Welch, Dylan

From:

Welch, Dylan

Sent:

Friday, September 8, 2023 9:46 AM

To:

Pelow, Faye

Subject:

NCP August Voucher Draft

Attachments:

Report Review Copy - NCP - August '23.pdf

Dylan Welch

Planning and Development Assistant
Monroe County Department of Planning & Development
50 West Main Street, Suite 1150
Rochester, NY 14614
(585)753-2043 - Office
(860)840-1085 - Mobile

Report Review Copy 9-6-23 Bar

Bring Monroe Back - Monroe County ARPA Budget Proposal

ommunity Resource Collaborative ersonnel Costs List Each	7/17/2	023 Voucher	8/15/20	23 Voucher	9/15/2023	Voucher	10/17/2023	
eighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)	Ş	(0) 12 (7/	S	M 9 37,171				
n-Site Vocational Trainers (Cameron, FTAC, SWAN)	S	208/502	1.9 12 75	(3)123)74	2 (1)			
n-Site Social Workers (Cameron, FTAC, SWAN)	$\langle \mathbf{s} \rangle \approx 2$	02:075	544	7) 57 (592)	$3\pi + 2\chi(\mathcal{L})$	1000	20 33 3 3 184	
eighborhood Collaborative Project (NCP) Liaison (BTS)	Succession	625000	ς	6725000		ALC: U		
ıll-Time Social Worker (MC2)	85	750000	394	4750000				1
art-time Social Worker (MC2)	S	375000	53.8	4 375000			4.7%	100
CP Local Researcher (OTG)	S = S	(11,006;5)	$\mathcal{L}_{\mathbf{j}} = \mathcal{L}_{\mathbf{j}}$	ANCOS3		7 (238.87	60 10 mg 20	
tudent Research Assistant (OTG)	S	441.649				2720		į.
ommunications Coordinator (OTG)	14.		322	3,000,00	EGO DE	de la salar	1961-316-5	1
	9700000000						200000000000000000000000000000000000000	e e
ringe Benefits			*	55,629.82	\$	000000000000000000000000000000000000000	\$ -	-
otal Personnel Costs:	\$	72,180.49	7	33,023.02	4		<u> </u>	
Other Than Personnel Services Costs	7/17/2	2023 Voucher	8/15/2	023 Voucher	9/15/2023	Voucher	10/17/2023	
ocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN)	445 444 - 3-349-09	7/80000	5	gealoù etch	19. 12. 14. 14	S 12 1/2	407.50	19003
eighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)	4.4	56170	S	642 (00)	## (D)		5 1 YOU	
office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)		(2.9.5)	Total Charles Control	661-08				
acility Use / Operations Support: Anchor Agencies (Cameron, FTAC, SWAN)	STA	9200039		27/02/15			64.4	Mark
nacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)	S	(101.00)	8-20	1000			J. 10. 11. 14. 15	G ST
redibility Trust /Brand Value: Anchor Agencies (Cemeron, FTAC, SWAN)	S	3:690:02	S	4)884)74	(2 (E)	Y 6 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 m	3
0% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAM)		6 3270	S	63927.0	77 (P)	1		35
Administrative Support: Support Services Partners (LABA, BMC, BSCSC)	45		\$	77,0.87			== <u></u>	3/
ood Pantry Supplies (TPP)	ß	226 52				45		- Turn
Per Diem Stipends for Peer Outreach Workers (AFC)	S.	100 7 7 6 7	State	5535(0)	E (LA)			ğ
staff Mileage Reimbursement (875, C3)	S		S		2 February	\$10,40	190 m	2
Contracted Services: NCP Client Wraparound Support Services (BTS)	S	6200/32	S	30 700 09	742		(\$ # P. 18)	8
Contracted Services: Anchor Agency Social Worker Supervision (MC2)	S	220000	S &	<i>=2</i> 20000				
Research Supplies (OTG)	S	400 de 200	S	1. 1. 1. 1. 1.		15 60.00	2.56	3
NCP Marketing & Communications (OTG)	S	ing free con	S	was section		0.07,48	- 17 W -	
oftware and Subscriptions (OTG)	S	7/68540				History Har	1 0 5 EV.	ä
Contracted Services: Project Lead / Community Consultant (c3)	S	7.000	THE PARTY OF THE P	7.000)		
Contracted Services: Historian / Neighborhood Legacy (c3)	\$	£00.00	S	£0000		118		
Contracted Services: On-Site / Field Coordinator (C3)	Size	S. S. C. O.	3	600,00		<u>()</u>	2000	
Contracted Services: Neighborhood Ambassadors (C3)	Ş			e genda.		or Contract		
RTS Bus Passes/Transportation Assistance	S				1000		\$ 2.12.25	
Per Diem Stipends for Event Logistics Helpers (C3)	S					11/2/1/4		壓
Microsoft Surface Pro Packages - 5 (c3)	S	(48,000,004)	360				State to	<u> </u>
Neighborhood/Community Engagement Conversations & Activities (C3)	S	357982				tops of Sept 15.		\$
NCP Supplies & Materials (C3)	(3) (4)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S S	<i>j. 16-14</i> (19) j. C		* #/*	10.5	**
10% de minimis indirect cost rate (BTS, MC2, OTG, C3)	5	<i>-</i> 67.90.9¥	S	60683		(1)		3
Fiscal Sponsor Administrative Cost Rate - 5% (CRC)	S	18 × 30						
	\$	57,916.64	4	70,030.85	\$	-	\$ -	
Total Other Than Personnel Services Costs:	1 9	31,310.04	7 4	, 0,000.00	1.7			

ARPA
County
Monroe (
Back - I
Monroe
3ring

List Each	List Each 4/17/2023 Voucher	5/15/2023 Vouche	ther 4/15/2023 Voucher	757	/2023 Voucher 8/1	A/15/2029 Voucher	9/15/2020 Voucher 10/17/2023 11/15/2025 14/15/2023 1/16/2024	10/17/20/25 21,	13/20/21/21	ACOUS STREET	200	L COLUMN	Remembrang Flance 75 of 1967 J. Bullong		4	
And the same Designation of the Contract of th	*		le.	S.			-				\$ 34,238.92	s	106,386.08	24% \$	140,625.00 \$	761,271.00
regression composition fraging interferences (Legisland) and present		46 7E3 AE		A DEN AN	37 848 M7 S	A 178.74					\$ 49,586.21	s	105,102,79	328 \$	154,669.00 \$	00'509'168
On-Site Vocational Trainers (Cameron, FTAC, SWAN)		\$ TOYOT C		9,300-40	CALIFORNIA O	2000					4 12 120 12		48.616.53	3 747	166,740.06	91153000
On-Site Social Workers (Cameron, FTAC, SWAM)		5 6,780,75	_	2,097.30 5	9,230.76	4,570.92			1		a series		100000	1	21 600 000	00 100 000
Heighborhood Collaborative Project (NCP) Liason (BTS)		8	\$.	6,250,00 \$	6,250,00 \$	6,250.00					\$ 18,750.00		43,730,00	2008	94,300,00	400,304
ull-Teme Social Worker (MCZ)	\$	\$ 15,000.00	\$	7,500.00		7,500.00					37,500.00		37,500,00	20%	75,000,000	349,460,00
Part teme Social Worker (MC2)	, , ,	00'005'2 \$	5	3,750,00 \$	3,750,00 \$	3,750.00					\$ 16,750.00	ς,	18,750.00	208	37,500,00	161,630.00
NCP Local Researcher (OTG)		5	5	958.69 \$	11,006.33 \$	11,006.33					\$ 22,968.35	ς,	55,031.65	29%	78,000,00	336,190.00
Student Research Assestant (OTG)	\$	*	\$	•	1,445,71 5	1,485.71					\$ 2,971.42	1.42 \$	7,428.54	29% \$	10,400.00 \$	44,825.00
Communications Coordinator (OTG)		\$	\$		S	3,000.00					00°1 S	\$ 00'000'	15,000.00	15 K	18,000.00	77,582.00
					H										ľ	
Fringe Benefits	\$	\$	ļ									-		w -		1
Total Personnel Costs:	\$	\$ 52,519.05	\$	30,666.27 \$	72,180.49 \$	55,629,82	-	\$ - \$	+	45	\$ 210,99	210,995.43 \$ \$	\$34,468.37	\$ 822	745,464.00 5	3,725,075.00
															•	1
Other Than Personnel Services Costs	4/17/2023 Voucher 5/15/2023 Vouther	5/15/2023 Voue	the 6/15/2023 Voucher	Voucher 7/17		8/15/2023 Voucher	9/15/2028 Voucher	10/17/2023	11/15/2023 12/15/2023	\$72023 1/16/2024	Yeer-to-De	ar 1 Remains	ng Funds % of Year 1 Budget			Proposed Expenditures
Vocational Training Stipends: Anchor Agencies (General, FTAC, 3WA)	\$		573		2,800,00						3,400,00	s	46,200.00	14% 5	\$4,000,00	232,746.00
Monthborhood Dutreach Suppliers: Anchor Agencies (Common, FTAC, SWAt)	*	S	\$	\$ 52,052	\$61.72 \$	842.00					\$ 1,493.97	3.97 \$	60'906'6	14% 5	10,800,00 \$	45,183.00
Office Lucals Complement: Anchor Assertion Frances (1st 1902)	5	00'096	\$ 2	1.691.99 5	849.54 \$	661.0E					4,162.61	2.61 5	3,037.39	5 828	7,200,00	30,120.00
avilta has been farment farment has been managed for Suche		\$ 12,001.93	S	6,436,67	2,850,32 5	2,702.16					\$ 23,991.08	2.08	12,008.92	67% 5	36,000,00	150,612.00
County County Complete Supplied Supplied (County 11st Catabil)	S	47	5 .	240.00 5							E + 43	431.14 \$	6,758.85	6% 5	7,200,00 \$	30,120,00
Andrew Court Street States Author American Common 570. Section		S 7.651.70		4239.11 \$	3.690.02 \$	4,834.71					\$ 20,465.54	~	33,534.46	36% \$	54,000,00	225,915.00
10th de minum indicat cost rate: Anchos Abencas Camero (14C Stable)	\$	S E.443.60	S	6,332,70 S	6.332.70 \$	6,332.70					\$ 27,441,70	\$	35,485,30	43% \$	63,327.00 \$	322,692.00
Administrative Support: Support Services Partners (IABA InvCBSC)		**	\$	\$		770.87					g 33	~	60,229.13	\$ %1	81,000.00	338,871.00
Cood Partry Campling (1995)		\$	\$	\$.	\$26.52 \$	4,852.45					\$ 5,178.97	*	21,821.03	19% \$	27,000,00	112,957.00
Per Diam Streets for Peer Dutreach Workers (AC)		8		\$2	\$	\$85.00					85	\$ 00.282	26,415.00	235.5	27,000,00	312,957.00
Could Address Remburgement (RD.C):	- 5	w	\$									\$	2,358.00	0% 5	2,358.00 \$	9,867.00
Contract of Construct MCD Chart Missons and Support Services affici		45		\$ 00,088	6,200,32 \$	90,700,09					17,260.41	0.41 \$	16,139.59	20% \$	54,000,00	232,747.00
Contract of Secures: Anchos Assets Social Worker Superstain 84(1)		\$ 4,400,00	s	2,200.00 \$	2,200.00 \$	2,200.00					\$ 11,000.00	ş	11,000.00	50% \$	22,000,00	94,622.75
The second secon		200	67								98	500.19 5	2,499.81	17% 5	3,000.00	12,551.00
MCD Marketone & Communications addition	5	\$ 845.83	31.15	28.17 \$							9# 5	\$ 853.98	7,136.02	11% 5	8,000,00	32,000.00
Collection and Columnications (160)		\$	471	149.90 \$	7,686.40 \$	388.27					\$ 8,22	8,224.57 \$	7,630.43	5 328	15,855.00 \$	66,336.00
Court was and Americkan Devices for the Temperature for the set of the second s		\$ 15,600.00	S	7,800,00 \$	7,800,00 \$	7,800.00					39,000.00	\$	39,000,00	\$ 9008	78,000,00	336,190.00
Contracted Street, Str		v			\$ 00,000	00'000					\$ 1,60	3 00'009'7	24,400.00	\$ 159	26,000,00	112,063.00
Contracted Sections: The Alex Contracts to the Section of the Section		2	57	47	\$ 00.009	00'009					\$ 1,70	1,200,000 \$	17,550.00	5 %9	18,750,00 \$	80,816.00
CONTROL OF FAIR SALES OF SALES IN CONTROL OF SALES AND S		3	4								45	\$	45,000.00	\$ \$40	45,000,00	148,264.00
LOURISM ON VALUE IN THE DESCRIPTION OF THE PROPERTY (AND)		V	41								45	5	4,644.00	5 %0	4,644.00 \$	19,427.00
And the Comment for Liver I reflected to the											\$	\$	1,200.00	o% >	1,200.00	\$,020,00
For Control Supervisor (CVC) to Control Contro		¥		5							- 5	\$	12,288.00	000	12,288.00 \$	20,015.00
STATE STATE OF THE PARTY OF THE	,				1529.82						\$ 3,52	3,529.82 \$	4,058.18	236.5	7,588.00 \$	31,509.00
NAMED OF THE OWNER OF THE PARTY AND THE PARTY OF THE PART					4/1	43.19						43.19 \$	1156.81	\$ 76.7	1,200.00	2,020,00
THE CONTINUES OF PROPERTY (C.)	,	6.749.40	5	4.592.68 \$	6.498.14 5	6,068.33					\$ 23,908.55	8.55 \$	34,220.45	41% \$	\$8,179.00	\$ 245,953.00
Fixed Scores Administrative Cox Rate - 5% (DC)		\$ 73,550.00	55	¢/s	0.0					0.00	\$ 73,550.00	0.00	(2)	300%	73,550.00	341,000.00
													1000	1000	200 000 000	1 425 258 35
Total Other Than Personnel Services Costs:	\$	130,702,63	\$	34,951.47 \$	57,916.64 \$	70,030.85	\$	°		^	5 293,80	293,802,591 \$	505,487.41	\$7.9 5	20000000	2,452,612

_
Proposal
Budget
ARPA
County
Monroe
6
Back
Monroe
Bring

	and Collaboration Or	The telephone of Commercial Continues Collaboration
Organization Name: Neighborho	od Collegentative Fr	Urganization name: weignbornood Colladorative Project (NCF)/ Cottonium y resource Colladorative
Personnel Costs List Each	Use Each 8/15/2023 Voucher	Voucher Explanation Voucher Explanation Voucher Explanation SWAM: NCP Worker (shared role- Executive & Youth Director) salary expanse for July 2023 = \$5177.86
Neighborhand Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)	2 11077.0	(\$1779) D+\$58866.06) FTAC: NCP Worker (ALVebrauer) salary expense for July 2023 = \$3,220.00 (\$1442.40 + \$1776.40) Canacran: NCP Worker (I. Hardin) salary expense for July 2023 = \$3,538.46
On-Site Vocational Trainers (Cameron, FTAC, SWAN)	\$ GUESPA	FTAC. ESI, Prep for Worldorce Resaliness (C.Rochel) salary expense for Indy 2023 = \$1361.54 (mild-month hire) Cameron: Onsite Trainers for Global Logistics (\$2081.10) and Barberieg/Entrepreneur training(\$2081.10) = \$4350.20
On-Site Social Worker's (Cameron, FTAC, SWAN)	(S)	FFAC. Onsite Case Manager salary expense for July 2023 a \$1884.62 (mid-month bire) Cameron: Onsite Social Worker salary expense for July 2023 * \$2692.30 (\$1346.15*2 pay perfods)
Neighborhood Collaborative Project (NCP) Liston (BTS)	\$100,000 6,250,000	BTS; Annual Budget allocation (62,500)/10 months *1 month (July) NCT: Annual Budget allocation (75,000)/ 10 months *2 month (Abril)
Part-time Social Worker (MC2)	\$100,000	
NCP Local Researcher (OTG)	SPECIAL TO CHARGE THE	OTG: Remaining Budget (\$77,044.31)/7 months * 1 month (buly) OTG: Rudget alocation (10.400) /7 months * 1 month (buly)
Student Research Assistant (OTG) Communications Coerdinator (OTG)	(\$1845% E) 000,000	
Colomb Bana Blo	DATE OF THE PARTY	
ringe benefits Total Personnel Costs:	\$ 55,629.82	
Other Than Personnel Services Costs	8/15/2023 Voucher	Vouther Expansition
Vocational Training Stipends: Anchor Agencies (Camaron, FIAC, SWAN) Naighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)	00719	SWAR! Monthly allocation for tuly 2023 = \$350.00 (\$3600/10months) STAC. Actual remonant fortuned for this 2023 = \$532.00
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)	\$.	Converon; Annual Budget allocation (\$5400) / 10 months' 1 month (July) = 5240 SWAH; Annual Budget allocation (\$2400) / 10 months' 1 month (July) = 5240 FTAC: Actual conversor in this 2021 = 513.08
Facility Use / Operations Support: Archor Agencies (Cameron, FTAC, SWAN)	3000	Converon: Annual Budget aBocation (\$17,000J / 10 menths * 1 month (buh) = \$1200 \$WANH: Remaining budgat allocation (\$8,025,64J / 7 months *1 month (buh) = \$1146.52 FTAC: Actual expenses for July 2012 = \$355.54
Snacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)	\$3000000000000000000000000000000000000	
Credibity Trust / Brand Yalue: Anchor Agencies (Cameron, FTAC, SWAN)	TOTAL S	
10% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN)	07.552.70	Cometons, Annual Budget allocation (\$21,109) / 10 months *1 month (tub) = \$2,10.90 WARE, Annual Budget allocation (\$51,109) / 10 months *1 month (tub) = \$2,10.90 FTAC, Annual Budget allocation (\$31,109)/20 months *1 month (tub) +\$2,110.90
Administrative Support: Support Services Partners (LABA, BMC,BSCSC)	\$ 770 B)	
Food Pantry Supplies (TPP)	1 TEA	
Per Diem Stipends for Peer Outreach Workers (AFC)	\$ REDICEDER 585'00'	ARC. Reimbursement for Outreach Worker Pay: June: \$127.50 + July: \$457.50 (see cath involce details)
Staff Mileage Reimbursement (BTS, C3)	(5) 16 page 18	The second second and a second
Contracted Services: NCP Client Wraparound Support Services (BTS)	(S) 207700 ID)	
Contracted Services: Anchor Againsy Social Worker Supervision (MC2)	\$1575.000.00	MC2; Arawai Budget effocation (\$22,000) / 10 months * 2 month (Juhy)
McReal or pupping (A Communications (OTG)	(\$1000)	
Software and Subscriptions (OTG) Contracted Conferent Protect Lead (Contractions (C3)	15 7.800.00	
Contracted Services: Historian / Neighborhood Legacy (C3)	00000	
Contracted Services: On-Site / Fleid Coordinator (C3)	00'009	-
Contracted Services: Neighborhood Ambassadors (C3)	SERVICE CONTRACTOR	
RTS Bus Passes/Transportation Assistance	CONTRACTOR OF THE PARTY OF THE	
Par Diem Stipends for Event Logistics Helbers (C3) Microsoft Surface Pto Packages - 5 (C3)	STEPHENSON STATES	
Neighborhood/Community Engagement Conversations & Activities (C3)		
NCP Supplies & Materials (C3)	S S S S S S S S S S S S S S S S S S S	C3: Case of printer paper for meeng agendas, minutes, handouts, flyers, etc.
10% de minimis indirect cost rate (875, MC2, OTG, C3)	Great S	McC2, Annual Budget allocation (\$13,350) / 10 months ° 1 month (July) = \$136,500 C2. Annual Budget allocation (\$19,524) / 10 months ° 1 month (July) = \$1,952.40 BTS. Annual Budget allocation (\$11,729) / 10 months ° 1 month (July) = \$1,1250 OTG: Actual exports (see invoice detail) = \$1588.00
Fixes Sponsor Administrative Cost Rate - 5% (CRC)	CENTRAL CONTROL OF STREET	
	П	
Total Other Than Personnel Services Casts:	\$ 70,030.85	

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

					~	Reimbursement		Current	Check	Check
NCP Partner Agency	Bud	lotal Budget Allocation		Prior Balance		Amount Requested		Balance	Number	Date
ABC Action Front Center	ς,	27,000.00	Ş	27,000.00	45	585.00	\$	26,415.00		
Baden St Counseling Center	<	27,000.00	ψ,	27,000.00	\$	ı	\$	27,000.00		
Barakah Muslim Charities	↔	27,000.00	₹	22,000.00	\$	•	ş	22,000.00		
Beyond the Sanctuary	s	129,015.00	⟨⟩	107,008.88	\$	38,122.99	\$	68,885.89		
Cameron Community	<>	232,197.00	S	176,126.96	s	15,743.86	\$	160,383.10		
C3 Consultancy Services **	\$	215,866.00	\$	171,886.58	₩.	11,205.59	Ś	160,680.99		
Father Tracy Advocacy Center	45	232,197.00	ς.	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	Ş	88,770.00	43	14,795.00	\$	73,975.00		
On the Ground Research*	\$	146,581.00	\$	121,667.98	43	17,468.34	\$	104,199.64		
SWAN at Montgomery Center	\$	232,197.00	s	164,136.83	\$	10,835.28	❖	153,301.55		
The Peoples' Pantry	۷>	27,000.00	↔	26,673.48	47	4,852.45	\$	21,821.03		
Community Resource Collaborative	↔	73,550.00	ş	1	s	1	\$	1		
				Total Disbursed	\$	125,660.67				

** MBE & WBE Vendor * WBE Vendor

Cameron Community - Olivia Kassoum-Amadou, Executive Director 48 Cameron St Rochester, NY 14505 Phone: 585-254-2697 ext. 101 Email: olivia@cameronministries.org Cameron voice #

INVOICE

DATE: August 7, 2023
ON VOICE # 00004 July 1-July 31, 2023
ON VOICE # 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 Apprenticeshlip 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 invoke 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 (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 ar by 585-254-2697 ext. 101

BEST WISHES FOR A FABULOUS DAY!

INVOICE

SWAN at Montgomery Neighborhood Center Patricia Jackson, Executive Director

Rochester, NY 14608 10 Cady Street

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

FOR

Phone: 585-436-3090 Email: pjackson@swanonline.org Community Resource Collaborative Tina Paradiso, Executive Director 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 responsibility 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	Θ_
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	<u>a</u>
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	<u>(C)</u>
10% de minimis indirect cost rate: Monthly allocation for July 2023	Indirect Cost	\$ 2,110.90	②
	BALANCE DUE	\$ 10,835.28	

Questions or concerns regarding this invoice can be submitted via email to pjacksan@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

Invoice # 230701

Company name

Street address

Project

Due date

City, State, Zip

NCP-Anchor Agency

The Father Tracy Advocacy Center

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 (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 Agosto			\$515 00
Amazon - NCP Facilitles (lable & chairs)			\$226.68
Amazon - NCP Facilities (food cart)			S92 33 (12)
			\$50.00
PR Birth certificate NCP trust (client assistance) 10% de minimis indirect cost rate: Monthly allocation for July 2023			\$2,110.90

Notes:

Subtotal

\$11,281.29

INVOICE

Beyond the Sanctuary

Reimol to Auristance

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 (18
Wrap Around Support Servics - Rental Assistance		10		\$ 25,487.31
Wrap Around Support Servics - Emergency Services		5	87/4	\$ 4,622.78 (18)
Wrap Around Support Servics - Clothing		3	\$50.00	\$ 150.00
		ļ		\$ -
				\$ -
			!	\$ -
			1	\$ -
				\$ -
				\$ -
Monthly Allocation for 10% de minimis indirect cost rate				\$ 1,172.90 (1)
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

THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY



A Complex Care Management Agency

Voucher for Neighborhood Collaborative Project July 2023

Date:	8/1/2	3	
Month of Payment Due:	July		
	July	Budget Amount	YTD Billed
		\$ 147,950	\$ 73,975
Social Workers (MC Collaborative)	\$ 7,500 (5)	\$ 75,000	\$ 30,000
Part-Time Social Worker	\$ 3,750	\$ 37,500	\$ 15,000
Supervision	\$ 2,200 (A	\$ 22,000	\$ 8,800
Indirect Costs	\$ 1,345 (19) \$ 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

MC COLLABORATIVE PO Box 18030 Rochester, NY 14618 Andy Carey 585.802.3816 acarey@mccollaborative.org_+ Chris McKlnley 585.802.3561 cmckinley@mccollaborative.org



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

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	1	Budget Amount	Y	TD Billed
			(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	\$8,1,485.71	\$	10,400.00	\$	2,971.43
	Communications Specialist	Salaries monthly allocation	\$(9)3,000.00	\$	18,000.00	\$	3,000.00
7/21/2023	ZOOM for NCP staff	Software and Subscriptions	\$(50)388.27	\$	15,855.00	\$	8,224.57
		Total Costs	\$ 15,880.31				<u> </u>
		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 (you	25 par uth, neighbors an	ticipants d community r	nem	bers)
DESCRIPTION	QUANTITY	UNIT COST	τ	OTAL
Garden Tools: wheelbarrow, shovels, rakes, etc (details on receipt IMG_3159.jpg	g)		\$	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
		•		(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

Fulcilases		
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 (16)





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 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 #
 Sales Order #SO13749

SO # PO # Sales Rep Signature

Goldfeder, Arthur

ltem	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	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	70xHalfPi 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

Total 255.00 Amount Due \$255.00

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

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

Give us feedback @ survey.walmart.com Thank you! ID #:75JVZGLWK01

Walmart > <

WM Supercenter 585-787-1370 Mgr. MICHAEL 1990 BRANDT POINT DRIVE WEESTER NY 14580 51# 01744 OP# 009047 TE# 47 TE# 04078

> # ITEMS SOLD 25 10# 8469 7639 7822 2442 0785 3

12.28 X GV 9200PLT KETCHUP 3202 013000006050 F MUSTARD 2002 041500000310 F 3.98 0 2.72 0 4 98 X 070485125390 PAN W/LID 4 98 X 070485125390 PAN WILID 5.48 X LASAGNA PAN 070485389100 6 14 X 078742210800 GV TOWEL 6.14 X 078742210800 GV: TOWEL 1 77 0 WHIT RICE 2LB 078742352050 F FOIL 078742086560 GV URG PINIC 078742131620 F 3.78 X 1.16 0 1 16 0 GV 046 PINIO 078742131620 F 9.38 0 FB FXTNA VIR 041736010130 F 0.78 0 GV NSA-PLKEN 078742061990 F GV 500 PM NP 078742233410 CUTLERY 078742069400 3.32 7.36 K CUTLERY 1.38 0 U78742097280 I GV HD BRNS 1 38 0 1 36 0 078742097280 F GV HD BUNS 078742097250 F CV HD BUNS 1 .63 0 2 23 0 078742097280 F GV HD BUNS 041331038590 F HOT SAUCE 4.87 0 SZNIRP N MSG 05/1844007570 F 4.28 11 YLW ONION 3# 853120003000 F 2.98 N 5.36 X BELL, PEPPERS 057836000040 F NV .5L WATER 078/42279090 F 2.00 1 NY DEPOSIT 073742215640 1

SUBTOTAL 103-70
1AX1 8 0000 4 33
108.53
108.53
108.53
CHANGE DUE 0.00

DEGLINEO TRANSACTION DEBTY 4645 1 AID A0000000042203 TERMINAL # 265073001 UECLINED 07/11/23 14 53 52

EFI DATE DECLINED TRANSACTION DEBIT - 1645 1 1 REF # 319200000406 NETWORK ID. 000L & ALLO A0000000042203 TC. 40024E 7768827198 TERMINAL # 6587240 U3C1472 2 14:54:26



画家国 Become a

Regional Distributors, Inc.

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

SM FOOD PROGRAM INC 555 AVENUE D ROCHESTER, NY 14621

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

	/23 S1985190.001	REMIT TO: REGIONAL DISTRIBUTORS, INC	PO BOX GU627 ROCHESTER, NY 14606
 INVOICE DATE	07/19/23	REGIONAL	ROCHESTER, N

Bonner	200	CHETHARD NOTED MEMBER.	RFI FAST MINBER	ORDERED BY	SALESPERSON	853	SHIP VIA	¥1		TERMS		SHIP DATE	ORDER DATE
, US) UPER		מאליט ועל איני	0.1	DAKA KE	MICHELE I IDMS-XM PICK UP NOW	TDMS-XM	PICK UP		NET DUE		INVOIC	07/19/23	ON INVOIC 07/19/23 07/19/23
19320	PICKUP			LEA MANE MECOIDIUM	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			IRT.	0	TAX	Unit Price		Ext Pro
DROCK OTY	OTV TIP	SHIP OTY		1 4	81	4 4	+		+		The state of the s		
			***	** Shipping Instructions ************************************		* -k -k * * * * * * * * * * * *	k +k +×						
			***	÷	*****		*						
			* DELIVER BETWEEN * CALL 729-5601 ********		**************************************	****	* * *						
	υ ()	308	11-10093 I	PS 1/6 WHITE TH	ANK YOU	BAG		33	33985	z	22.	22.930	68.79
) }		11.5x6.5x2	1 RED PRINT 100	O/CASE	V RAG 1	9/		352	z	92.	92.988	185.98
	2bn	2bn	GS57NP5C (GS57NP5C (800/6) 5/# FAFER GROCERI DEG 1/0 BBL 12X7X17 500/BUNDLE	N GROCEN	1)						
*		no penu	Continued on Next Page *	**									
								T-					والمساورة المساورة المساورة والمساورة والمساور
												_	

Regional Distributors, Inc.

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

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

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

INVOICE DATE	INVOICE MUNBER	CARK
07/19/23	S1985190.001	90.00
REMIT TO: REGIONAL DISTRIBUTORS, INC	SUTORS, INC	PAGE NO.
PO BOX 60859 ROCHESIER, NY 14606	909:	7

CHATOMERA	CHISTOMER CROSER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	X	WIA JIK					
				ACTOR MY DYON	TUNG- XX	PTCK UP NOW	NET	DUE ON II	ON INVOIC 07/19/23 07/19/23	19/23	17/19/23
19320	PICKUP		LEA KANE	H GHGHGTW		7570 00000	400	T/X U	Unit Price		Ext Prc
ORDER GTY	TY SHIP OTY		DESCRIPTION	ION							
*	***** Credit Card	***** Crec		nation **;	***	Information ************************************	* *				
* * * * *	Merchant ID# : Card Number : Card Holder : Charge Amount:	250780140738 5322XXXXXXX4645 LINCOLN SPALDING \$254.77	• - • •	Time/Date: 12:23:01 20 . Card Type: MC Exp. Auth Code: 695017 Charge Date: 07/20/2023	12:23:01 20 JUL MC Exp.: 0 695017 :: 07/20/2023	20 JUL 2023 Exp.: 0526	* * * * *				
* *			PAID IN FULL				* *	<u></u>			
* * * *	* Signature : * * * * * * * * * * * * * * * * * *	above total amount		according to card	ard issuer	according to card issuer agreement.	* * * *			<u> </u>	-254.77
Am	Amount paid toda	paid today # \$1985190.002	0.002							2)	
								ayan da		-	
* **	Reprint ** Reprint	nt ** Reprint	nt **								y comment (s) \$100 miles for \$100 for \$100 miles fo
								S	Subtotal		00.00
Torro	Trucking is Aug by 07/19/23.	7/19/23							FREIGHT	F. N	00.0
TO 2117	י בי בי בי בי							5.5	17 C T T T T T T T T T T T T T T T T T T		

0.00

Amount

All claims for shortage or errors must be made at once, Recurns require written authorization and are subject to handling charges. Signature: special orders are non-relativible.

Past due invoices may be subject to 1.5% late charge



1-800-295-5510

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	33	LINC	COLN	Α	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	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 BASKET S	HELVING - 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		S-21433BI	.U	UTILITY WAGO THIS ITEM A	N - BLUE T NO CHARGE		.00	.00
					CHARGED TO 4645 \$1,469.	MASTERCARD E 42	NDING IN		:
		LINCOLN SPA 533560827	ULDING	1	SUB-TOTAL ,303.00	SALES TAX	SHIPPING/HA	II .	AMOUNT DUE
			'		(0)		(c)		

NOTE:



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. GRT00007		Description HPNAP Purchased LOC 2024 1		Balance 1,911.00		

		Statement Bala	ance 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

LACTION FOR BETTER COMMUNITY

400 WEST AVENUE, 3RD FLOOR

Jerome H. Underwood

Brad Rye Board Chair

President & CEO

ROCHESTER, NY 14611

Community Resource Collaborative

100 College Ave Suite 130

Rochester, NY 14626

7/14/2023 Jun-23 AFC1 Subagreement Year 1 Invoice # Date: Purchase Order Number Invoice Period

λτο	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$127.50	\$127.50
Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$127.50	\$127.50
je Ç							\$0.00
Budget				\$7,000,00		\$20,000.00	\$27,000.00
		PERSONNEL/SALARY	FRINGE BENEFILS EQUIPMENT	OPERATING EXPENSES/	SUPPLIES	TRAVEL ALL OTHER	TOTAL:

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.

Michele Boyd

SIGNATORY:

585-262-4330

07/14/23

(Dato)

(PHONE NUMBER)



CHECK DISBURSMENT REQUEST

PAYEE'S NAME	& ADDRESS		Requested	oy: Brooks Be	enton & Mich	ele Boyd
NAME:	Patricia Terziani		Dept / Progr	am: AFC		
ATTN:	JISBULESE, L					
ADDRESS:	690 S. Goodman St	reet	Check Dist	ribution:		te: Any paperwork
ADRESS LINE 2	essign during		Send direct			sent with check
3.0-	Rochester, NY 1462	20	Send with a			ne in an attached
CITY	Rochester, NT 1462	30	Return to re		addres	ssed envelope.lf e check will be sent
PHONE #			Notall to re	quostor		y to the payee.
Vendor Reference					To distance	shoot hou
Minority Vendor:					uired please	CHECK DOX
Is this a current v	endor? If not, a new ven	idor set-up request for	rm must be att	ached, includ	ding a W-9.	
Description of pu	rchase and reason for the	e absence of an invoid	ce or purchase	e order.		
Stinends for J	une 1, 2023 - June 3	30, 2023				
	ication and other pro		activities.			
Outreach, euc	ication and other pre	grain accidentes				
						
	TO BE CHARGED:					10
	G/L Code	Program Elem	nent Code			\$ Amount
	72700	212300 (MSA)				100 TO
	12100			-		eval vilkjöriket.
	72700	202023 (HIPCoC)	 	-	100	
	72100	202020 (1.11 0.00)		-		
	20204	232400 (NCP)		_	š.,	\$127.50
	32324	202400 (1101)		_	-	
		· · · · · · · · · · · · · · · · · · ·		_		
				TOTAL	\$	127.50
Required Signa						
If an advanc	e, I hereby authori	ze ABC, Inc. to o	deduct fron	n my wage	es any am	ount not
accounted for	or by me within(30)	thirty days from	the date o	f this adv	ance or u	pon termination
of my emplo	yment, whichever	comes first.				
Of the Chipic						
Signature:	12 lu 20.	- Oc-	Date	712	23	
	Reguestor's Signat	ure			100	
		\cap		4/	100	
Signature:	MINDS	()	Date	11/2	123	
Signature.	Program director/Deputy	Director		-		
Additional Signa	atures as required:					
			Date			
All highlighte	ed fields must be filled	d in or request will	be returned	.		
3		-				
			3.4 1 2	Fin	ance Use O	niy
			Vendor#		Vari	cher#
			Batch #	he:	vou	GIGI #
			Audited B Date:	у.		
BZ-11/2009			Date.			

BZ-11/2009

10

ACTION for a BETTER COMMUNITY

AFC PEER WORKER

	NAME:		Pak	ne 2	erriani 023				
	,	-							
	MONTH: _	<u></u>	I	ine 2	U23			_	
	*Grey area	for staff us	e only		<u> </u>		Inches and the second	a de la principa de la comi	
	DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due	
1,5-	- 4 14	2:00	3:30	10 Formul	and	1,5	8/5	832 85 860 913	.50
•	- 4/21	300	600	EVERULT	4nos	3.0	\$15	6.15	,00
3,0 - 1.0	626	110	5 10	tarte	migo	40	\$15	# 60	,00
1					,,,,,				7.5
						AL-MAN FELL LANGE.			
						G.			1
ţ									
		-							
	1								
							<u>(1)</u>		
						870974			
			-			1 AG	601 日556 50066		
	2								Æ.

TTER COMMUNITY ACTION for a BE

400 WEST AVENUE, 3RD FLOOR ROCHESTER, NY 14611

Jerome H. Underwood

Brad Rye President & CEO

Board Chair

Address Line 2 Address Name

City, State, Zip

Date:

8/4/2023

Purchase Order Number

Subagreement Year

Jul-23 Invoice Period

AFC2 Invoice # Cumulative

2

Charges Current

\$127.50 Prior E \$20,000.00 \$7,000.00 Budget PERSONNEL/SALARY

FRINGE BENEFITS

EQUIPMENT OPERATING EXPENSES/ SUPPLIES

ALL OTHER

TRAVEL

TOTAL:

\$0.00 \$0.00 \$0.00

\$0.00 \$0.00 \$457.50

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$585.00

\$585.00

\$457.50

\$127.50

\$27,000.00

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.

Michele Boyd SIGNATORY:

585-262-4330 x3101

08/04/23

PERCENTAINDEN

(PHONE NUMBER)

(Date)

ACTION for a BETTER COMMUNITY

AFC PEER WORKER

NAME:	Guen Ca	interp			
MONTH: _	July	(B-)	NCP	/ABC	

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
7-6-73	1:00	3.00	Cut (gich	KA	2	15	4300
7-11-23		3:20	NCP Lyell Outrach	IN.	2	15	#20
7-12-23		300	NC P Jeillean	LA	2	15	9308
1-13-23		3.00	INCP NChinkn	LA	A	15	930
7-15-23	10:00	2:00	Pricle Tabeling NCP Clittin	j. 70	4	15	960°
7-20-23	1:00	3:00	NCP CIMIN	ILA	2	15	#30°
7.26	1 430		C 20 104	2000			100
7-24-23	100	3:00	Comited	ILIT	2	15	420
7-10-23	1:00	3:00	comiled	ILA	2	15	30
1-26-23	11:30	2:00	Condon		5.5	15	1843
-27-22	1:00	Sid	Condon		4	15	802
,							17.4/II.
	ļ			10		60	<u> </u>
			NCP 7	87al	8 21 9 20		17-
			MSAT	otal	4 20		

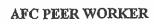
*/



CHECK DISBURSMENT REQUEST

PAYEE'S NAME	& ADDRESS		Requested I	by: Brooks Benton	& Michele Boyd
NAME:	Frederick Parker		Dept / Progr	am: AFC	
ATTN:	especial and selfer			,	
ADDRESS:	47 Elmhurst Street		Check Dist	ribution:	* Note: Any paperwork
ADRESS LINE 2	Apt. # 2	1 1	Send directi	1000 =	to be sent with check
CITY	Rochester, NY 1460	7	Send with a	ACRE (2004)	must be in an attached
PHONE #	Noonester, 117 1408		Return to re		addressed envelope.if no, the check will be sent
			Trotain to 10		directly to the payee.
Vendor Reference		-	16 0 0 0 0 0 0 0		
Minority Vendor:	Yes	or set-up request for		check is required packed including a	
Description of pur	chase and reason for the	absence of an invoic	e or purcnase	e order.	
Stinends for I	uly 1, 2023 - July 31,	2023			
	cation and other prog		ctivities	· · · · · · · · · · · · · · · · · · ·	
Outreach, edu	cation and other prog	i anti assistante a	ictivities.		
	TO BE CHARGED:				
	G/L Code	Program Elem	ent Code		\$ Amount
	72700	212300 (MSA)		-	
				_	
•	72700	202023 (HIPCoC)		_	
•				_	
'	72700	232400 (NCP)		•	\$ 37.50
				-	Carlo D.E. St. A.
•				-	
				TOTAL	\$ 37.50
Required Signat					
	e, I hereby authorize				
accounted for	r by me within(30) t	thirty days from	the date o	f this advance	or upon termination
	yment, whichever co				
	1 1 (.)	.=		4	
Signature:	July S Su	. Yi_	Date	8/04/22	_
	Requestor's Signatur	е		, ,,	
	1. 00			8/4/23	
Signature:	MADO		Date	8/4/23	
	Program director/Deputy D)irector	_		-
	•				
Additional Signal	tures as required:				
			Data		
			Date		-
All highlighted	l fields must be filled i	in or request will b	e returned.		
		•			
				Finance (Jse Only
			Vendor#		
			Batch #		Voucher#
			Audited By	<i>f</i> :	
BZ-11/2009			Date:		







NI A NATE.	FREN	PICK	PARKER				
NAME:	7 200	1400	771/27= 2				
MONTH: _	July	/ a	PARKER 27, 2023	·			
*Grey area	for staff use	only	*				
DATE /	TIME	TIME OUT	ACTIVITY	MANAGER APPROVAL	Tiorest Litaurs		Theit dug
7/27/2	1/301-	2 pm	OUTRENCH TRAINING	663			\$ 6
1 ' '			Net				
			}				
	<u>.</u>						
					157.5		
						1.0	
					<u> </u>		
						10 m 1/2 C	



PAYEE'S NAME & ADDRE	ESS	Requested t	y: Brooks Bent	on & Michele Boyd
NAME: Sama	ntha Wilson	Dept / Progr	am: AFC). (9):
ATTN:		m	_	
ADDRESS: 123 R	auber Street	Check Dist	ribution:	* Note: Any paperwork
ADRESS LINE 2		Send directl	y to Payee	to be sent with check
CITY Roche	ester, NY 14605	Send with a	0.050.000	must be in an attached addressed envelope.lf
PHONE #		Return to re	auestor	no, the check will be sent
Vendor Reference:		•	_	directly to the payee.
Minority Vendor: Yes	□ No □	If separate o	check is require	nd please check box
is this a current vendor? If	not, a new vendor set-up requ	est form must be atta	ached, including	a W-9.
Description of purchase an	nd reason for the absence of ar	n invoice or purchase	order.	
0// 1 / 0	200 1.1.04 0000		·	
Stipends for July 1, 20				
Outreach, education a	and other program assista	ance activities.	<u></u>	
	<u> </u>			
LO BE C	HARGED:			
G/L C	ode Program	n Element Code		\$ Amount
72700	212300 (MS/	A)		19 65 65
			•	a temperated
72700	202023 (HIP	CoC)	•	
			•	
32324	232400 (NC)	P)	•	\$37.50
			•	Early from Account of the County
***************************************			•	
			TOTAL	\$ 37.50
Required Signatures				
If an advance, I here	eby authorize ABC, Inc	. to deduct from	my wages	any amount not
accounted for by me	e within(30) thirty days	from the date of	this advan	ce or upon termination
	whichever comes first.			
	(100)		الام	
Signature: Bula	198 Jula	Date	8/04/2	?
Regu				
7	uestor's Signature			
, 0	uestor's Signature			
(la.	uestor's Signature	Date		
Signature:	director/Deputy Director		8/4/2	
Signature: Program o	Alirector/Departy Director			
Signature:	Alirector/Departy Director			
Signature: Program o	Alirector/Departy Director	Date		
Signature: Program o	Alirector/Departy Director			
Signature: Program of Additional Signatures as re	Alirector/Departy Director	Date Date		
Signature: Program of Additional Signatures as re	director/Deputy Director	Date Date	8/4/2	<u>⊰</u>
Signature: Program of Additional Signatures as re	director/Deputy Director	Date Date t will be returned.	8/4/2	
Signature: Program of Additional Signatures as re	director/Deputy Director	Date Date	8/4/2	<u>⊰</u>

Date:

BZ-11/2009







MONTH: July 2023	NAME: Samantha	wilson	
*Commerce for etaffings only		2023	27

DATE	TIME IN	TIME	ACTIVITY	MANAGER APPROVAL	Thosal Tiones	Wite.	મિલ્લો જોઇ	
-27-23	11:30	2:00	training NCP	BB				5
							7	
							<u></u>	
						, v		
		-						
	i i							
,								
						SP STA		100
					g / F			Market
								S. S. S. Carlot
								Charles Barre
<u> </u>								



CHECK DISBURSMENT REQUEST

	Jenitter		Doggostad	h., Prooks Bent	on & Michele Boyd	
PAYEE'S NAME			Dept / Prog		OII & IVECTICIE DOYA	
NAME:	Jennifer Wilson		[Dept / Flog	Iam. AFO		
ATTN:	100 D the Oten	•	Office to Died		* Note: Any pap	anunde
ADDRESS:	123 Rauber Stree	<u> </u>	Check Dist	100	To be sent with che	
ADRESS LINE 2		7 133 1 1035	Send direct	16/11/27/20 TH	must be in an attac	- 1
CITY	Rochester, NY 14	4605	Send with a		addressed envelop	pe.lf
PHONE #			Return to re	equestor	no, the check will I	
Vendor Reference					directly to the paye	;e.
Minority Vendor:					ed please check box_	
		vendor set-up request fo			₃ a W-9.	
Description of pu	ırchase and reason for	the absence of an invo	ice or purchase	e order.		
Stipends for	July 1, 2023 - July	31, 2023				
Outreach, ed	ucation and other p	orogram assistance	activities.			
	TO BE CHARGED:					
	G/L Code	Program Elet	ment Code		\$ Amount	Ł
	72700	212300 (MSA)			30	
				_	ardia Proces	60 E
	72700	202023 (HIPCoC)		-		KW.
				-		
	32324	232400 (NCP)	·	-	process dist	\$37.50
	0.000			-	\$1.75 P.	70597
				-		
				TOTAL	\$ =	37,50
Required Signa	atures					
		orize ABC, Inc. to	deduct from	n my wades	any amount not	
		60) thirty days from				nation
			i lile dale d	ii tiilis auvair	ce of upon terrin	lation
of my emplo	oyment, whicheve	er comes tirst.				
	10.6	2.0	Date	8/4/23	1	
Signature: /	Requestor's Sign	ature	Date	0101103		
	Requestor's Sign	nature			•	
	(hi and	()	_	Vlul	22	
Signature:	Mur so	<u> </u>	Date	0141	<u>0</u>)	
	Program director/Depi	uty Director		, ,		
Additional Ciam	aturas as required:					
Additional Signa	atures as required:					
			Date			
All highlighte	ed fields must be fil	led in or request will	be returned			
J. M. G. M. G. M.		•				
				Financ	ce Use Only	
			Vendor#			·
			Batch #		Voucher#	
			Audited B	y:		

Date:

BZ-11/2009

ACTION for a BETTER COMMUNITY

AFC PEER WORKER

X

NAME: JEN APET	- Wilson	
•		

MONTH: JWU 2023

*Grey area for staff use only

DATE	TIME	TIME OUT	ACTIVITY	MANAGER APPROVAL	Hoen houss	Shie	louil dute	
7-17-13	11:30	2:00	pet/outleach training	BB				50
							1	
						76		
					7			
		-						
	_							
		_					7	
	-							
								16



CHECK DISBURSMENT REQUEST

PAYEE'S NAME	& ADDRESS		Requested	by: Brooks Bento	n & Michele Boyd
NAME:	David B. Whitak	er, Jr.	Dept / Prog	All control of	
ATTN:	101240010101				
ADDRESS:	500 South Avenu	ue	Check Dist	ribution:	* Note: Any paperwork
ADRESS LINE 2	Apt. # 4-J		Send direct	U access 275	to be sent with check
CITY	Rochester, NY 1	4620	Send with a		must be in an attached
PHONE #	Nochester, 141	4020	Return to re	E 185	addressed envelope.lf no, the check will be sent
Vendor Reference			Trotam to re		directly to the payee.
			If eggarate	chack is required	please check box
Minority Vendor:		vendor set-up request for			
					a VV-3.
Description of pur	rchase and reason fo	or the absence of an invo	ice or purchase	order.	
Stinonde for le	uly 1, 2023 - July	31 2023	· ···		
		program assistance	activities		
Outreach, edu	Cattori and other	program addictarroc	GOTTIGO.		
	TO BE CHARGED:				
	G/L Code	Program Ele	mont Code		\$ Amount
	72700	212300 (MSA)	ment code		₩ Alliedite
	72700	212300 (WSA)	····	-	mes with the
	72700	202023 (HIPCoC)		-	
	72700	202023 (FIIF COC)		-	
ı	72700	232400 (NCP)		-	\$30.0
	72700			-	34, 8,2 veyo
				-	
				TOTAL	\$ 30.0
Required Signal	hurae				
• –		orizo APC Inc. to	deduct from	my wades a	ny amount not
it an advance	e, i nereby auth	orize ABC, Inc. to	ueuuci iioii s the date e	f this advance	e or upon termination
			i lile date o	I tills advario	e or aport terrimation
or my emplo	yment, whichev				
Signature:	Bulle	J 3.0.	Date	8/04/23	•
Orgination.	Requestor's Sig	nature			
		\cap		8/84/9	
Signature:	MARK	D	Date	8 04/2	3 mg
Orginatoro:	Program director/Dep	uty Director			
	- v	,			
Additional Signa	tures as required:				
			Date		
All highlighted	d fields must be fi	lled in or request wil	l be returned	•	
				Finance	Use Only
			Vendor#	I HIGHTOG	. Out Only
			Batch #		Voucher#
			Audited B	y:	

Date:

BZ-11/2009



AFC PEER WORKER



NAME:	David	B. Whitaker	Jr	
MONTH	: July	2023		
*Grey ar	ea for staff use	only		

DATE	TIME	TIME	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
1/6/23	2:30	4:30	PET Training	BB	2	15	due 3 38
11			1				
		-					
	-						
				- 2			
		1					
					i.		
					Assessment of the second		
				0-846		10.0	
		1					



PAYEE'S NAME	& ADDRESS		Requested by: Brooks Benton & Michele Boyd					
NAME:	Khalil Warren		Dept / Program: AFC					
ATTN:		×						
ADDRESS:	80 Taylor Street	2	Check Dist	tribution:		Any paperwork		
ADRESS LINE 2	A Charles and the		Send direct	ly to Payee		with check		
CITY	Rochester, NY 1461	1	Send with a	Title States		n an attached d envelope.lf		
PHONE #			Return to re			eck will be sent		
Vendor Reference	e.			,		the payee.		
Minority Vendor:		-	If separate	check is requ	ired please che	ck box		
Is this a current v	endor? If not, a new vend	dor set-up request forr	m must be att	ached, includi	ing a W-9.			
Description of pur	rchase and reason for the	absence of an invoice	e or purchase	e order.				
Stipends for Ju	uly 1, 2023 - July 31,	2023						
Outreach, edu	cation and other prog	gram assistance a	ctivities.					
	TO BE CHARGED:							
	G/L Code	Program Eleme	ent Code		\$	Amount		
	72700	212300 (MSA)				8		
'					5 6			
'	72700	202023 (HIPCoC)		-				
•	72700	232400 (NCP)		•	\$	30.00		
•	12700	202.00 (10.7)		-	PAC IA			
į				-	-			
				TOTAL	\$	30.00		
					V			
Required Signat								
	e, I hereby authorize	•			*			
	or by me within(30) t		the date o	f this adva	nce or upon	termination		
of my employ	yment, whichever co	omes first.						
//	11(1)			ما ام	_			
Signature:	Lule 18 2	4/2	Date	8/04/2	3			
	Requestor's Signatur	e						
,	h 2 5)		8/04/2	~.Z			
Signature:	11100	<i>'</i>	Date	014	<u>89</u>			
F	rogram director/Deputy D	Director		1 1				
Additional Discool								
Additional Signal	tures as required:							
			Date					
All highlighted	l fields must be filled i	in or request will b	e returned.	•				
				Elec	nce Hee Only			
			Vendor#	Fina	nce Use Only			
			Vendor# Batch#	Fina	nce Use Only Voucher	#		

Date:

BZ-11/2009

ACTION for a BETTER COMMUNITY



X

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

DATE	TIME	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
1/2	2:30 M	M:3000	PET Training	C BB	2	15	305
7							
				014			
			and the state of t			1	
				10925-3810-0			
			2 2000				
					_		
		_					
		-					



AFC PEER WORKER



NAME:	Jahnne	Wast	0 ^		
MONTH: _	ph.l.	2023			
*Grey area	for staff use	only			
DATE	TIME	TIME	ACTIVITY	MANAGER	Thoras Sylve Library

DATE	TIME	TIME	ACTIVITY	MANAGER APPROVAL	Tioral alwurs	(yhir	iline II
27-23	11	2.00	PET/ NCP OUT HEACH Thining	BB			2
			,				
					15.7		
						38,11 (
		-					
	<u> </u>	<u> </u>					

 \bigcirc



CHECK DISBURSMENT REQUEST

PAYEE'S NAME &	ADDRESS		Requested by: Brooks Benton & Michele Boyd				
NAME:	Daneisha Owens	<u></u>	Dept / Prog	ram; AFC	%i.		
ATTN: ADDRESS:	432 N. Clim	400	Check Dist	ribution:	* Note: Any paperwork		
ADDRESS LINE 2	45% NI CIII	1011	Send direct	1 - 1 - 2 - 2	to be sent with check		
CITY	Rochester, NY 1466	Λ 5	Send with a	NO CONT	must be in an attached		
	Nochester, IVI 140		Return to re	Allerian in many	addressed envelope.lf no, the check will be sent		
PHONE # Vendor Reference):		Noturn to re	questor	directly to the payee.		
Minority Vendor:	Yes 🔲 No 🗀]	if separate	check is required	please check box		
Is this a current ve	endor? If not, a new ver	ndor set-up request for	m must be att	ached, including a	a W-9.		
Description of pure	chase and reason for th	e absence of an invoic	ce or purchase	order.			
Stipends for Ju	ıly 1, 2023 - July 31	. 2023			· · · · · · · · · · · · · · · · · · ·		
	cation and other pro		activities.				
	TO BE CHARGED:						
	G/L Code	Program Elem	ent Code		\$ Amount		
	72700	212300 (MSA)			=		
•				_			
	72700	202023 (HIPCoC)		- -			
				-			
	32324	232400 (NCP)		-	\$ 30.00		
	·			-			
				TOTAL	\$ 30.00		
Required Signat		450 1 / 1					
	, I hereby authoria						
			tne date o	t this advance	e or upon termination		
of my employ	ment, whichever	comes first.					
Signature:	rule of a	dule	Date	8/04/23			
Oignature. 1	Requestor's Signate		_	3/ - 1/ 5 33	_		
	A - (8/04/23			
Signature:	-Millery		Date	8/4/23	3		
	rogram director/Geputy	Director					
Additional Signate	ures as required:						
, iaa							
			Date		_		
All highlighted	fields must be filled	l in or request will l	be returned.				
				Finance	Use Only		
			Vendor#	Fillatice	USG UTINY		
			Batch #		Voucher#		
			Audited By	<i>r</i> :			
BZ-11/2009			Date:				

AFC PEER WORKER

NAME: Dancisha Quens	
*	
MONTH: July 2023	
*Grey area for staff use only	

DATE	TIME IN	TIME OUT	ACTIVITY NCP	MANAGER APPROVAL	Hours	\$/hr	Total due
7/06/23	A:80	4:30	PET-Training	88	2	15	36
1,00,0			0			and the state of	100
					9 10 10 10 10 10 10 10 10 10 10 10 10 10		
		-			900 (2000)		
		-				5,40 %	Alle L.S.
= 80							
200		1					
	 	1					
		-					
					3000		
					12.1		
	1						
		-					
	-						
		+		-	100		
						2 70 11 10 1	

INVOICE

August 4, 2023 NCP 0005 7/1-31/2023 Neighborhood Collaborative Project (NCP) Project Lead

> INVOICE # FOR:

DATE

C3 Consultancy Services, LLC EIN: 88-3537378 74 Dr. Samuel McCree Way

Rochester, NY 14508

Phone: 585-563-5148 Email: jrbasley@c3consultancy.org

Community Resource Collaborative Tina Paradiso, Executive Director

100 College Avenue, Suite 130

Phone: 888-444-1060 Rochester, NY 14607

800.00 600.00 43.19 1,962.40 11,205.59 00.008,7 (12) **AMOUNT** (2) 7 $(\frac{1}{2})$ (3) 40 47 S S Ś **BALANCE DUE** Contracted Services Contracted Services **BUDGET CATEGORY** Contracted Services Indirect Costs Supplies On-Site / Field Coordinator: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach 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, Project Historian / Neighborhood Legacy Coordination: preparation & organization; info gathering; post-reporting, debrief, follow-up, materials and supplies acquistion, event coordination, action item follow-up, etc. (24 hours * \$25/hr) DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE planning and support services with/on behalf of the NCP anchor and supporting partner agencies. Office Supplies: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc. Monthly allocation of 10% de minimis indirect cost rate records management (16 hours * \$50/hr)

Rochester, NY 14614

Welch, Dylan	
From: Sent: To: Subject:	Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com> Wednesday, September 13, 2023 6:13 PM Welch, Dylan Re: ARPA - Reminder to Submit Vouchers Friday, September 15th, 2023</neighborhoodcollaborative@gmail.com>
	il originated from outside Monroe County systems. Exercise caution when opening g links, especially from unknown senders.
Appreciate your effort	as and enjoy your time off! ©
On Wed, Sep 13, 2023	3, 6:05 PM Welch, Dylan < <u>dylanwelch@monroecounty.gov</u> > wrote: This message was sent securely using Zix
Hi Jocelyn,	
	for the delay. I'm doing my best to get the process moving along. I can say, barring any will go out by next week.
I'm hoping the process	s will be improved this next voucher as well.
Thanks again for your please reach out to Fa	patience. I'll be out of the office tomorrow and Friday, so if you have any immediate questions, ye.
Otherwise, I hope you	have a great rest of your week and I'll see you on Monday!
Dylan Welch	
Planning and Develop	ment Assistant
Monroe County Depa	rtment of Planning & Development
50 West Main Street,	Suite 1150

(585)753-2043 - Office

(860)840-1085 - Mobile

From: Neighborhood Collaborative Project < neighborhoodcollaborative@gmail.com >

Sent: Wednesday, September 13, 2023 5:46 PM
To: Welch, Dylan dylanwelch@monroecounty.gov

Subject: Re: ARPA - Reminder to Submit Vouchers Friday, September 15th, 2023

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

FYI, we're still waiting for our August voucher reimbursement payment. Hopefully it will be deposited any day now!

On Wed, Sep 13, 2023, 4:05 PM Welch, Dylan dylanwelch@monroecounty.gov wrote:

This message was sent securely using Zix*

Dear ARPA Grant Recipients,

I hope everyone has been well, and I hope everyone is enjoying the cooler weather, the start of school, and the start of football!

I'm reaching out today with a reminder that September Vouchers and MWBE reports are due this Friday, September 15th by the end of business. This time around, high risk and medium risk recipients are required to submit vouchering. For low risk recipients, vouchering this month is optional. However, required to submit MWBE reporting. If you haven't spent anything on MWBE, please still complete the form. You may submit '0' for each category.

As a quick reminder; vouchers can be submitted on the <u>ARPA Portal</u> by selecting "Upload Budget Spreadsheets For Vouchers", then selecting 9/15/23. MWBF reports can be found and submitted of contrackHO by selecting "Weasures" then "MWBF Weasures" among the top tabs. If you're confused about either of these processes, I've attached instructions in this e-mail to help out.

If you run into any issues or have any concerns, please do not hesitate to reach out. I can be reached at this email or either my office or cell phone listed below. Otherwise, I hope you all have a great rest of your week!

Dylan Welch

Planning and Development Assistant

Monroe County Department of Planning & Development

50 West Main Street, Suite 1150

Rochester, NY 14614

(585)753-2434 - Office

(860)840-1085 - Mobile

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.

This message was secured by Zix®.

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.

From:

Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>

Sent:

Friday, August 18, 2023 7:11 PM

To:

Pelow, Faye; Welch, Dylan; Tina Paradiso

Subject:

Need to Change Bank Information for CRC in County's Payment System

Follow Up Flag:

Follow up

Flag Status:

Completed

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good evening Faye and Dylan,

I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks!

As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions. They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st.

So what steps must be taken to update the County's payment system so that our August invoice payment will not be delayed? Please share any necessary forms and/or actions within ContractHQ that must be completed.

As always, thank you in advance for your assistance and we look forward to receiving your response.

Stay safe and be well . . . Best wishes for a fabulous day! Jocelyn Basley, Community Consultant

Project Lead for the Neighborhood Collaborative Project (NCP)

From: Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>

Sent: Tuesday, August 22, 2023 3:13 PM

To: Pelow, Faye

Cc: Tina Paradiso; Welch, Dylan

Subject: Re: Need to Change Bank Information for CRC in County's Payment System

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Thanks Faye, we will complete and return as soon as possible.

On Tue, Aug 22, 2023 at 3:08 PM Pelow, Faye < FayePelow@monroecounty.gov > wrote:

This message was sent securely using Zix

Hi Jocelyn,

Attached is the ACH Form- you can check the box at the box indicating that you are changing financial information and then email the form to McVendorReq@monroecounty.gov. Please CC Dylan and myself so we can also help to keep track of it for you in case there are any issues.

I hope this helps! Thanks!

Dr. Faye Pelow

Community Development Initiatives Manager

Monroe County Department of Planning & Development

50 West Main Street, Suite 1150

Rochester, NY 14614

(585)753-2033 - Office

(585)233-2030 - Mobile

From: Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>

Sent: Friday, August 18, 2023 7:11 PM

<tinap@commresourcecollab.org> Subject: Need to Change Bank Information for CRC in County's Payment System CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders. Good evening Faye and Dylan, I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks! As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions. They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st. So what steps must be taken to update the County's payment system so that our August invoice payment will not be delayed? Please share any necessary forms and/or actions within ContractHQ that must be completed. As always, thank you in advance for your assistance and we look forward to receiving your response. Stay safe and be well . . . Best wishes for a fabulous day! Jocelyn Basley, Community Consultant Project Lead for the Neighborhood Collaborative Project (NCP)

To: Pelow, Faye <FayePelow@monroecounty.gov>; Welch, Dylan <dylanwelch@monroecounty.gov>; Tina Paradiso

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.

From:

Pelow, Faye

Sent:

Tuesday, August 22, 2023 4:49 PM

To:

MCVendorReq

Cc:

Jocelyn Basley; Tina Paradiso; Welch, Dylan

Subject:

FW: Need to Change Bank Information for CRC in County's Payment System

Attachments:

ACH Form.docx; IMG_20230822_0001.jpg

Good Afternoon,

Please see the attached completed ACH Form for Community Resource Collaborative- they would like to change their financial information.

If any additional information is needed, please reach out to Tina or Jocelyn (CC'd on this email). Dylan and I are also happy to assist.

Thank you!

Dr. Faye Pelow

Community Development Initiatives Manager
Monroe County Department of Planning & Development
50 West Main Street, Suite 1150
Rochester, NY 14614
(585)753-2033 - Office
(585)233-2030 - Mobile

From: tinap@commresourcecollab.org <tinap@commresourcecollab.org>

Sent: Tuesday, August 22, 2023 3:48 PM

To: Pelow, Faye <FayePelow@monroecounty.gov>; 'Neighborhood Collaborative Project' <neighborhoodcollaborative@gmail.com>; Welch, Dylan <dylanwelch@monroecounty.gov>

Subject: RE: Need to Change Bank Information for CRC in County's Payment System

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Faye:

Thank you for the quick response. Please see attached form and voided check.

Have a great day!

Tina

Tina Paradiso Executive Director 888-444-1060 (o) 585-491-3301 (c)



From: Pelow, Faye <FayePelow@monroecounty.gov>

Sent: Tuesday, August 22, 2023 3:08 PM

To: Neighborhood Collaborative Project < neighborhoodcollaborative@gmail.com >; Welch, Dylan

<<u>dylanwelch@monroecounty.gov</u>>; Tina Paradiso <<u>tinap@commresourcecollab.org</u>> Subject: RE: Need to Change Bank Information for CRC in County's Payment System

This message was sent securely using Zix

Hi Jocelyn,

Attached is the ACH Form- you can check the box at the box indicating that you are changing financial information and then email the form to MCVendorReq@monroecounty.gov. Please CC Dylan and myself so we can also help to keep track of it for you in case there are any issues.

I hope this helps! Thanks!

Dr. Fave Pelow

Community Development Initiatives Manager Monroe County Department of Planning & Development 50 West Main Street, Suite 1150 Rochester, NY 14614 (585)753-2033 - Office (585)233-2030 - Mobile

From: Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>

Sent: Friday, August 18, 2023 7:11 PM

To: Pelow, Faye <FayePelow@monroecounty.gov>; Welch, Dylan <dylanwelch@monroecounty.gov>; Tina Paradiso

<tinap@commresourcecollab.org>

Subject: Need to Change Bank Information for CRC in County's Payment System

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good evening Faye and Dylan,

I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks!

As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions.

They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st.

So what steps must be taken to update the County's payment system so that our August invoice payment will not be delayed? Please share any necessary forms and/or actions within ContractHQ that must be completed.

As always, thank you in advance for your assistance and we look forward to receiving your response.

Stay safe and be well . . . Best wishes for a fabulous day!

Jocelyn Basley, Community Consultant

Desired Load for the Neighborhood Collaborative Project

Project Lead for the Neighborhood Collaborative Project (NCP)

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.



Office of the Controller

Monroe County, New York

Adam J. Bello
County Executive

Jennifer Cesario
Controller

Vendor ACH Payment Enrollment Form

Please check one of the following:New X Change				
PAYEE / COMPANY INFORMATION				
Vendor Name	Community Resource Collaborative Inc.			
Mailing Address	100 College Avenue, Suite 130			
	Rochester, NY 14607			
Contact Name	Tina Paradiso			
Phone Number	<u>888-444-1060</u>			
Email Address	tinap@commresourcecollab.org			
Vendor # (bottom of check stub)	11127279			

FINANCIAL INSTITUTION INFORMATION

Bank Name: ESL Federal Credit Union

Account Type: X Checking ____Savings

Routing Number: <u>222371863</u> Account Number: <u>1384958789</u>

Email for Payment Notification: <u>Tina Paradiso</u>

Authorizing Agent Name: Tina Paradiso

**Attach a voided check or letter from Bank with account information
These can be fax to (585) 753-1133, e-mailed to MCVendorReq@monroecounty.gov or mailed to the address below. Thank you

39 West Main Street • Room 402 • Rochester, New York 14614 (585) 753-1157 • fax: (585) 753-1196 • www.monroecounty.gov • email: mcfinance@monroecounty.gov

Delaney, Caroline

From: MCVendorReq

Sent: Thursday, August 24, 2023 3:29 PM

To: Pelow, Faye

Subject: RE: Need to Change Bank Information for CRC in County's Payment System

The vendor has been updated.

From: Pelow, Faye <FayePelow@monroecounty.gov>

Sent: Tuesday, August 22, 2023 4:49 PM

To: MCVendorReq < MCVendorReq@monroecounty.gov>

Cc: Jocelyn Basley <jrbasley@gmail.com>; Tina Paradiso <tinap@commresourcecollab.org>; Welch, Dylan

<dylanwelch@monroecounty.gov>

Subject: FW: Need to Change Bank Information for CRC in County's Payment System

Good Afternoon,

Please see the attached completed ACH Form for Community Resource Collaborative- they would like to change their financial information.

If any additional information is needed, please reach out to Tina or Jocelyn (CC'd on this email). Dylan and I are also happy to assist.

Thank you!

Dr. Faye Pelow

Community Development Initiatives Manager
Monroe County Department of Planning & Development
50 West Main Street, Suite 1150
Rochester, NY 14614
(585)753-2033 - Office
(585)233-2030 - Mobile

From: tinap@commresourcecollab.org <tinap@commresourcecollab.org>

Sent: Tuesday, August 22, 2023 3:48 PM

To: Pelow, Faye < FayePelow@monroecounty.gov >; 'Neighborhood Collaborative Project' < neighborhoodcollaborative@gmail.com >; Welch, Dylan < dylanwelch@monroecounty.gov >

Subject: RE: Need to Change Bank Information for CRC in County's Payment System

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

~~~~~~~~~~~~~~

Faye:

Thank you for the quick response. Please see attached form and voided check.

I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks!

As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions. They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st.

So what steps must be taken to update the County's payment system so that our August invoice payment will not be delayed? Please share any necessary forms and/or actions within ContractHQ that must be completed.

As always, thank you in advance for your assistance and we look forward to receiving your response.

Stay safe and be well... Best wishes for a fabulous day!

Jocelyn Basley, Community Consultant

Project Lead for the Neighborhood Collaborative Project (NCP)

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If

you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies

of the original message, including attachments.

From:

tinap@commresourcecollab.org

Sent:

Friday, August 25, 2023 9:17 AM

To:

Pelow, Faye; 'Jocelyn Basley'

Cc:

Welch, Dylan

Subject:

RE: Need to Change Bank Information for CRC in County's Payment System

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Thank you, Faye!

Have a great weekend! Tina

Tina Paradiso Executive Director 888-444-1060 (o) 585-491-3301 (c)



From: Pelow, Faye <FayePelow@monroecounty.gov>

Sent: Friday, August 25, 2023 8:51 AM

To: Jocelyn Basley < jrbasley@gmail.com>; Tina Paradiso < tinap@commresourcecollab.org>

Cc: Welch, Dylan <dylanwelch@monroecounty.gov>

Subject: FW: Need to Change Bank Information for CRC in County's Payment System

#### This message was sent securely using Zix\*

FYI- it looks like they have updated your financial information! Let us know if anything else is needed.

Happy Friday!

#### Dr. Faye Pelow

Community Development Initiatives Manager
Monroe County Department of Planning & Development
50 West Main Street, Suite 1150
Rochester, NY 14614
(585)753-2033 - Office
(585)233-2030 - Mobile

From: MCVendorReq < MCVendorReq@monroecounty\_gov>

Sent: Thursday, August 24, 2023 3:29 PM

To: Pelow, Faye < FayePelow@monroecounty.gov>

Subject: RE: Need to Change Bank Information for CRC in County's Payment System

The vendor has been updated.

From: Pelow, Faye < FayePelow@monroecounty.gov >

Sent: Tuesday, August 22, 2023 4:49 PM

To: MCVendorReq@monroecounty.gov>

Cc: Jocelyn Basley < <a href="mailto:rights-left-size-12">irbasley@gmail.com</a>; Tina Paradiso < <a href="mailto:tinap@commresourcecollab.org">tinap@commresourcecollab.org</a>; Welch, Dylan

<dylanwelch@monroecounty.gov>

Subject: FW: Need to Change Bank Information for CRC in County's Payment System

Good Afternoon,

Please see the attached completed ACH Form for Community Resource Collaborative- they would like to change their financial information.

If any additional information is needed, please reach out to Tina or Jocelyn (CC'd on this email). Dylan and I are also happy to assist.

Thank you!

#### Dr. Faye Pelow

Community Development Initiatives Manager
Monroe County Department of Planning & Development
50 West Main Street, Suite 1150
Rochester, NY 14614
(585)753-2033 - Office
(585)233-2030 - Mobile

From: tinap@commresourcecollab.org <tinap@commresourcecollab.org>

Sent: Tuesday, August 22, 2023 3:48 PM

**To:** Pelow, Faye < FayePelow@monroecounty.gov >; 'Neighborhood Collaborative Project' < neighborhoodcollaborative@gmail.com >; Welch, Dylan < dylanwelch@monroecounty.gov >

Subject: RE: Need to Change Bank Information for CRC in County's Payment System

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Faye:

Thank you for the quick response. Please see attached form and voided check.

Have a great day! Tina

Tina Paradiso
Executive Director

888-444-1060 (o) 585-491-3301 (c)



From: Pelow, Faye < FayePelow@monroecounty.gov>

Sent: Tuesday, August 22, 2023 3:08 PM

To: Neighborhood Collaborative Project < neighborhoodcollaborative@gmail.com >; Welch, Dylan

<<u>dylanwelch@monroecounty.gov</u>>; Tina Paradiso <<u>tinap@commresourcecollab.org</u>> **Subject:** RE: Need to Change Bank Information for CRC in County's Payment System

#### This message was sent securely using Zix\*

Hi Jocelyn,

Attached is the ACH Form- you can check the box at the box indicating that you are changing financial information and then email the form to <a href="McVendorReq@monroecounty.gov">McVendorReq@monroecounty.gov</a>. Please CC Dylan and myself so we can also help to keep track of it for you in case there are any issues.

I hope this helps! Thanks!

#### Dr. Faye Pelow

Community Development Initiatives Manager
Monroe County Department of Planning & Development
50 West Main Street, Suite 1150
Rochester, NY 14614
(585)753-2033 - Office
(585)233-2030 - Mobile

From: Neighborhood Collaborative Project < neighborhoodcollaborative@gmail.com >

Sent: Friday, August 18, 2023 7:11 PM

To: Pelow, Faye < FayePelow@monroecounty.gov >; Welch, Dylan < dylanwelch@monroecounty.gov >; Tina Paradiso

<tinap@commresourcecollab.org>

Subject: Need to Change Bank Information for CRC in County's Payment System

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good evening Faye and Dylan,

I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks!

As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions. They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st.

So what steps must be taken to update the County's payment system so that our August invoice payment will not be delayed? Please share any necessary forms and/or actions within ContractHQ that must be completed.

As always, thank you in advance for your assistance and we look forward to receiving your response.

Stay safe and be well . . . Best wishes for a fabulous day! Jocelyn Basley, Community Consultant

#### Project Lead for the Neighborhood Collaborative Project (NCP)

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.

This message was secured by Zix\*.

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.



## CHECK DISBURSMENT REQUEST

| PAYEE'S NAME & ADDRESS                                                |                           | Requested by: Brooks Benton & Michele Boyd |                     |                     |                                                  |  |
|-----------------------------------------------------------------------|---------------------------|--------------------------------------------|---------------------|---------------------|--------------------------------------------------|--|
| NAME:                                                                 | Johnnie Waston            |                                            | Dept / Program: AFC |                     |                                                  |  |
| ATTN:                                                                 |                           | <del></del>                                |                     |                     |                                                  |  |
| ADDRESS:                                                              | 1165 East Ridge Roa       | ad                                         | Check Dist          | ribution:           | * Note: Any paperwork                            |  |
| ADRESS LINE 2                                                         | Apt. # 12                 |                                            | Send directi        | y to Payee          | to be sent with check                            |  |
| CITY                                                                  | Rochester, NY 14621       | 1                                          | Send with a         |                     | must be in an attached                           |  |
| PHONE #                                                               |                           |                                            | Return to re        | =                   | addressed envelope.lf no, the check will be sent |  |
| Vendor Reference                                                      | ·                         | <del></del>                                |                     | .,                  | directly to the payee.                           |  |
| Minority Vendor:                                                      |                           | -                                          | If separate (       | check is required p | please check box                                 |  |
| *                                                                     | endor? If not, a new vend | or set-up request form                     |                     |                     |                                                  |  |
|                                                                       | chase and reason for the  |                                            |                     |                     |                                                  |  |
| besonption of par                                                     | Office and reason for the |                                            | , от ратолизо       |                     |                                                  |  |
| Stipends for Ju                                                       | ıly 1, 2023 - July 31,    | 2023                                       |                     |                     |                                                  |  |
|                                                                       | cation and other prog     |                                            | ctivities.          |                     |                                                  |  |
| Outrodon, odd                                                         | oddott dila odto: pros    | ,                                          |                     | -                   |                                                  |  |
|                                                                       |                           |                                            |                     |                     |                                                  |  |
|                                                                       | TO BE CHARGED:            |                                            |                     |                     |                                                  |  |
|                                                                       |                           |                                            |                     |                     |                                                  |  |
|                                                                       | G/L Code                  | Program Eleme                              | int Code            |                     | \$ Amount                                        |  |
|                                                                       | 72700                     | 212300 (MSA)                               |                     |                     |                                                  |  |
|                                                                       |                           |                                            |                     | •                   | 0.5304 + 0                                       |  |
|                                                                       | 72700                     | 202023 (HIPCoC)                            |                     |                     | Andrew Professor                                 |  |
|                                                                       |                           |                                            |                     |                     |                                                  |  |
|                                                                       | 72700                     | 232400 (NCP)                               |                     |                     | \$45.00                                          |  |
| ·                                                                     |                           |                                            |                     | _                   |                                                  |  |
| •                                                                     |                           |                                            |                     |                     |                                                  |  |
|                                                                       |                           |                                            |                     | TOTAL               | \$ 45.00                                         |  |
| Required Signat                                                       | LIFAR                     |                                            |                     |                     |                                                  |  |
|                                                                       |                           | ADC Inc. to de                             | ali i ak ƙwa wa     |                     | u amaunt nat                                     |  |
|                                                                       | e, I hereby authorize     |                                            |                     | • -                 | •                                                |  |
|                                                                       |                           |                                            | ne date of          | triis advance       | or upon termination                              |  |
| of my employ                                                          | ment, whichever co        | omes first.                                |                     |                     |                                                  |  |
| Olam stores /                                                         | 5 1, 2                    | ().                                        | Date                | 8/04/22             |                                                  |  |
| Signature:                                                            | Requestor's Signature     | <u>uvu</u>                                 | - Date              | 0/09/93             | -                                                |  |
|                                                                       | / /                       | ^                                          |                     | 8/04/23             |                                                  |  |
|                                                                       | Chape.                    | 7                                          | 5.4                 | 8/1/27              | ζ.                                               |  |
| Signature:                                                            | V VVI O                   | UX<br>ideator                              | _ Date              | 014/6-              | _                                                |  |
| ۲                                                                     | rogram director/Deputy D  | irector                                    |                     |                     |                                                  |  |
| Additional Signatures as required:                                    |                           |                                            |                     |                     |                                                  |  |
|                                                                       | ·                         |                                            |                     |                     |                                                  |  |
|                                                                       | ·                         |                                            | _ Date              |                     | _                                                |  |
| All highlighted fields must be filled in or request will be returned. |                           |                                            |                     |                     |                                                  |  |
|                                                                       |                           |                                            |                     |                     |                                                  |  |
|                                                                       |                           |                                            |                     | Finance l           | Jse Only                                         |  |
|                                                                       |                           |                                            | Vendor#             |                     |                                                  |  |
|                                                                       |                           |                                            | Batch #             |                     | Voucher#                                         |  |
|                                                                       |                           |                                            | Audited By          | *                   |                                                  |  |
| BZ-11/2009                                                            |                           |                                            | Date:               |                     |                                                  |  |