/ on my omple					
Signature:	July 8	Lulia	Date	8/04/2	3
	Requestor's Sign	ature			:
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Signature:	Mile	700X	Date	81412	3 3
	Program director/Depu	uty Director			
Additional Signa	atures as required:				
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Batch #

Date:

Audited By:

Voucher#

BZ-11/2009





NAME: Johnse	Wasto?	
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^{*}Grey area for staff use only

DATE	TIME	TIME OUT	ACTIVITY	MANAGER APPROVAL	ikotali. Irones	Sylvie	ाजहा। विधाकृत
-27-23	11	2.60	PET/ NCP OUT I BACH Trining	BB			
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PAYEE'S NAME & ADDRESS	Requested by: Brooks B	enton & Michele Boyd
NAME: Daneisha Owens	Dept / Program: AFC	
ATTN:		
ADDRESS:	Check Distribution:	* Note: Any paperwork
ADRESS LINE 2	Send directly to Payee	to be sent with check must be in an attached
CITY Rochester, NY 1460	Send with attached *	addressed envelope.lf
PHONE #	Return to requestor	no, the check will be sent
Vendor Reference:		directly to the payee.
Minority Vendor: Yes	If separate check is req	uired please check box
Is this a current vendor? If not, a new vendor set-up request	form must be attached, include	ding a W-9.
Description of purchase and reason for the absence of an inv	roice or purchase order.	
Stipends for July 1, 2023 - July 31, 2023		
Outreach, education and other program assistance	e activities.	
TO BE CHARGED:		
G/L Code Program El	ement Code	\$ Amount
72700 212300 (MSA)	_	
72700 202023 (HIPCoC	<u> </u>	
32324 232400 (NCP)		\$ 30.00
	70741	00.00
	TOTAL	\$ 30.00
Required Signatures		
If an advance, I hereby authorize ABC, Inc. to	deduct from my wage	es any amount not
accounted for by me within(30) thirty days from		•
of my employment, whichever comes first.	II the date of the care	and or apon torrination.
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Signature: / hulle of dule	Date 8/04/	23
Requestor's Signature		23
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Signature:	Date 84	23
Program director/Deputy Director		
1 1 100 and Other transport of the state of		
Additional Signatures as required:		
	Date	_
All highlighted fields must be filled in or request wi	Il be returned.	
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	Vendor#	Voucher#

Audited By: Date:



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DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours		
7/06/23	£:80	4:30	PET-Training	88		16	
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INVOICE

C3 Consultancy Services, LLC EIN: 88-3537378
74 Dr. Samuel McCree Way
Rochester, NY 14608
Phone: S85-563-5148 Email: jrbasley@c3consultancy.org



DATE: INVOICE# August 4, 2023 NCP 0005 7/1-31/2023

FOR:

Neighborhood Callaborative Project (NCP) Project Lead

Bill To: Tina Paradiso, Executive Director Community Resource Collaborative 100 College Avenue, Suite 130 Rochester, NY 14607 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
Project coordination and management services for NCP that include but not limited to meeting planning & organization, communication and action item follow-up with County program officer and fiscal sponsor, action item monitoring and problem resolution; consultation, planning and support services with/on behalf of the NCP anchor and supporting partner agencies.	Contracted Services	\$ (2) 7,800.00
Project Historian / Neighborhood Legacy Coordination: preparation & organization; info gathering; post-reporting, debrief, follow-up, records management (16 hours * \$50/hr)	Contracted Services	\$ (22) 800.00
On-Site / Field Coordinator: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach materials and supplies acquistion, event coordination, action item follow-up, etc. (24 hours * \$25/hr)	Contracted Services	\$ (23) 600.00
Office Supplies: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc.	Supplies	\$ 24 43.19
Monthly allocation of 10% de minimis indirect cost rate	Indirect Costs	\$ 25 1,962.40
	BALANCE DUE	\$ 11,205.59

Questions or concerns regarding this invoice can be submitted via email to jrbasley@c3consultancy.org or by phone 585-563-5148

BEST WISHES FOR A FABULOUS DAY!

DOCUMENT	0
NO.	

SC Agency/Professional P.O. **Claim Voucher**

Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project

INSERT NAME OF CLAIMANT

REMITTANCE ADDRESS:

100 College Ave

Suite 130 Rochester

NY 14607 COUNTY OF MONROE

YEAR	2023		<u></u>	<u> </u>		<u></u>	
MONTH	DAY	QUANTITY	II TEMIZED ACCOUNT OF MATERIALS, SUPPLIES, ETC.	UNIT PRICE		AMOUNT	, <u> </u>
8	15	1	ARPA - Neighborhood Collaborative Project (NCP)	125660	67	125660	67
8	15	1	Minus: 25% Advance	(0)	(0)	(0)	(0)
					,		

THIS VOUCHER MUST BE CERTIFIED AND SENT TO THE DEPARTMENT AUTHORIZING SAME Jocelyn Basley Certifies that this claim is just, true and correct, that the merchandise or services herein have been rendered to Monroe County, that taxes from which Monroe County is exempt are not included and that the balance is actually due and owing (Insert name of daiman), his agent or representative) __ DATE 8/17/2023 птье Project Lead Submitted Digitally VIA ARPA Portal (Claimant, agent or representative to sign here) 7300002613 SC Purchase Order Number (Choose one: **VENDOR NUMBER** 11127279 H=Retainage Q=Liens U=Securities) INVOICE DATE REFERENCE (Vendor Invoice #) PAYMENT (Choose one: C=Check, D=ACH) METHOD _ / ____ / ____ POSTING DATE 125660.67 **AMOUNT** ARPA - Neighborhood Collaborative Project (NCP) TEXT WBS ELEMENT AMOUNT COST CENTER GRANT INTERNAL ORDER G/L ACCT 9001 1403930104 1400 G140100030.2326 G14010003001 125660.67 504320 CERTIFICATE OF APPROVAL BY DEPARTMENT HEADS (Cettly that the merchandrae or services itemized in the claim have been rendered or furnished to Monroe County on the date or dates shown, that the charges are correct, and an approving same for payment HEAD OF DEPARTMENT OR AUTHORIZED DEPARTMENT REPRESENTATIVE DATE CHECK RECEIVED BY__

Print Name

Signature

BEV MANS



INVOICE

CONTRACTOR

On The Ground Research, LLC 400 Andrews St Suite 220 Rochester, NY, 14604

Phone: 585-683-3638

Email: janelle@onthegroundny.com

TO

Tina Paradiso, Executive Director Community Resource Collaborative 100 College Ave, Suite 130 Rochester, NY 14607

Phone: 888-444-1060

INVOICE DATE

August 4, 2023

INVOICE NUMBER

012

PROJECT TITLE

Neighborhood Collaborative Project

INVOICE TIME PERIOD

7/1/23-7/31/23

Description

Date	Description of Services Rendered/Purchases Made	Purchases Budget Category Amount		Amount	Budget Amount			YTD Billed		
		<u> </u>			\$	146,581.00	\$	42,381.37		
July	NCP Researcher	Salaries monthly allocation	\$	11,006.33	\$	78,000.00	\$	22,968.35		
July	NCP Research Assistant	Salaries monthly allocation	\$	1,485.71	\$	10,400.00	\$	2,971.43		
July	Communications Specialist	Salaries monthly allocation	\$	3,000.00	\$	18,000.00	\$	3,000.00		
7/21/2023	ZOOM for NCP staff	Software and Subscriptions	\$	388.27	\$	15,855.00	\$	8,224.57		
		Total Costs	\$	15,880.31						
		Indirect Costs	\$	1,588.03	\$	13,326.00	\$	3,852.86		
		Remaining Balance			\$	104,199.63				
		Total Amount Due	\$	17,468.34						

Total \$17,468.34

Please make all checks payable to On The Ground Research, LLC

If you have any questions concerning this invoice, contact:

Janelle Duda-Banwar

T. (585) 683-3638 or Email: janelle@onthegroundny.com

INVOICE

August 14, 2023 NCP 004 7/1-31/2023 Neighborhood Collaborative Project (NCP) Anchor Agency Activities

DATE:

INVOICE# FOR:

Patricia Jackson, Executive Director SWAN at Montgomery Neighborhood Center 10 Cady Street Rochester, NY 14608 Phone: 585-436-3090 Email: pjackson@swanonline.org



Bill To: Tina Paradiso, Executive Director Community Resource Collaborative 100 College Avenue, Suite 130 Rochester, NY 14607 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
NCP Worker: shared role and responsibilty between Executive Director & Youth Director positions Executive Director: interface for workforce development training, managing NCP Anchor Agency action plan, reporting, budget, NCP leadership mtgs / Youth Director: interface for neighborhood outreach activities, program development, building connections with NCP peers & other partners. Payroll salary expense for July 2023 = \$5177.86 (\$645.90 * 2 pay periods) + (\$1938.07 + 1947.99)	NCP Worker	\$ 5,177.86
Neighborhood Outreach Supplies: Monthly allocation for July 2023	Neighborhood Outreach Supplies	\$360.00
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$ 240,00
Facility Use / Operations Supplement: monthly allocation of remaining unspent balance (July 2023)	Facility Use/Operations Support	\$ 1,146.52
Neighborhood Credibilty / Trust Value: Monthly allocation for July 2023	Credibility Trust/Brand Value	\$ 1,800.00
10% de minimis indirect cost rate: Monthly allocation for July 2023	Indirect Cost	\$ 2,110.90
	BALANCE DUE	\$ 10,835.28

Questions or concerns regarding this invoice can be submitted via email to pjackson@swanonline.org or by 585-436-3090



The People's Pantry 555 Avenue D Rochester, NY 14621

Invoice July 2023

Balance: \$4,852.45

Purchases

Furcilases	<u> </u>	
Headwater Food Hub	Eggs, Beans	\$255
Walmart	Pop up lunch at FTAC, buns, rice, aluminum trays, supplies	\$108.53
Regional Distributors	Bags for packing food	\$254.77
Uline	Shelving and equipment for the pantry	\$1,469.42
Foodlink	July invoices for food supplies	\$2,764.73

Total: \$4,852.45



Headwater Foods, Inc.

6318 Ontario Center Road Ontario NY 14519 United States (585) 565-4840 www.headwaterfoodhub.com

Bill To

Michael Durfee The People's Pantry 555 Avenue D Rochester NY United States Ship To

The People's Pantry 555 Avenue D Rochester NY United States

Invoice

Signature

Date 7/19/2023 **Invoice #** INV10455

 Due Date
 7/19/2023

 Ship Date
 7/20/2023

 Expected Delivery Date
 7/20/2023

 Terms
 Due on Receipt

SO # PO # Sales Rep

Goldfeder, Arthur

Sales Order #SO13749

Item	Item Internal ID	Sto	Units	Unit Price	Quantity	Catch Wt	Actual Wt	Description	Amnt
Eggs, Large Chicken	126,813		30Doz	90.00	2				180.00
Cooked Beans, Black NYS	140,556		12x15.50 z	15.00	5				75.00
Milk, 1 Percent White NYS Half Pint	138,250		70xHalfPi nt	0.00	2				0.00
Milk, Fat Free Chocolate NYS Half Pint	138,251		70xHalfPi nt	0.00	2				0.00
Milk, Skim NYS Half Pint	138,252		70xHalfPi nt	0.00	2	1			0.00
Apples, Braeburn, No. 1 IPM	30,398		8u	0.00	3				0.00
Apples Empire, No. 1 ECO	141,877		Bu (traypk)	0.00	1				0.00

Total 255.00 Amount Due \$255.00

Please include Invoice reference number on all payments and correspondence to help avoid service delays.

Customer Invoices paid by credit card will be assessed an additional 3% process fee.

Give us feedback Disurvey.walmart.com Thank yout ID #:7SJYZGLWK01

Walmart > <

WM Supercenter S85,787-1370 Mgr. MICHAEL 1990 BRANDI POINT DRIVE ST# 01744 0P# 009047 TE# 47 TR# 04073 10

ITÉMS SOLD 25 TC# 8469 7639 7822 2442 0385 3



GV 9200PET 078742349340 3.98 0 KETCHUP 3202 013000006050 F MUSTARD 200Z 041500000310 F 2.72.0 4.98 X 070485125390 PAN WALID PAN W/L IO :070485125390 LASAGNA PAN 070485389100 GV LOWEL 078742210800 4.98 X 5,48 X 6.14 X 6.14 X GV TOWEL 078742210800 1.77 0 WHIT RICE 2LB 078742352050 F 3,78 X 078742086560 1.16 0 GV VRG PINJO 078742131620 GV ARB PINTO 078742131620 F 1 16 0 FB FXTRA VIRIO 1736010130 F CV NSA BLKBN 078742061990 F CV 500 PM NP 078742233410 CUTLERY 078742089900 9.88 0 0.78 0 32 X 7.86 X 38 0 GV HD BUNS 7078742097280 38 0 GV HD BUNS 078742097280 F GV HD BUNS 8078742097280 38 0 1.33 0 078742097280 2.28 0 1041331038590 F HOT SAUCE 4.87 0 % SZN1RP N/MSG 033844007570 YLW ONLON 3# 853120003000 F 4.28 11 2.98 N BELL PEPPERS 057836000040 F GV .5L WATER 078742279090 F 5,36 X 2.00 N 073742215640 1 NY DEPOSIT

SUBTOTAL 103.70 TAX1 8,0000 * 108.53 TOTAL % 108.53 DEBLI, TEND CHANGE DUE

DEGLINED TRANSACTION DEBIT- 4645 1 ATD A0000000012203 3 TERMINAL # 26587,800 t. DECLINED

14:53:52 07/11/23

DESCINED TRANSACTION EET DITT DEB1! -4645 I 1 REF # 319200000400 NETWORK ID. 0001 -AID A0000000042203 TO 40024E.70882716B TERMINAL # 25587800

14:54:26

- EPT DEBTT PATTER OF PETMARY 108.53 TOTAL PURCHASE US DEBLI - 3440 I U REF # 319200366502 NETWORK ID. 0008 APPR COUE 005414 ATD A0000000980840 TC 94REBE711B69A1B1 TERMINAL # 26587800 *Pin Verified 14:54:49 07/11/23





Become a member today Scan for 3G day free trial.

Low prices You Canalrust, Every Day. 07/11/23 14:54:58

Regional Distributors, Inc.

1281 MT READ BLVD ROCHESTER, NY 14606 585 458-3300 Fax 585 458-3314

BILL 10: SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621 SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621 585-325-4950

** INVOICE **

ENVOICE DATE	INVOICE F	e prezer
07/19/23	S19851	90.001
REMIT TO: REGIONAL DISTRI	BUTORS, INC	PAGE NO
PO BOX 60859 ROCHESTER, NY 14		1

STONERAL CUSTOMER OR	ER MINBER RELEASE HAMBER	ORDERED BY	SALESPERSON	CSR	SHIP V	IA	I t	865	SHIP DATE	ORDER DATE
9320 PICKUP		LEA KANE	MICHBLE L	IDMS-XM	PICK UP	NOW NET	DUE C	N INVOIC	07/19/23	07/19/2 Ext Prc
3cs 2bn	* *** * DELIVER * CALL 72 ******** 3cs 11-10093 11.5x6.5x 2bn GS57NP5C	**************************************	ructions * ******* r CARD*** ******* PM ******* THANK YOU 000/CASE	****** BAG	* * * * *	33985	N	22.	930	68.

Regional Distributors, Inc.

1281 MT READ BLVD ROCHESTER, NY 14606 585 458-3300 Fax 585 458-3314

BILL TO: SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621

Past due invoices may be subject to 1.5% late charge

SHIP TO: SW FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621 585-325-4950

** INVOICE **

INVOICE DATE	INVOICE	AMBER
07/19/23	S19851	90.001
REMIT TO:		PAGE NO.
REGIONAL DISTRI PO BOX 60859 ROCHESTER, NY 1		2

USTONER	CUSTOMER	ORDER NUMBER	RELEASE HUMBER	ORDERED BY	SALESPERSON	CSR	SHIP V	IA SERVICE SE		TERMS	SHIP DATE	ORDER DATE
9320	PICKUP			LRA KANE	MICHELE I	IDMS-XM	PICK UP	NOW NE	T DUE	ON INVOIC	07/19/2	07/19/23 Ext Pro
ORDER E	QTY S	HIP OTY		DESCRI	PTTON	THE REAL PROPERTY.	10.000	Proct.no	IIIA	500 57 150		
* * * * * * * * * * *	Merchani Card Nur Card Ho Charge i Signatu: I agree	t ID# : mber : lder : Amount: re : to pay ******* id today	25078014073 5322XXXXXX LINCOLN SPA \$254.77	AMAGENTAL CARTES	ne/Date: 1 rd Type: M rh Code: 6 arge Date:	2:23:01 IC 95017 07/20/	20 JUL Exp.: 0	2023 526	* * * * * * *			-254.
Invoi	ce is d	ue by 07	/19/23.							Subto	GHT	0.0
			be made at once, Return bject to handling ch							Amo		0.0



THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2021

RECEIPT

ULINE FED ID#: 36-3684738

INVOICE #: 166247031

ORDER #: 3650419

SOLD TO: SW FOOD PROGRAM INC

SW FOOD PROGRAM INC

PMB 350

PMB 350

620 PARK AVE

620 PARK AVE

ROCHESTER NY 14607-2994

ROCHESTER NY 14607-2994

								757110	INDICACE DATE
CUSTOMER	NO.	PURCHASE	ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
209168	83	LING	COLN	A	DUIE PYLE	07/21/23	07/21/23	MASTERCARD	07/21/23
QTY ORDERED	U/M	BACK Ordered	ITEM NUM	BER		DESCRIPTION		UNIT PRICE	EXTENDED PRICE
3	кт		H-10712-6	53	CHROME WIR 63"	E SHELVING UNIT	- 42 X 24 X	199.00	597.00
1	кт		H-10712-6	3A	CHROME WIR 42 X 24 X 63"	E SHELVING ADD	-ON UNIT -	189.00	189.00
1	кт		H-6218		WIRE BASKETS	SHELVING - 48 X	24 X 63"	325.00	325.00
12	EA		S-24137G		VENTILATED ST 20 X 13 X 6",	ACK AND NEST (GREEN	CONTAINER -	16.00	192.00
1	EA		\$-21433BI	.U	UTILITY WAGO THIS ITEM A	N - BLUE T NO CHARGE		.00.	.00
					CHARGED TO 4645 \$1,469.	MASTERCARD E 42	NDING IN		

SHIP TO:

ORDER PLACED BY: LINCOLN SPAULDING

INTERNET PRO #: 533560827

SUB-TOTAL SALES TAX S 1,303.00 .00	
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AMOUNT DUE PAID IN FULL

NOTE:

Foodlink

585-328-3380 www.foodlinkny.org



The People's Pantry Michael Durfee 555 Avenue D Rochester, NY 14621 United States

STATEMENT

Statement Date: 7/31/2023

Agency ID: CAL003

Page: 1

Amount Remitted

Document	Date	Description	Transaction	Debits	Credits	Balance
AO-00075-1	7/13/2023	Order AO-00075	Invoice	431.87		431.87
AO-00256-1	7/20/2023	Order AO-00256	Invoice	85.50		517.37
AO-00268-1	7/27/2023	Order AO-00268	Invoice	2,247.36		2,764.73
Grant No. GRT00007		Description HPNAP Purchased LOC 2024 1		Balance 1,911.00		

		Statement Balar	ice 2,764.73	0.00	2,764.73
Statement Aging: Days old:	Current	31 - 60 Days	61 - 90 Days	Over 90 Days	
Aged amounts:	2,764.73	0.00	0.00	0.00	

NCP's Monthly Check Request Log - Monroe County Invoice Submission Month: August 2023

NCP Partner Agency	Bud	Total get Allocation	Prior Balance	R	eimbursement Amount Requested	Current Balance	Check Number	Check Date
ABC Action Front Center	\$	27,000.00	\$ 27,000.00	\$	585.00	\$ 26,415.00		
Baden St Counseling Center	\$	27,000.00	\$ 27,000.00	\$	-	\$ 27,000.00		
Barakah Muslim Charities	\$	27,000.00	\$ 22,000.00	\$		\$ 22,000.00		
Beyond the Sanctuary	\$	129,015.00	\$ 107,008.88	\$	38,122.99	\$ 68,885.89		
Cameron Community	\$	232,197.00	\$ 176,126.96	\$	15,743.86	\$ 160,383.10		
C3 Consultancy Services **	\$	215,866.00	\$ 171,886.58	\$	11,205.59	\$ 160,680.99		
Father Tracy Advocacy Center	Ś	232,197.00	\$ 201,345.74	\$	11,281.29	\$ 190,064.45		
Lyell Avenue Business Assoc.	\$	27,000.00	\$ 27,000.00	\$	770.87	\$ 26,229.13		
MC Collaborative	\$	147,950.00	\$ 88,770.00	\$	14,795.00	\$ 73,975.00		
On the Ground Research*	\$	146,581.00	\$ 121,667.98	\$	17,468.34	\$ 104,199.64		
SWAN at Montgomery Center	\$	232,197.00	\$ 164,136.83	\$	10,835.28	\$ 153,301.55		
The Peoples' Pantry	\$	27,000.00	\$ 26,673.48	\$	4,852.45	\$ 21,821.03		
Community Resource Collaborative	\$	73,550.00	\$ 25	\$	-	\$ S 64		
•	-	,	Total Disbursed	Ś	125,660.67			

^{**} MBE & WBE Vendor

^{*} WBE Vendor

Bring Monroe Back - Monroe County ARPA Budget Proposal

Particulation Particulatio	Shborhood Collaborative Pri List 8/15/2023 Voucher 8/15/2023 Voucher \$ 6,250.00 \$ 7,500.00 \$ 7,500.00 \$ 11,937.12 \$ 1,937.12 \$ 1,037.00 \$ 11,037.00 \$ 11,037.00 \$ 11,037.00 \$ 11,000.00 \$ 1	7	S 125.660.67	Total Project Cost for July 2023 \$
Ust B/15/2023 Voucher \$ 11,937.12 \$ 6,250.00 \$ 12,500.00 \$ 7,500.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 14,857.0	Shborhood Collaborative Pro List 8/15/2023 Voucher \$ 11,937.12 \$ 6,123.74 \$ 6,123.74 \$ 1,937.12 \$ 4,576.92 \$ 4,576.92 \$ 1,06.250.00 \$ 10,06.30.00	85	I	Total Other Than Personnel Services Costs:
Ust 8/15/2023 Voucher \$ 11,937.12 \$ 6,123.74 \$ 5,525.00 \$ 5,520.00 \$ 5,520.00 \$ 5 13,750.00 \$ 5 13,750.00 \$ 5 13,750.00 \$ 5 13,750.00 \$ 5 13,750.00 \$ 5 13,750.00 \$ 5 1485.71 \$ 5 1485.71 \$ 5 661.08 \$ 5 661.08 \$ 5 6632.70 \$ 5 7,000.00 \$ 5 7,000.00 \$ 5 7,000.00 \$ 5 7,000.00 \$ 5 7,000.00 \$ 5 600.00 \$	Shborhood Collaborative Pri List 8/15/2023 Voucher 8/15/2023 Voucher \$ 11,937.12 \$ 6,123.74 \$ 13,500.00 \$ 7,500.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 5,529.82 8/15/2023 Voucher \$ 2,702.16 ANN) \$ 661.08 \$ 663.27 \$ 7,000.00 \$ 300.00 \$ 300.00 \$ 300.00 \$ 5 388.27 \$ 5 388.27 \$ 5 4,853.45 \$ 5 388.27 \$ 5 4,853.45 \$ 5 388.27 \$ 5 4,853.45 \$ 5 388.27 \$ 5 4,853.45 \$ 5 4,853.45 \$ 5 388.27 \$ 5 4,853.45 \$ 5 6,068.33 \$ 6,068.33		45	iscal Sponsor Administrative Cost Nate - 5% (CRC)
Ust 8/15/2023 Voucher \$ 11,937.12 \$ 6,123.74 \$ 5,525.00 \$ 5,525.00 \$ 5,520.00 \$ 5,520.00 \$ 5 14,857.11 \$ 5 14,857.11 \$ 5 661.08 \$ 5 4,854.71 \$ 5 4,854.71 \$ 5 4,852.45 \$ 5 2,702.16 \$ 5 30,700.00 \$ 5 7,800.00 \$ 5 382.70 \$	Shborhood Collaborative Pri Lust 8/15/2023 Voucher 8/15/2023 Voucher 5 6,250.00 5 6,250.00 5 7,500.			IO% de minimis indirect cost rate (BTS, MC2, OTG, C3)
Ust 8/15/2023 Voucher \$ 11,937.12 \$ 6,123.74 \$ 5,5250.00 \$ 7,500.00 \$ 7,500.00 \$ 11,006.33 \$ 1,485.71 \$ 5 10,006.33 \$ 1,485.71 \$ 5 3,000.00 \$ 5 4,884.71 \$ 5 4,882.45 \$ 2,200.00 \$ 5 30,700.00 \$ 5 30,700.00 \$ 5 382.70 \$ 5 382.70 \$ 5 382.70 \$ 5 382.70 \$ 5 3800.00 \$ 5 3800.	Shborhood Collaborative Pro List 8/15/2023 Voucher \$ 11,937.12 \$ 6,250.00 \$ 7,500.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 13,750.00 \$ 14,857.00 \$ 14,857.00 \$ 4,857.00 \$ 661.08 \$ 4,884.71 \$ 7,000.00 \$ 30,700.00 \$ 30,700.00 \$ 3800.00 \$ 4,852.45 \$ 380.00 \$ 5 600.00 \$ 5 600.00 \$ 5 600.00 \$ 5 600.00 \$ 5 600.00 \$ 5 600.00 \$ 5 600.00 \$ 5 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00			VCP Supplies & Materials (C3)
List B/15/2023 Voucher	Corganization Name: Neighborhood Collaborative Pr			veighborhood/Community Engagement Conversations & Activities (C3)
Ust B/15/2023 Voucher	Organization Name: Neighborhood Collaborative Propertion (Collaborative Propertion) By Project (NCP) Workers (Cameron, FTAC, SWAN) Ust: 8/15/2023 Youcher 8/15/2023 Youcher 8/15/2023 Youcher 9/15/2023 Youcher 9/15		\$ -	Alicrosoft Surface Pro Packages - 5 (C3)
List B/15/2023 Voucher B/15/2023 S	Organization Name: Neighborhood Collaborative Prince Project (NCP) Workers (Cameron, FTAC, SWAN) List 8/15/2023 Voucher 8/15/2023 Voucher 8/15/2023 Voucher 9/15/2023 Voucher 9/		S 4	er Diem Stipends for Event Logistics Helpers (C3)
Ust B/15/2023 Voucher	Organization Name: Neighborhood Collaborative Price Project (NCP) Workers (Cameron, FTAC, SWAN) List 8/15/2023 Voucher 8/15/2023 Voucher 8/15/2023 Voucher 9/15/2023 Voucher 9/1		5	TS Bits Passes/Transportation Assistance
List 8/15/2023 Voucher	Organization Name: Neighborhood Collaborative Processing	nutreach materials and sundies acquistion, event coordination.		ontracted Services: On-Site / Field Coordinator (C3)
List 8/15/2023 Voucher Emeron, FTAC, SWAN S 11,937.12	Organization Name: Neighborhood Collaborative Proced (NCP) Workers (Cameron, FTAC, SWAN) S 11,937.12	_		
List 8/15/2023 Voucher State S	Organization Name: Neighborhood Collaborative Process List 8/15/2023 Voucher 8 (Cameron, FTAC, SWANI) \$ 8/15/2023 Voucher 10 Project (NCP) Liaison (BTS) \$ 6,250.00 10 Project (NCP) Liaison (BTS) \$ 6,250.00 10 S 3,500.00 10 S 4,842.00 10 S 4,842.00 10 S 4,842.00 10 S 4,842.00 10 S		00000	ontracted Services: Historian / Neighborhood Legacy (C3)
List 8/15/2023 Voucher St. (Cameron, FTAC, SWAN) S 11,937.12	Organization Name: Neighborhood Collaborative Proced Collaborative Proced (NCP) Workers (Cameron, FTAC, SWAN) List 8/15/2023 Voucher s (Cameron, FTAC, SWAN) \$ 11,937.12 meron, FTAC, SWAN) \$ 4,576.92 meron, FTAC, SWAN) \$ 6,250.00 (C2) \$ 7,500.00 (C2) \$ 12,000.00 (C2) \$ 12,500.00 (C2) \$ 12,600.00 (C2) \$ 12,600.00 (C3) \$ 12,000.00 (C3) \$ 12,000.00 (C4) \$ 12,000.00 (C5) \$ 12,000.00 (C6) \$ 12,000.00 (C7) \$ 12,000.00 (C7)		-7	untracted Services: Project Lead / Community Consultant (C3)
List 8/15/2023 Voucher	Organization Name: Neighborhood Collaborative Process List 8/15/2023 Voucher 8/15/2023 Voucher 8/15/2023 Voucher 8/15/2023 Voucher 8/15/2023 Voucher 8/15/2023 Voucher \$ 11,937.12 9/10/10 (C2) \$ 4,576.92 10/10 (C2) \$ 5,250.00 10/10 (C2) \$ 5,250.00 10/10 (C2) \$ 5,250.00 10/10 (C2) \$ 1,937.12 10/10 (C2) \$ 5,250.00 10/10 (C2) \$ 1,000.00 10/10 (oftware and Subscriptions (OTG)
List 8/15/2023 Voucher Emeron, FTAC, SWAN S 11,937.12	Organization Name: Neighborhood Collaborative Proced (NCP) Workers (Cameron, FTAC, SWAN) List 8/15/2023 Voucher 8/15/2023 Voucher 8/15/2023 Voucher 9/15/2023 Voucher 9/15		0 45	TO Bearbasing 8. Communications (OTG)
List 8/15/2023 Voucher E/15/2023 Voucher E/15/2023 Voucher S Cameron, FTAC, SWAN S 11,937.12 S 6,250.00	Organization Name: Neighborhood Collaborative Process List 8/15/2023 Voucher List 8/15/2023 Voucher 8/15/2023 Voucher s (Cameron, FTAC, SWAN) \$ 11,937.12 re Project (INCP) Liaison (BTS) \$ 4,576.92 re Project (INCP) Liaison (BTS) \$ 5,500.00 (C2) \$ 11,805.33 (OTG) \$ 12,805.00 (OTG) \$ 12,805.00 (OTG) \$ 12,805.00 (OTG) \$ 12,805.00 (OTG) \$ 2,702.35			ontracted Services: Anchor Agency Social Worker Supervision (MC2)
List 8/15/2023 Voucher E/15/2023 Voucher S E	Organization Name: Neighborhood Collaborative Process List 8/15/2023 Voucher 8 (Cameron, FTAC, SWAN) \$ 11,937.12 9 (Cameron, FTAC, SWAN) \$ 4,576.92 10 (C2) \$ 6,250.00 10 (C2) \$ 7,500.00 10 (C2) \$ 3,750.00 10 (C2) \$ 11,937.12 10 (C2) \$ 3,500.00 10 (C2) \$ 3,500.00 10 (C2) \$ 1,000.00 10 (C2) \$ 3,750.00 10 (C2) \$ 1,000.00 10 (C2) \$ 3,750.00 10 (C2) \$ 5,500.00 10 (C2) \$ 3,500.00 10 (C2) \$ 5,500.00 10 (C2) <td>_</td> <td></td> <td>Contracted Services; NCP Client Wraparound Support Services (BTS)</td>	_		Contracted Services; NCP Client Wraparound Support Services (BTS)
List 8/15/2023 Voucher Emeron, FTAC, SWAN S 11,937.12	Organization Name: Neighborhood Collaborative Process List 8/15/2023 Voucher 8 (Cameron, FTAC, SWAN) \$ 11,937.12 9 (Cameron, FTAC, SWAN) \$ 6,250.00 10 (C2) \$ 7,500.00 10 (C2) \$ 11,937.12 10 (C3) \$ 1,500.00 10 (C3) \$ 1,485.71 10 (C1) \$ 5,500.00 10 (C2) \$ 55,829.82 10 (C3) \$ 1,485.71 10 (C1) \$ 55,829.82 2 (C1) \$ 1,485.71 10 (C2) \$ 55,829.82 10 (C2) \$ 1,485.71 10 (C2) \$ 1,485.71 10 (C2) \$ 1,485.71 10 (C3) \$ 1,290.00 10 (C3) \$ 1,485.71 10 (C3) </td <td></td> <td></td> <td>taff Mileage Reimbursement (BTS, C3)</td>			taff Mileage Reimbursement (BTS, C3)
List 8/15/2023 Voucher Start S	Organization Name: Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN) List 8/15/2023 Voucher s (Cameron, FTAC, SWAN) \$ 11,937.12 re Project (NCP) Liaison (BTS) \$ 6,250.00 (C2) \$ 7,500.00 (C2) \$ 3,750.00 (C2) \$ 1,005.00 (C2) \$ 1,000.00 (C2) \$ 1,485.71 (C3) \$ 1,485.71 (C4) \$ 5,629.82 (C5) \$ 5,629.82 (C7) \$ 5,629.82 (C3) \$ 5,629.82 (C4) \$ 5,629.82 (C5) \$ 642.00			Par Diam Stinands for Pear Outreach Workers (AFC)
Ust 8/15/2023 Voucher \$ 11,937.12 \$ 6,250.00 \$ 4,576.92 \$ 6,250.00 \$ 7,500.00 \$ 11,006.33 \$ 11,006.33 \$ 11,006.33 \$ 1,485.71 \$ 9,15/2023 Voucher 4) \$ 55,629.82 WAN) \$ 642.00 WAN) \$ 642.00 \$ 4,844.71 VAN) \$ 6,332.70 \$ 770.87	Ist B/15/2023 Voucher Pro II.937.12 S 6,250.00 S 7,500.00 S 7,500.00 S 3,750.00 S 1,485.71 S 1,485.71 S 1,485.71 S 5,629.82 S 1,485.71 S 5,629.82 S 1,485.71 S 5,629.82 S 1,485.71 S 5,629.82 S 1,485.71 S 5,702.16 S 5,702.17 S 5			ood Pantry Supplies (TPP)
List 8/15/2023 Voucher \$ 11,997.12 \$ 6,123.74 \$ 4,576.92 \$ 4,576.92 \$ 3,750.00 \$ 7,500.00 \$ 3,750.00 \$ 11,006.33 \$ 1,485.71 \$ 3,000.00 \$ 55,629.82 \$ 1,485.71 \$ 4,15/2023 Voucher \$ 5,629.82 \$ 1,486.71 \$ 4,184.71 \$ 661.08 \$ 4,884.71 \$ 6,332.70 \$ 6,332.70	(hborhood Collaborative Pro Ust: 8/15/2023 Voucher \$ 11,937.12 \$ 4,576.92 \$ 6,250.00 \$ 7,500.00 \$ 7,500.00 \$ 3,750.00 \$ 1,485.71 \$ 1,485.71 \$ 1,485.71 \$ 661.08 \$ 9,13/2023 Voucher \$ 1,485.71 \$ 4,884.71 \$ 663.32.70 ANI) \$ 2,702.16			Idministrative Support: Support Services Partners (LABA, BMC,BSCSC)
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st 8/15/2023 Vaucher \$ 11,937.12	ist 8/15/2023 Voucher \$ 11,937.12			Im-Site Vocational Trainers (Cameron, FTAC, SWAN)
Ust 8/15/2023 Voucher	Organization Name: Neighborhood Collaborative Project (NCP) / Community Resource Collaborative Ust 8/15/2023 Voucher Voucher Explanation	A		leighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)
	Organization Name: Neighborhood Collaborative Project (NCP) / Community Resource Collaborative		8/15/2023 Vouche	

Bring Monroe Back - Monroe County ARPA Budget Proposal Organization Name: Neighborhood Collaborative Project (NCP) / Community Sesource Collaborative

Personnel Costs Last	Lbt Eac 4/17/2023 Voucher 5/15/2023 Voucher 6/15	CONCERN 1 ACT	The second secon		CARREST TATALOG . TO S.	34 400 granuture 1 e.	2023 Vouches 7/37/2023 Vouches 8/15/2023 Vouches 9/15/2023 Vouches 10/17/2023 11/15/2023 1/16/2024 Vouches 10/17/2023 11/15/2023 1/16/2024 Vouches Vouches 10/17/2023 1/16/2024 Vouches Vouches Vouches 10/16/2024 Vouches Vou	10/11/00/23 11/12/00/3	Ad any delinery or over	100 Jan 1 1707		CARLING MALLON OF THE PARTY OF	Not 1887 1 Bedger	Daniel Land	Proposes Edwarders
allaborative Project (NCP) Workers (Cameron, FTAC, SW	20	•	7,031.25 \$		10,112.67 \$	11,937.12			Service Services	\$	34,238.92 5	106,386.08	24%	\$ 140,625.00	\$ 761,271.00
On-Site Vocational Trainers (Cameron, FTAC, SWAN)	S		16,257.05 \$	4,360.40 \$	22,845,02 \$	6,123.74				5	49,586.21 \$	105,102.79	32%	5 154,689.00	837,405.00
On-Site Social Workers (Cameron, FTAC, SWAN)	5		6,730,75 \$	2,692,30 \$	9,230.76 \$	4,576.92			The second second	. \$	23,230.73 \$	145,519.27	14%	\$ 168,750.00	5 913,530.00
Neighborhood Collaborative Project (NCP) Usison (BTS)	Ç5	5	est i	6,250,00 \$	6,250.00 \$	6,250.00	The second second	No. of Contract of		8	18,750.00 \$	43,750.00	30%	\$ 62,500.00	5 269,382.00
ull-Time Social Worker (MC2)	S		\$ 00.000,21	2,500.00 5	7,500.00	7,500.00	-	STREET, STREET	The second	5	37,500.006 \$	37,500.00	808	\$ 75,000.00	323,260.00
Part-time Social Worker (MC2)	S		7,500.00 \$	3,750.00 \$	3,750,00 \$	3,750.00				8	18,750.00 \$	18,750.00	20%	37,500.00	\$ 161,630.00
NCP Local Researcher (OTG)	S			.\$ 69226	\$ EE-900'11	11,006.33				8	22,968.35 \$	\$5,031.65	29%	\$ 78,000.00	336,190.00
Student Research Assistant (OTG)	\$	\$	\$		1,485.72 \$	1,485.71				\$)	2,971.42 5	7,428.58	29%	\$ 10,400,00	\$ 44,825.00
Communications Coordinator (OTG)	S	**	s,		\$	3,000.00		_		\$	3,000.00 \$	15,000.00	K.	\$ 18,000.00	\$ 77,582.00
Laborate Branch Stra										J		3			
Take Bernama Carte	2 0		2 20,912.52	10 546 27 ¢	22 180 49 \$	\$ 52,629.42			\$		210.995.63 \$	534.468.37	28%	\$ 745,464.00	\$ 3.725.075.00
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Other Thes Personnel Services Costs	4/17/2023 v	Youther SV	4/12/2023 Youcher 5/15/2023 Youcher 6/15	/2023 Veucher	/2025 Vewcher 8/1	\$/2023 Voucher \$1	15/2023 Voucher	7/12/2011 Vescher 4/15/2013 Vescher 1/15/2013 Vescher 1/15/2013 10/15/2013 1/15/20	12/15/2023 1/16/	2024 Year-to-Du	the Year 1 Res		% of Year 1 Sudget	Proposed	Proposed Expenditures
Focational Training Scipends: Anchor Agencies Icameron, PTAC, SWANS	S	- 5	,		7,800.00 \$	ça	The second second		Section Control of the Control of th	\$	7,800.00 \$	46,200.00	14%	\$ 54,000.00	\$ 232,746.00
Neighborhood Outreath Supplies: Anchor Agencies (Cameron, This. Switzer)	S			290.25 \$	563.72 \$	642.00	100	THE REAL PROPERTY.		\$	1,493.97 \$	9,306.03	14%	\$ 10,800.00	\$ 45,183.00
Office Supply Supplement: Anchor Agencies (Common, FTAC, SWAN)	S		960:00 \$	1,691.99 \$	849.54 \$	661.08				s	4,162.61 5	3,037.39	%8S	\$ 7,200.00	30,120.00
- Killty Use / Operations Support: Anchor Agencies (Common, FTAC, SWAN)	S		12,001.93 \$	6,436.67 \$	2,850.32 \$	2,702.16				\$	23,991.08 \$	13,006.92	96796	\$ 36,000.00	5 150,612.00
Snacks, Swag/Incentive Supplies: Anchor Agencles (Common, FTAC, SWAM)	\$	S	\$.	240.00 \$	191.14 \$	The second second				5	431,14 \$	6,763.36	869	5 7,200.00	\$ 30,120.00
Credibility Trust (Brand Value: Anchor Agencies Common, Frac, Swaw)	s		\$ 027.597	4,239.11 \$	3,690.02 \$	4,884.71	The state of the last	State of the same	1		20,465.54 \$	33,534.46	38%	ű	5 225,915.00
LOSs de minimis indirect zost rate: Anchor Agentiles (camerar, Frac, swaa);	\$	\$	8,443.60 \$	6,332.70 \$	6,332,70 \$	6,332.70				\$	27,441.70 \$	35,885.30	43%	\$ 63,327.00	\$ 322,692.00
Administrative Support: Support Services Partners guar, auc, ascsc)	\$	- 8	\$.	\$ -	\$ -	770.87				5	770.87	80,229.13	1%		\$ 338,871.00
Food Pantry Supplies (1993)	\$	\$		\$.	326.52 \$	4,852.45				S	5,178.97 \$	21,821.03	\$ 861		5 112,957.00
Per Diem Stipends for Peer Outreach Workers IIIIG	5	- 15	\$.	- ·		585.00		and the same of		S	\$ 00.288	26,415.00		· ·	\$ 112,957.00
Staff Mileage Reimbursement (BTs, Cs)	\$. 15	\$ -	. \$	\$.					\$ 80	S	2,356.00	960	ļ	9,367.00
Contracted Services: MCP (Hent Wraparound Support Services (813)	- 5		5 -	\$ 00096	6,200.32 \$	30,700.09		and the second	STATE OF THE PERSON	S	37,860.41 \$	16,139.59	70% \$	\$ 54,000.00	5 232,747.00
Contracted Services: Anchor Agency Social Worker Supervision (vicz)	\$	\$	4,400.00 \$	\$ 00'002'2	2,200.00 \$	2,200.00	Section 1	Section 10 contracts	THE PERSON NAMED IN	S	11,000.00 \$	11,000.00	%O%	2	\$ 94,822.75
Research Supplies (1976)	S	\$	\$ 61.005		- 8					\$	\$ 61.005	1,499.81	17% 5		
MCP May keting. & Communications (016)	\$		845,81 5	18.17 \$	\$.					S	863.98 \$	7,136.02	11% \$		
Software and Subscriptions (01G)	\$	- 5	. 8	149.90 \$	7,686.40 \$	388.27	1	110000		\$	8,224.57 \$	7,630.43	828		
Contracted Services: Project Lead / Community Comultant (Co)	\$		\$ 00'009'51	2,800.00 \$	7,800.00 \$	7,800.00				\$	39,000.00 \$	39,000.00	XO5	.,	336,190.00
Contracted Services: Historian / Neighborhood Legacy (D)	\$	\$	- 8		800,00	800.00				S	1,600.00	24,400.00	969	2	5 112,063.00
ontracted Services: On-Site Field Coordinator IIII	\$	\$	\$		600.00	600.00				\$	1,200.00 \$	17,550.00	969	\$ 18,750.00	5 40,316.00
Contracted Services. Neighborhood Ambassedors Kill	\$	57	\$.	\$.	D 0-1					\$.	\$	45,000.00		\$ 45,000.00	\$ 188,264.00
HTS Bus Passery/Transportation Assistance	S	0	5 - 8	\$,					\$	\$ 8	4,644.00	250	5 4,644.00	5 19,427.00
Per Diem Stipends for Event Logistics Helpers CII	\$	45	\$ - 18	\$.						\$	\$	1,200.00	960	\$ 1,200.00	5,020,00
Microsoft Surface Pro Packages - 5 (CI)	\$	\$	\$.	\$.						\$	\$	12,288.00		\$ 12,288.00	\$ 20,015.00
Heighborhood/Community Engagement Conversations & Activities (C3)	w.	5	\$.	\$.	3,529.82	A 100				S	3,529.82 \$	4,058.18	47%	5 7,584.00	31,509.00
NCP Supplies & Materials Fill	S			\$	s,	43.19				\$	43.19 \$	1,156.81	436	00'002'1 \$	5,020.00
10% de minimis indirect cost l'ate IIIN, AAC2. ONL CLI	s	475	6,749,40 \$	4,592.68 \$	6,498.14 \$	6,068.33				\$	23,908.55 \$	34,220.45	41%	\$ 58,129.00	\$ 245,953.00
iscal Sponsor Administrative Cost Rate - 1M itsic	s	\$	73,550.00 \$	s,						\$	73,550.00 \$		100%	\$ 73,550.00	\$ 341,000.00
Total Other Than Persannel Services Costs:	•	,	130,702,63 \$	34.951.47 \$	57,916,64 \$	70,030.85 \$	9	\$	\$ 5		299,401.59 \$	505,487.43	37% \$	\$ 00.680,667 \$	3,435,773.75

INVOICE

Beyond the Sanctuary

Season Season

PO Box 18146 Rochester, NY 14618 585-520-6004 DATE: 8/8/2023
INVOICE # 3
FOR: Jul-23

Submitted to Jocelyn Basely Project Lead - NCP

DESCRIPTION		QUANTITY	UNIT COST	TOTAL
NCP Liason - weekly NCP planning meetings, process review, referral coordination, hired NCP Mgr			\$6,250.00	\$ 6,250.00
Wrap Around Support Servics - Food Pantry		11	\$40.00	\$ 440.00
Wrap Around Support Servics - Rental Assistance		10		\$ 25,487.31
Wrap Around Support Services - Emergency Services		5		\$ 4,622.78
Wrap Around Support Servics - Clothing		3	\$50.00	\$ 150.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Monthly Allocation for 10% de minimis indirect cost rate				\$ 1,172.90
Remaining Balance	TOTAL	29		\$ 38,122.99

Make all checks payable to Beyond the Sanctuary

If you have any questions concerning this invoice, Contact Carmen Allen 585-520-6004 or email at callen@beyondthesanctuary.org

Lyell Avenue Business Association (LABA)

190 MURRAY ST STE 1 ROCHESTER, NY 14606 585-370-5148



DATE: 8/7/2023 INVOICE # FOR: Jul-23

Submitted to

Community Resource Collaborative Jocelyn Basley, Project Lead for Neighborhood Collaborative Project 100 College Avenue, Suite 130 ROCHESTER, NY 14607

Purchases to support the July 14th Lyell Avenue Garden Plant Day (yo	outh, ne	•	ticipants d community r	nem	bers)
DESCRIPTION		QUANTITY	UNIT COST	7	TOTAL
Garden Tools: wheelbarrow, shovels, rakes, etc (details on receipt IMG_3159.jp	og)			\$	375.26
Flowers and plants (details on receipt IMG_3329.heic)				\$	55.07
5.5 Cu ft. Smart Cart and refreshments (details on receipt IMG_3328.heic)				\$	62.11
Gloves, seeds and markers (details on receipt IMG_3327.heic)				\$	24.62
Hotdogs, buns, paint brushes & rollers, plastic covers, etc (details on receipt IMG_3157.jpg)				\$	94.35
Bag of charcoal (details on receipt IMG_3156.jpg)				\$	12.91
Paint (4 gallons) and 10pk of tray liners (details on receipt IMG_3155.jpg)				\$	146.55
				\$	-
				\$	-
				\$	-
				\$	-
Total Reimbursement Re	quest			\$	770.87

Make all checks payable to Lyell Avenue Business Association If you have any questions concerning this invoice, Contact Lydia Rivera (585) 524-7072 or email at roccityroadsideassistance@gmail.com

THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY



A Complex Care Management Agency

Voucher for Neighborhood Collaborative Project July 2023

Date:	8/1/23	
Month of Payment Due:	July	
<u> </u>		

	July	Budget Amount	YTD Billed
		\$ 147,950	\$ 73,975
Social Workers (MC Collaborative)	\$ 7,500	\$ 75,000	\$ 30,000
Part-Time Social Worker	\$ 3,750	\$ 37,500	\$ 15,000
Supervision	\$ 2,200	\$ 22,000	\$ 8,800
Indirect Costs	\$ 1,345	\$ 13,450	\$ 5,380
Remaining Balance		\$ 73,975	
TOTAL DUE	\$ 14,795		

Total amount due for July = \$ 14,795.00

Please remit payment to: MC Collaborative PO BOX 18030 Rochester, NY 14618

INVOICE

C3 Consultancy Services, LLC EIN: 88-3537378
74 Dr. Samuel McCree Way
Rochester, NY 14608
Phone: 585-563-5148 Email: jrbasley@c3consultancy.org

COLTIVATING COMMUNITY CONNECTIONS

DATE: INVOICE #

August 4, 2023 NCP 0005 7/1-31/2023

FOR:

Neighborhood Callaborative Project (NCP) Project Lead Activities

Bill To: Tina Paradiso, Executive Director Community Resource Collaborative 100 College Avenue, Sulte 130 Rochester, NY 14607

Rochester, NY 14607 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
Project coordination and management services for NCP that include but not limited to meeting planning & organization, communication and action item follow-up with County program officer and fiscal sponsor, action item monitoring and problem resolution; consultation, planning and support services with/on behalf of the NCP anchor and supporting partner agencies.	Contracted Services	\$ 7,800.00
Project Historian / Neighborhood Legacy Coordination: preparation & organization; info gathering; post-reporting, debrief, follow-up, records management (16 hours * \$50/hr)	Contracted Services	\$ 800.00
On-Site / Field Coordinator: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach materials and supplies acquistion, event coordination, action item follow-up, etc. (24 hours * \$25/hr)	Contracted Services	\$ 600.00
Office Supplies: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc.	Supplies	\$ 43.19
Monthly allocation of 10% de minimis indirect cost rate	Indirect Costs	\$ 1,962.40
	BALANCE DUE	\$ 11,205.59

Questions or concerns regarding this invoice can be submitted via email to jrbasley@c3consultancy.org or by phone 585-563-5148

BEST WISHES FOR A FABULOUS DAY!

Cameron Community - Olivia Kassoum-Amadou, Executive Director 48 Cameron St Rochester, NY 14606 Phone: 585-254-2697 ext. 101 Email: olivia@cameronministries.org



INVOICE

August 7, 2023 00004 July 1-July 31, 2023 Neighborhood Collaborative Project (NCP) Anchor Agency Activities

Bill To: Tina Paradiso, Executive Director Community Resource Collaborative 100 College Avenue, Suite 130 Rochester, NY 14607 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
Global Connections Enterprise - Sharale Gray: Global Logistics Program at Cameron: planning, curriculum development, information sessions, community outreach, techology set up, registration, and other services from July 1, 2023 - July 31, 2023 as documented by Global Connection Enterprise's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10
CEO KUTZ, LLC Derrick Singleton: Cameron Cuts Apprenticeshiip Program. planning, curriculum development, information sessions, community outreach, site planning, and teaching classes, and other services from July 1, 2023-July 31, 2023 as documented by CEO KUTZ, LLC's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081,10
Payroll Reimbursement for Community Engagement worker, Jonathan Hardin, planning with instructors, participate in information sessions and outreach, oversee workforce development program, mantain NW outreach schedule and data. Cameron Community payroll register documentation. (2 pay periods @ 1,769.23 per pay period)	NCP Worker	\$3,538.46
Payroll Reimbursement for Cameron's On-Site Social Worker: Felecia B. Merriam, LCSW. planning with instructors, participate in information sessions and outreach, developed platform for tracking student data, colordinate linkages to anticipated services, prepared resource and referral pocket cards for participants, acquired pre and post assessments designed to determine client needs, Cameron Community payroll register documentation. (2 pay periods @\$1346.15 per pay period)	Social Worker	\$2,692.30
Monthly allocation of Neighborhood Credibilty / Trust Value for July 2023 AA's brand identity / reputation)	Credibility Trust/Brand Value	\$1,800
Facility Use / Operation Support Monthly Allocation for July 2023	Facility Use/Operations Support	\$1,200
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$240
10% de minimis indirect cost rate: Monthly allocation for the month of July 2023		\$2,110.90
	BALANCE DUE	\$15,743.86

 $Questions\ or\ concerns\ regarding\ this\ invoice\ can\ be\ submitted\ via\ email\ to\ olivia\\ @cameron ministries.org\ or\ by\ 585-254-2697\ ext.\ 101$

BEST WISHES FOR A FABULOUS DAY!



821 North Clinton Avenue Rochester NY 14605 585.563.7008

Invoice

Submitted on 08/2023

Invoice for

Payable to

Invoice #

The Father Tracy Advocacy Center

230701

Company name

Street address

Project

Due date

City, State, Zip

NCP-Anchor Agency

8/11/23

Description	Qty	Unit price	Total price
NCP Liason - Salary	NV		\$3,220.80
NCP Social worker	DV		\$1,884.62
NCP workforce development	CR		\$1,961.54
Family Dollar NCP Facilities			\$36.63
Costco ·NCP POP-Up			\$282.00
NCP office supplies- Regional Distrib			\$181.08
Costco- NCP trust (client assistance)			\$39.10
Costco- NCP trust (client assistance)			\$42.98
Costco- NCP trust (client assistance)			\$198.62
Red Roof- NCP Trust (client assistance)			\$191,52
Bright Bubble-NCP Trust (client assistance)			\$31.50
Costco- NCP trust (client assistance)			\$215.99
NCP Trust-Vendor- Lizzette Agosto			\$515.00
Amazon - NCP Facilities (table & chairs)			\$226.68
Amazon - NCP Facilities (food cart)			\$92.33
PR Birth certificate NCP trust (client assistance)			\$50.00
10% de minimis indirect cost rate; Monthly allocation for July 2023			\$2,110.90

Notes: Subtotal

\$11,281.29



400 WEST AVENUE, 3RD FLOOR ROCHESTER, NY 14611

Jerome H. Underwood

President & CEO

Brad Rye

Board Chair

7/14/2023

Community Resource Collaborative 100 College Ave Suite 130 Rochester, NY 14626

Purchase Order Number	
Subagreement	Year 1
Invoice Period	Jun-23
Invalor #	AFC1

Date:

	Budget	Prior	Current	Cumulative
Y a girl		YTD	Charges	YTD
PERSONNEL/SALARY			\$0.00	\$0.00
FRINGE BENEFITS			\$0.00	\$0.00
EQUIPMENT OPERATING			\$0.00	\$0.00
EXPENSES/ SUPPLIES	\$7,000.00		\$0.00	\$0.00
TRAVEL			\$0.00	\$0.00
ALL OTHER	\$20,000.00		\$127.50	\$127.50
TOTAL:	\$27,000.00	\$0.00	\$127.50	\$127.50

CERTIFICATION: I certify that this report, schedule, and the expenses for which payment is requested are true, correct and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.

SIGNATORY:	Michele Boyd	585-262-4330	07/14/23
127.2			



PAYEE'S NAME &	ADDDECC		Degraphed I	hu Beneka Ban	ton 0 Michala David
	Patricia Terziani				ton & Michele Boyd
	Patricia reizianii		Dept / Progr	am: AFC	
ATTN:		The second secon	D1 1 D1 4		* N
ADDRESS:			Check Dist		* Note: Any paperwork to be sent with check
ADRESS LINE 2	D 1 4 104		Send directi	THE RESERVE OF THE PARTY OF THE	must be in an attached
	Rochester, NY	Appendix 17	Send with a		addressed envelope.lf
PHONE #			Return to re	questor	no, the check will be sent
Vendor Reference:					directly to the payee.
Minority Vendor: Ye					ed please check box
	dor? If not, a new vende	-			g a W-9.
Description of purch	ase and reason for the	absence of an invoice	or purchase	order.	
Stinends for Jun	e 1, 2023 - June 30	2022			<u> </u>
	ation and other prog	,	ntivitiee		
Outreach, educa	mon and other prog	iaiii assistance at	Suviues.		
					
тс	BE CHARGED:				
	G/L Code	Program Eleme	nt Code		\$ Amount
79		212300 (MSA)	iit code		Amount
12	700	212300 (MOA)		•	
72	2700	202023 (HIPCoC)		•	Committee of the second
		202020 (1111 000)		•	
32	324	232400 (NCP)		•	\$127.50
				•	
_			······	•	
				TOTAL	\$ 127.50
Required Signature	es				
	I hereby authorize	ARC Inc to de	duct from	my wadee	any amount not
	•				ce or upon termination
	nent, whichever co	•	ie uate oi	uns auvant	be of upon termination
of my employm	ioni, willonever	O III St.			
Signature:	July 80 %	alca .	Date	7/12/23	
	Requestor's Signature				
(A O			21.10	
Signature:	TUNDAR		Date	1120	3
	gram director/Deputy Di	rector		7	
Additional Signature	oo oo roguisad:				
Additional Signature	s as required.				
			Date		_
All highlighted	alde must be filled to		wasterman al		ency.
All nigniighted fle	elds must be filled in	or request will be	returned.		
				Financ	e Use Only
			Vendor#		
			Batch #		Voucher#
			Audited By:	0.00	

Date:

BZ-11/2009

AFC PEER WORKER

(\sim				
	NAME:		Pal	ne f	errion			_	
	MONTH:		I	ine 2	elsioni Dez			_	
	*Grey area	for staff us			47				
	DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	:\$/hr	Total due	
1,5-	- 6/14	2:00	3.30	Moformus -	aus	1.5	#15	#20	50
3,0 -	- 4/21	300	600	Whilt	In ox	3.0	8/5	#45	,00
1,5- 3,0- 4.0	6/24	110	5 10	table	mgs	40	\$15	# 60	,00
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	-	-							
					413 600	71			



400 WEST AVENUE, 3RD FLOOR ROCHESTER, NY 14611

Jerome H. Underwood

President & CEO

Brad Rye

Board Chair

8/4/2023

Name Address Address Line 2 City, State, Zip

Purchase Order Number	
Subagreement	Year 1
Invoice Period	Jul-23
Invoice #	AFC2

Date:

	Budget	Prior	Current	Cumulative
		YTD	Charges	YTD
PERSONNEL/SALARY			\$0.00	\$0.00
FRINGE BENEFITS			\$0.00	\$0.00
EQUIPMENT OPERATING			\$0.00	\$0.00
EXPENSES/ SUPPLIES	\$7,000.00		\$0.00	\$0.00
TRAVEL			\$0.00	\$0.00
ALL OTHER	\$20,000.00	\$127.50	\$457.50	\$585.00
TOTAL:	\$27,000.00	\$127.50	\$457.50	\$585.00

CERTIFICATION: I certify that this report, schedule, and the expenses for which payment is requested are true, correct and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.

SIGNATORY	Michele Boyd		585-262-4330 x3101	08/04/23
		(SIGNATURE)	(PHONE NUMBER)	(Date)



	E & ADDRESS			by: Brooks Benton	& Michele Boyd
NAME:	Gwendolyn Craw	ford	Dept / Prog	ram: AFC	
ATTN:		T A			
ADDRESS:		11,000 [3]	Check Dist	tribution:	* Note: Any paperwork
ADRESS LINE	2	The same of the sa	Send direct	ly to Payee	to be sent with check
CITY	Rocnester, NY 1	270 mm (L)	Send with a	nttached *	must be in an attached addressed envelope.If
PHONE #			Return to re	equestor	no, the check will be sent
Vendor Referer	nce:				directly to the payee.
Minority Vendor		<u> </u>	If separate	check is required	please check box
	t vendor? If not, a new	vendor set-up request			
Description of p	ourchase and reason for	the absence of an in-	voice or purchase	e order.	
Stipends for	July 1, 2023 - July	31, 2023			
	ducation and other		e activities		
Outrodon, or	addation and other	orogram addictant	oc dollaridos.		
	TO BE CHARGED:				
	G/L Code	Program E	lement Code		\$ Amount
	72700	212300 (MSA)			\$ 202.50
				-	
	72700	202023 (HIPCod	C)	-	
	72700	ZOZOZO (IIII COX	5,	-	
- 261	22760	232400 (NCP)		-	\$ 210.00
32324	DECTO U	232400 (NCP)		-	\$ 210.00
			••	-	
				TOTAL	\$ 412.50
				TOTAL	412.00
Required Sign	atures				
	ce, I hereby autho	rize ARC Inc. to	deduct from	mv wadee ar	w amount not
	•				•
	•		m the date o	i inis advance	or upon termination
or my empi	oyment, whicheve	er comes tirst.			
Cianatura	120,00	γ 0.	Date	8/04/22	
Signature:	Requestor's Sign	atura	Date	0100100	_
	Requestors Sign	alure			
	h. Ad			8/4/20	2
Signature:	Jun 3	<u> </u>	Date	0 40	_
	Program director/Depu	ity Director		•	
Additional Sign	natures as required:				
			Date		
		Wheney and the con-			
All highlighte	ed fields must be fill	ed in or request w	ill be returned.		
				Finance	Use Only
	(i)		Vendor#		200.30.00
			Batch #		Voucher#

Audited By: Date:

ACTION for a BETTER COMMUNITY

AFC PEER WORKER

NAME:	Guen Ca	we of			
MONTH: _	July	(B-)	NCP	1 ABC	

*Grey area for staff use only

	DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
	7-6.23	1:60	3:00	Cut 19th	KA	2	15	4200
	7.11-23	1:00	3:80	NCP Lyell Outrach	is	2	15	P30 :
. [7-12-23	100	300	NCP Jefferin Outrouch NCP NCtinkn	LA.	2	15	30
•	1-13-23	1:00	3:00		KA	a.	15	30
ı	7-15-22	10:00	2:00	Pricle Tabeling	lut	4	15	60
.	7-20-23	1:00	3:00	NCP CLITTIN	ILA	2	15	#30°
-	7-36	3 11-30		C assact	31,000		3	
70	74-21	l'oo	3:00	Comited	ILIT	2	15	430
7	1023	1:00	3:00	Comiled	ILA	2	15	300
7.	76-23	11:30	2:00	Condon		5,5	15	889 20
7	77.22	1:00	Sico	Condon		4	15	600
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				NCP 7	stal	8 210 9 20	200	
				MSA 7	otal	4 20	2,50	
				7				

\$/



PAYEE'S NAME & ADDRESS			Requested by: Brooks Benton & Michele Boyd			
NAME: Frederick Park	er	Dept / Prog	ram: AFC	The second secon		
ATTN:				A Nata A		
ADDRESS: 47 Elmhurst Stre		Check Dist		* Note: Any paperwork to be sent with check		
ADRESS LINE 2		Send direct		must be in an attached		
CITY Rochester, NY	60	Send with a	dia	addressed envelope.If		
PHONE #		Return to re	equestor	no, the check will be sent		
Vendor Reference:	_			directly to the payee.		
Minority Vendor: Yes			check is required			
Is this a current vendor? If not, a new	vendor set-up requ	est form must be att	ached, including a	W-9.		
Description of purchase and reason for	the absence of an	n invoice or purchase	order.			
Olimanda fan Iulu 4, 2000 - Iulu	24 2022					
Stipends for July 1, 2023 - July						
Outreach, education and other	orogram assista	ance activities.				
TO BE CHARGED:						
G/L Code	-	n Element Code		\$ Amount		
72700	212300 (MSA	4)	-			
			-			
72700	202023 (HIP	CoC)	_			
			-			
72700	232400 (NC	P)	-	\$ 37.50		
	***		-			
			TOTAL	\$ 37.50		
				V		
Required Signatures						
If an advance, I hereby author	rize ABC, Inc.	to deduct from	my wages an	y amount not		
accounted for by me within(3	0) thirty days f	from the date o	fthis advance	or upon termination		
of my employment, whicheve	r comes first.					
1 1 (-1/	2 (7		0/ 1/00			
Signature: / Dully Signature: Requestor's Sign	Sull	Date	8/4/23			
Requestors Sign	ature					
1 Ma Bod		THE RESERVE TO SERVE	0/11/03			
Signature:	de Discotos	Date	814193			
Program director/Depu	ity Director					
Additional Signatures as required:						
- '						
		Date		-		
All highlighted fields must be fill	ed in or request	will be returned				
On mannamented Heids Indat no Iun	od in or request	will be letuined.				
			Finance L	Ise Only		
		Vendor#	(313,244293)			
		Batch #		Voucher#		

Audited By:

Date:

BZ-11/2009





NAME:	FREDERIC	K PARKER	
MONTH: _	July	27, 2023	
*Grave area	for stoff use only		

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Rotal hautes	Shir	Hotel due
7/29/2	1/30Am		DISTREMENT NEW WILL	63			
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	-	-					
-03-22					i_{i}	/47	



Dept / Program: AFC Dept / Program: AFC	PAYEE'S NAME	& ADDRESS		Requested	by: Brooks Benton	& Michele Boyd
ADDRESS: ADDRESS: ADDRESS LINE 2 DATE: ADDRESS LINE 2 DITY Rochester, NY Return to requestor Return to request must be attached, including a W-9. Description of purchase and reason for the absence of an invoice or purchase order. Stipends for July 1, 2023 - July 31, 2023 Outreach, education and other program assistance activities. TO BE CHARGED: G/L Code Program Element Code \$ Amount 72700 202023 (HIPCoC) 32324 232400 (NCP) \$ 37.50 Required Signatures If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first. Signature: Required Signature Return to request will be returned. Return to request will be returned.						
ADDRESS: ADDRESS LINE 2 CITY Rochester, NY PHONE # Wendor Reference: Winority Vendor: Yes Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9. Description of purchase and reason for the absence of an invoice or purchase order. Stippends for July 1, 2023 - July 31, 2023 Outreach, education and other program assistance activities. TO BE CHARGED: G/L Code 72700 202023 (HIPCoC) 32324 232400 (NCP) TOTAL \$ 37.50 Required Signatures If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first. Signature: Date Program director/Depoty Director Additional Signatures as required: Date Finance Use Only Voucher # Batch # V		Carriana vviison		Doptiriogi	dill. Al O	
Send directly to Payes Send with attached Incompany to the paye Incompan				Chook Diet	ribution:	* Note: Any penerwork
Send with attached addressed envelope. If no, the check will be sent directly to the payee. If separate check is required please check box Return to requestor In ot, the check will be sent directly to the payee.						
Return to requestor						must be in an attached
Minority Vendor: Yes		Rochester, NY			=	·
Minority Vendor: Yes No				Return to re	questor	The state of the s
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TO BE CHARGED: G/L Code Program Element Code 72700 212300 (MSA) 72700 202023 (HIPCoC) 32324 232400 (NCP) TOTAL \$37.50 Required Signatures If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first. Signature: Date 8/04/23 Requestor's Signature Signature: Date 8/04/23 Additional Signatures as required: Date 8/04/23 Finance Use Only Vendor # Batch # Voucher #	Description of pu	irchase and reason for the	absence of an invoice	e or purchase	order.	
TO BE CHARGED: G/L Code Program Element Code 72700 212300 (MSA) 72700 202023 (HIPCoC) 32324 232400 (NCP) \$37.50 Required Signatures If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first. Signature: Date 8/04/23 Requestor's Signature Signature: Date 8/04/23 Requestor's Signature Date 8/04/23 Program director/Deptity Director Additional Signatures as required: Date Finance Use Only Vendor # Batch # Voucher #						
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Required Signatures If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first. Signature: Date Signature: Program director/Deputy Director Additional Signatures as required: Date Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #		32324	202400 (1101)		•	Ψ01.00
Required Signatures If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first. Signature: Date Signature: Program director/Deputy Director Additional Signatures as required: Date Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #					•	
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If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first. Signature: Date 8/04/23 Requestor's Signature Date 8/4/23 Additional Signatures as required: Date Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #						
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Requestor's Signature Signature: Program director/Deputy Director Additional Signatures as required: Date Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #	of my emplo	yment, whichever c	omes first.			
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Program director/Deputy Director Additional Signatures as required: Date Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #	Signature: /	July 98 Ju	Vin	Date	8/04/23	
Program director/Deputy Director Additional Signatures as required: Date Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #		Requestor's Signatur	re			
Program director/Deputy Director Additional Signatures as required: Date Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #	-1	1000			-11	
Additional Signatures as required: Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #	Signature:	MASON		Date	8/4/23	3
Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #		Program director/Deputy I	Director		- / /	
Date All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #						
All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #	Additional Signa	atures as required:				
All highlighted fields must be filled in or request will be returned. Finance Use Only Vendor # Batch # Voucher #				Date		
Vendor # Batch # Voucher #						
Vendor # Batch # Voucher #	All highlighte	d fields must be filled	in or request will b	e returned.		
Vendor # Batch # Voucher #					Einanaa I	leo Only
Batch # Voucher #				Vendor#	гшалсе С	786 Offiny
				The same of the sa		Voucher#
				Audited By		TOUGHOUT TO

Date:





NAME: Samantha	wilson	 	
MONTH: July	2023		
<u> </u>			

*Grey area for staff use only	Grey are	a for	staff	use	onl	y
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DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Hotal hours	SAhr	total.	
7-27-23	11:36	2:00	training NCO	BB				5
			State (All					
					1116			
·				75.338				
				91				
				V 0- 200-300-310-				
								Control of the last
								A STANSON
								
								MICHELLE IN
			100					H CONTRACTOR OF THE PARTY OF TH



	Teniffoo				
PAYEE'S NAME 8	ADDRESS		Requested I	oy: Brooks Benton	& Michele Boyd
NAME:	Jennifer Wilson		Dept / Progr		THE RELEASE
ATTN:		nile Water			
ADDRESS:			Check Dist	ribution:	* Note: Any paperwork
ADRESS LINE 2		On Acti	Send directl		to be sent with check
CITY	Rochester, NY		Send with a		must be in an attached
PHONE #			Return to re		addressed envelope.If no, the check will be sent
Vendor Reference					directly to the payee.
Minority Vendor:	Yes No 🗆		If separate of	check is required p	please check box
Is this a current ve	endor? If not, a new vende	or set-up request form	must be atta	sched, including a	W-9.
Description of pure	chase and reason for the	absence of an invoice	or purchase	order.	
Stipends for Ju	ily 1, 2023 - July 31, 2	2023			
Outreach, educ	cation and other prog	ram assistance ad	ctivities.		
1	TO BE CHARGED:		-		
	G/L Code	Program Eleme	nt Code		\$ Amount
7	72700	212300 (MSA)			
-				•	
7	72700	202023 (HIPCoC)		•	
-				1	
3	32324	232400 (NCP)		1	\$37.50
-				1	
-				•	
				TOTAL	\$ 37.50
Required Signatu	ıres				
If an advance	, I hereby authorize	ABC, Inc. to de	duct from	my wages an	y amount not
					or upon termination
	ment, whichever co				
	1110	/]		.1.1	
Signature: / 3	ule of de	ula	Date	8/04/23	
	Requestor's Signature				
	h. 0 0			01.10	
Signature:	111000		Date	81419	3
Pr	rogram director/Deputy Di	rector		, ,	
Additional Olivert	anna an anassira da				
Additional Signatu	res as required:				
			Date		
All highlighted	fields must be filled in	or request will be	returned.		
				Finance U	se Only
		3	Vendor#	. manos o	
			Batch #		Voucher#
			Audited By:		

Date:





NAME: JEN; PET !	Wilson	 	
	· -		

MONTH: JWY 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY NCP Pet/ontreach training	MANAGER APPROVAL	House hours	SAir	totat due	
7-17-23	11:30	2:00	Pet/outleach Fraining	BB				5
-					e V.			
1000000								
	1		ļ					
	-							
_								W. 525-04
								2000



PAYEE'S NAME & ADDRESS	Requested by: Brooks Benton & Michele Boyd
NAME: David B. Whitaker, Jr.	Dept / Program: AFC
ATTN:	
ADDRESS:	Check Distribution: * Note: Any paperwork
ADRESS LINE 2	Send directly to Payee to be sent with check
CITY Rochester, NY	Sand with attached must be in an attached
PHONE #	Return to requestor addressed envelope.If
Vendor Reference:	directly to the payee.
Minority Vendor: Yes	If separate check is required please check box
Is this a current vendor? If not, a new vendor set-up request for	orm must be attached, including a W-9.
Description of purchase and reason for the absence of an invo	ice or purchase order.
Stipends for July 1, 2023 - July 31, 2023	
Outreach, education and other program assistance	activities.
-	
TO BE CHARGED:	
G/L Code Program Eler	ment Code \$ Amount
72700 212300 (MSA)	
72700 202023 (HIPCoC)	
72700 232400 (NCP)	\$30.00
	TOTAL \$ 30.00
Required Signatures	
If an advance, I hereby authorize ABC, Inc. to o	Naduat from my wagoo any amount not
accounted for by me within(30) thirty days from	
of my employment, whichever comes first.	the date of this advance of upon termination
of thy employment, whichever comes hist.	
Signature: Signature:	Date 8/04/23
Requestor's Signature	Date 8 04 23 mg/
(h, 2 f)	01-1/0240/
Signature:	Date Date My
Program director/Deputy Director	
Additional Signatures as required:	
·	
	Date
All highlighted fields must be filled in or request will	be returned.
	Finance Has Only
	Finance Use Only Vendor #
	Batch # Voucher #
	Audited By:

Date:

BZ-11/2009





NAME:	David	B-Whitaker	Jr	

MONTH: July 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
7/6/23	2:30	4:30	PET Training	BB	2	15	due #309
			3			and in	
		-					
		-			Transfer of the		
							1750
						1	



PAYEE'S NAME	& ADDRESS		Requested	by: Brooks Benton	& Michele Boyd
NAME:	Khalil Warren		Dept / Prog		
ATTN:	Talam Trailon		Dept / Flog	iam. Pa o	
ADDRESS:			Check No.	inflored and	* Note: Any paperwork
			Check Dist		to be sent with check
ADRESS LINE 2			Send direct		must be in an attached
CITY	Rochester, NY		Send with a		addressed envelope.lf
PHONE #			Return to re	equestor	no, the check will be sent
Vendor Reference	e:	-		i	directly to the payee.
Minority Vendor:	Yes No		If separate	check is required p	please check box
ls this a current v	endor? If not, a new vend	lor set-up request form	n must be att	ached, including a	W-9.
Description of pu	rchase and reason for the	absence of an invoice	e or purchase	e order.	
	uly 1, 2023 - July 31,		***		
Outreach, edu	ucation and other prog	gram assistance a	ctivities.		
	TO BE CHARGED:				
	G/L Code	Program Eleme	nt Code		\$ Amount
	72700	212300 (MSA)			
				•	
	72700	202023 (HIPCoC)		•	
	72700	202020 (1111 000)		•	
	72700	232400 (NCP)		•	\$ 30.00
	12100	232400 (NCF)		-	\$ 30.00
				•	
				TOTAL	\$ 30.00
Daminad Cimpo	•				
Required Signa					
	e, I hereby authorize				-
	or by me within(30) t		he date of	this advance	or upon termination
of my emplo	yment, whichever co	omes first.			
/.	1 (1)	0		0 1-	
Signature:	dule To a	4/4	Date	8/04/23	
	Requestor's Signature	е		•	
yours, t	h and			0/1/02	
Signature:	My ou		Date	014100	
	Program director/Deputy D	irector		1 1	
Additional Signa	tures as required:				
			Date		
All highlighted	d fields must be filled i	n or request will be	e returned.		
				Finance U	se Only
			Vendor#	i manos O	ou only
			Batch #		Voucher#
			Audited By:		

Date:



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7	٧

NAME: Khali Warren	
MONTH: July 2013	
*Grey area for staff use only	

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Hotal hours	S/hi	Total due
1/2	2:30 M	M 3000	PET Training	BB	2	15	30
- IV	Jan	1	7. =1 174,144				
····							
							S.
						4	A.
					Contract of		
	-						Janes La
				id. ————————————————————————————————————	100000		4
	1		.——				
					15		
						7.7	



PAYEE'S NAM	F & ADDRESS		Requested	by: Brooks Be	enton & Mic	hele Boyd		
NAME:	Johnnie Waston		Dept / Prog		enton et wiici	leie Boyd		
ATTN:	DOMINIO VVESTOR	(1)	Dept/ Flug	Ialli, AFC				
	7		Ob I- Di-	4.4441	+ NI.	-A: A		
ADDRESS:			Check Dis			ote: Any papen sent with check		
ADRESS LINE				ly to Payee		be in an attache		
CITY				Send with attached * addressed envelope.If				
PHONE #	Return to requestor no, the check will be sen							
Vendor Referen	ice:				direct	ly to the payee.		
Minority Vendor				check is requ		check box		
Is this a current	vendor? If not, a new ve	endor set-up request for	m must be att	ached, includ	ling a W-9.			
Description of p	urchase and reason for t	he absence of an invoic	e or purchase	e order.				
Stipends for	July 1, 2023 - July 3	1. 2023	 -					
	lucation and other pr		ctivities					
		<u></u>			_			
	TO BE CHARGED:							
	G/L Code	Program Eleme	ent Code			\$ Amount		
	72700	212300 (MSA)						
								
	72700	202023 (HIPCoC)		•				
				•				
	72700	232400 (NCP)	_	•		\$4	5.00	
		202700 (1101)		-	_	ΨΤ	3.00	
				•				
				TOTAL	\$	4	5.00	
Required Signa	atures							
_	ce, I hereby authori	Ze ARC. Inc. to de	aduct from	my wada	e anv am	ount not		
	or by me within(30)						:	
			ile date of	uns auva	nce or up	on terminat	ЮП	
or my empic	yment, whichever	Comes inst.						
Signature: /	5.1.		Date	Shull	22			
Olgitataro.	Requestor's Signat	ure	_ Date	0/04/	33			
	(1) =	\wedge		s 1				
Cianatura	hip	NO.	D-1-	RIN	23			
Signature:	Program director/Deputy	Director	Date	014				
	riogialii dilectorDeputy	Director						
Additional Signa	atures as required:							
	•							
			_ Date					
All highlighte	d fields must be filled	in or request will be	e returned.					
				7 7	and Heritage			
			Vandor#	Finar	nce Use On	У		
			Vendor# Batch#		Vouch	anr #	7505	
			Audited By:		Vouci	ICI #	- 0.1	
			- 100 motors Dig 1					

Date:

BZ-11/2009





NAME:	Johnne	Waston	 	
MONTH: _	phili	3033	 	

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Hours Thours	S/life	Total due
7-27-23	112	2.60	PET/ NCP GAT HEACH Thining	BB		//	
			/				
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		_					
	1			E-94-100-53			
		,					
·-·	-			N 10 10 10 10 10 10 10 10 10 10 10 10 10			

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PAYEE'S NAME & ADDRESS	Requested by: Brooks Benton & Michele Boyd
NAME: Daneisha Owens	Dept / Program: AFC
ATTN:	Dopt / Togram. At O
ADDRESS: 430 NO INTO	Check Distribution: * Note: Any paperwork
	As to a sent with the sent
ADRESS LINE 2	must be in an attached
CITY Rochester, NY	Send with attached * addressed envelope.If
PHONE #	Return to requestor no, the check will be set
Vendor Reference:	directly to the payee.
Minority Vendor: Yes	If separate check is required please check box
Is this a current vendor? If not, a new vendor set-u	request form must be attached, including a W-9.
Description of purchase and reason for the absence	of an invoice or purchase order.
Stipends for July 1, 2023 - July 31, 2023	
Outreach, education and other program a	sistance activities.

TO BE CHARGED:	
G/L Code Pr	ogram Element Code \$ Amount
72700 212300	
72700 202023	(HIPCoC)
	(1.11 000)
32324 232400	(NCP) \$ 30.0
32324	(NCP) \$ 30.0
	TOTAL \$ 30.0
	101/12
Required Signatures	
If an advance. I hereby authorize ABC	Inc. to deduct from my wages any amount not
	ays from the date of this advance or upon termination
of my employment, whichever comes i	
of thy employment, whichever comes i	ist.
Signature: / hull of duly	- Date 8/04/23
Requestor's Signature	Date 8/04/23
, ^	
Signature: WW PSPS	Date 8423
Program director/Deputy Director	Date 343
1 Togram and actors opacy shocker	
Additional Signatures as required:	
	Date
All highlighted fields must be filled in or red	uset will be returned
An inginighted helds must be imad in or fet	uest will be fetuffied.
	Finance Use Only
	Vendor#
	Batch # Voucher #
	Audited By:

Date:

BZ-11/2009

NAME: _	Dancisha	Quens		
				 _

MONTH: July 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
7 06 23	2:30	4:30	PET-Training	88	2	15	30°
			d		1100		V
		-					
			4				
				-			
		-					
		-					
		—					
							31000 107
					10		