

Question 1 (Legislator Brew)

Voucher 4, August

Report Review Copy 9-6-23 *BCW*

Bring Monroe Back - Monroe County ARPA Budget Proposal

Organization Name: Neighborhood Collaborative Project (NCP) /
Community Resource Collaborative

Personnel Costs	List Each	7/17/2023 Voucher	8/15/2023 Voucher	9/15/2023 Voucher	10/17/2023
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)		\$ 10,112.67	\$ 11,937.12	(1)	
On-Site Vocational Trainers (Cameron, FTAC, SWAN)		\$ 22,845.02	\$ 6,123.74	(2)	
On-Site Social Workers (Cameron, FTAC, SWAN)		\$ 9,230.76	\$ 4,576.92	(3)	
Neighborhood Collaborative Project (NCP) Liaison (BTS)		\$ 6,250.00	\$ 6,250.00	(4)	
Full-Time Social Worker (MC2)		\$ 7,500.00	\$ 7,500.00	(5)	
Part-time Social Worker (MC2)		\$ 3,750.00	\$ 3,750.00	(6)	
NCP Local Researcher (OTG)		\$ 11,006.93	\$ 11,006.93	(7)	
Student Research Assistant (OTG)		\$ 1,485.71	\$ 1,485.71	(8)	
Communications Coordinator (OTG)			\$ 3,000.00	(9)	
Fringe Benefits					
Total Personnel Costs:		\$ 72,180.49	\$ 55,629.82	\$ -	\$ -
Other Than Personnel Services Costs					
Vocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 7,800.00			
Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 561.72	\$ 642.00	(10)	
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 849.54	\$ 661.08	(11)	
Facility Use / Operations Support: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 2,850.32	\$ 2,702.16	(12)	
Snacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 191.11			
Credibility Trust /Brand Value: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 3,690.02	\$ 4,884.71	(13)	
10% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 6,332.70	\$ 6,332.70	(14)	
Administrative Support: Support Services Partners (LABA, BMC, BSCSC)		\$	\$ 770.87	(15)	See note.
Food Pantry Supplies (TPP)		\$ 326.52	\$ 4,852.45	(16)	
Per Diem Stipends for Peer Outreach Workers (AFC)		\$	\$ 585.00	(17)	
Staff Mileage Reimbursement (BTS, C3)		\$	\$		
Contracted Services: NCP Client Wraparound Support Services (BTS)		\$ 6,200.92	\$ 30,700.09	(18)	
Contracted Services: Anchor Agency Social Worker Supervision (MC2)		\$ 2,200.00	\$ 2,200.00	(19)	
Research Supplies (OTG)		\$	\$		
NCP Marketing & Communications (OTG)		\$	\$		
Software and Subscriptions (OTG)		\$ 7,686.40	\$ 389.27	(20)	
Contracted Services: Project Lead / Community Consultant (C3)		\$ 7,800.00	\$ 7,800.00	(21)	
Contracted Services: Historian / Neighborhood Legacy (C3)		\$ 800.00	\$ 800.00	(22)	
Contracted Services: On-Site / Field Coordinator (C3)		\$ 600.00	\$ 600.00	(23)	
Contracted Services: Neighborhood Ambassadors (C3)		\$	\$		
RTS Bus Passes/Transportation Assistance		\$	\$		
Per Diem Stipends for Event Logistics Helpers (C3)		\$	\$		
Microsoft Surface Pro Packages - 5 (C3)		\$	\$		
Neighborhood/Community Engagement Conversations & Activities (C3)		\$ 3,529.82	\$	(24)	
NCP Supplies & Materials (C3)		\$	\$ 43.19	(25)	
10% de minimis indirect cost rate (BTS, MC2, OTG, C3)		\$ 16,498.14	\$ 6,068.93	(26)	
Fiscal Sponsor Administrative Cost Rate - 5% (CRC)		\$	\$		
Total Other Than Personnel Services Costs:		\$ 57,916.64	\$ 70,030.85	\$ -	\$ -
Total Project Cost:		\$ 130,097.13	\$ 125,660.67	\$ -	\$ -

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

Bring Monroe Back - Monroe County ARPA Budget Proposal

Organization Name: Neighborhood Collaborative Project (NCP) / Community Resource Collaborative

Functional Area	Line Item	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021	1/1/2022	2/1/2022	3/1/2022	Year-to-Date Year 1	Remaining Funds	% of Year 1 Budget	Proposed	Proposed Expense		
Personnel Costs																				
Neighborhood Collaborative Project (NCP) Workers (Common, FTAC, SWAA)	1	\$	2,091.33	\$	5,137.84	\$	10,112.67	\$	11,937.32					\$	14,034.93	24%	\$	140,829.00	\$	161,171.00
On-Site Volunteer Trainers (Common, FTAC, SWAA)	2	\$	16,257.05	\$	4,164.60	\$	21,845.01	\$	4,123.74					\$	49,186.23	32%	\$	154,649.00	\$	837,469.00
On-Site Social Workers (Common, FTAC, SWAA)	3	\$	6,730.75	\$	2,697.50	\$	9,230.76	\$	4,576.92					\$	18,230.73	14%	\$	148,790.00	\$	311,530.00
Neighborhood Collaborative Project (NCP) Liaison (FTS)	4	\$	-	\$	6,750.00	\$	6,750.00	\$	9,250.00					\$	18,750.00	30%	\$	61,300.00	\$	263,342.00
Full Time Social Worker (NCP)	5	\$	15,000.00	\$	7,500.00	\$	7,500.00	\$	7,500.00					\$	17,500.00	50%	\$	33,000.00	\$	113,100.00
Part Time Social Worker (NCP)	6	\$	-	\$	1,750.00	\$	1,750.00	\$	3,750.00					\$	16,750.00	50%	\$	33,500.00	\$	116,650.00
NCP Local Researcher (OTG)	7	\$	-	\$	955.69	\$	11,006.33	\$	11,006.33					\$	23,968.35	28%	\$	78,000.00	\$	186,190.00
Student Research Assistant (OTG)	8	\$	-	\$	-	\$	1,485.71	\$	1,485.71					\$	2,971.43	28%	\$	10,000.00	\$	40,825.00
Communications Coordinator (OTG)	9	\$	-	\$	-	\$	-	\$	2,000.00					\$	2,000.00	17%	\$	18,000.00	\$	37,381.00
Foreign Benefits		\$	-	\$	-	\$	-	\$	-					\$	-		\$	-	\$	-
Total Personnel Costs		\$	-	\$	32,519.68	\$	36,666.27	\$	73,180.49	\$	55,631.82	\$	-	\$	218,995.65		\$	745,468.00	\$	1,720,675.00
Other Than Personnel Services Costs																				
Facilities Training Supplies: Anchor Agencies (Common, FTAC, SWAA)	1	\$	-	\$	-	\$	7,800.00	\$	-					\$	7,800.00	14%	\$	54,000.00	\$	232,748.00
Neighborhood Outreach Supplies: Anchor Agencies (Common, FTAC, SWAA)	2	\$	-	\$	790.18	\$	541.72	\$	642.00					\$	1,493.97	14%	\$	10,000.00	\$	40,143.00
Office Supply Supplement: Anchor Agencies (Common, FTAC, SWAA)	3	\$	-	\$	940.00	\$	1,691.99	\$	849.54					\$	4,182.51	58%	\$	7,200.00	\$	30,110.00
Facility Use / Operations Support: Anchor Agencies (Common, FTAC, SWAA)	4	\$	-	\$	11,201.32	\$	6,818.87	\$	7,850.32					\$	23,981.08	67%	\$	36,000.00	\$	150,611.00
Direct, Single-Useable Supplies: Anchor Agencies (Common, FTAC, SWAA)	5	\$	-	\$	340.00	\$	151.14	\$	-					\$	431.14	4%	\$	7,300.00	\$	80,130.00
Credibility Travel (Brand Value): Anchor Agencies (Common, FTAC, SWAA)	6	\$	-	\$	7,631.70	\$	6,139.11	\$	1,690.04					\$	20,465.54	38%	\$	14,000.00	\$	125,915.00
OTG de minimis indirect costs rate: Anchor Agencies (Common, FTAC, SWAA)	7	\$	-	\$	8,443.60	\$	6,332.70	\$	6,332.70					\$	22,461.70	43%	\$	43,277.00	\$	32,000.00
Administrative Support: Support Services Partners (SWAA, SWA, SWCC)	8	\$	-	\$	-	\$	-	\$	770.87					\$	770.87	2%	\$	81,600.00	\$	284,971.00
Food Pantry Supplies (OTG)	9	\$	-	\$	-	\$	-	\$	195.51					\$	1,178.92	10%	\$	27,000.00	\$	111,993.00
Per Diem Expenses for Peer Outreach Workers (SWA)	10	\$	-	\$	-	\$	-	\$	585.00					\$	585.00	2%	\$	22,000.00	\$	111,993.00
Per Diem Reimbursement (SWA, SWA)	11	\$	-	\$	-	\$	-	\$	-					\$	-	0%	\$	2,550.00	\$	9,887.00
Contracted Services: NCP Client Relationship Support Services (SWA)	12	\$	-	\$	940.00	\$	6,200.33	\$	16,700.00					\$	37,860.41	70%	\$	54,000.00	\$	132,747.00
Contracted Services: Anchor Agency Social Worker Supervision (SWA)	13	\$	-	\$	4,000.00	\$	2,700.00	\$	2,700.00					\$	11,000.00	30%	\$	22,000.00	\$	54,822.75
Research Supplies (OTG)	14	\$	-	\$	300.19	\$	-	\$	-					\$	300.19	17%	\$	3,000.00	\$	11,351.00
NCP Marketing & Communications (OTG)	15	\$	-	\$	2,958.11	\$	181.19	\$	-					\$	3,139.30	11%	\$	8,000.00	\$	32,000.00
Hardware and Subscriptions (OTG)	16	\$	-	\$	149.90	\$	7,644.40	\$	348.72					\$	8,224.17	52%	\$	13,815.00	\$	66,136.00
Contracted Services: Project Lead / Community Consultant (SWA)	17	\$	-	\$	15,800.00	\$	7,800.00	\$	7,800.00					\$	36,000.00	50%	\$	78,000.00	\$	186,100.00
Contracted Services: Translation / Neighborhood Legacy (SWA)	18	\$	-	\$	-	\$	800.00	\$	800.00					\$	1,600.00	8%	\$	28,000.00	\$	11,000.00
Contracted Services: On-Site / Field Coordinator (OTG)	19	\$	-	\$	-	\$	600.00	\$	600.00					\$	1,200.00	6%	\$	12,500.00	\$	40,261.00
Contracted Services: Neighborhood Ambassadors (SWA)	20	\$	-	\$	-	\$	-	\$	-					\$	-	0%	\$	40,000.00	\$	184,384.00
OTG de minimis indirect costs rate: NCP (SWA, SWA)	21	\$	-	\$	-	\$	-	\$	-					\$	-	0%	\$	4,844.00	\$	15,437.00
OTG de minimis indirect costs rate: NCP (SWA, SWA)	22	\$	-	\$	-	\$	-	\$	-					\$	-	0%	\$	1,200.00	\$	5,020.00
OTG de minimis indirect costs rate: NCP (SWA, SWA)	23	\$	-	\$	-	\$	-	\$	-					\$	-	0%	\$	12,788.00	\$	20,615.00
OTG de minimis indirect costs rate: NCP (SWA, SWA)	24	\$	-	\$	-	\$	-	\$	-					\$	-	0%	\$	5,329.47	\$	20,615.00
OTG de minimis indirect costs rate: NCP (SWA, SWA)	25	\$	-	\$	-	\$	-	\$	-					\$	-	0%	\$	42.19	\$	1,500.00
OTG de minimis indirect costs rate: NCP (SWA, SWA)	26	\$	-	\$	6,739.40	\$	4,592.46	\$	6,496.33					\$	21,928.55	41%	\$	58,299.00	\$	245,961.00
OTG de minimis indirect costs rate: NCP (SWA, SWA)	27	\$	-	\$	71,850.00	\$	-	\$	-					\$	71,850.00	100%	\$	71,850.00	\$	641,000.00
Total Other Than Personnel Services Costs		\$	-	\$	146,902.43	\$	84,933.47	\$	37,616.46	\$	70,608.82	\$	-	\$	293,691.26		\$	799,609.00	\$	2,411,771.75
Total Project Cost:		\$	-	\$	183,211.44	\$	121,600.74	\$	110,796.95	\$	126,240.64	\$	-	\$	512,686.91		\$	1,545,077.00	\$	3,132,446.75

Bring Monroe Back - Monroe County ARPA Budget Proposal

Organization Name: Neighborhood Collaborative Project (NCP) / Community Resource Collaborative

Personal Costs	Unit Each	8/15/2023 Voucher	Voucher Explanation
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)		11,977.12	SWAN: NCP Worker (shared role- Executive & Youth Director) salary expense for July 2023 = \$5177.86 (\$1291.81+\$3886.04) FTAC: NCP Worker (M.Velazquez) salary expense for July 2023 = \$3,220.80 (\$1442.40 + \$1778.40) Cameron: NCP Worker (L. Hardin) salary expense for July 2023 = \$3,538.46
On-Site Vocational Trainers (Cameron, FTAC, SWAN)		6,123.74	FTAC: ESL Prep for Workforce Readiness (C.Roche) salary expense for July 2023 = \$1961.54 (mid-month hire) Cameron: On-site Trainers for Global Logistics (\$2061.10) and Barbering/Entrepreneur training(\$2061.10) = \$4360.20
On-Site Social Workers (Cameron, FTAC, SWAN)		4,576.54	FTAC: Case Manager salary expense for July 2023 = \$1884.62 (mid-month hire) Cameron: On-site Social Worker salary expense for July 2023 = \$2692.30 (\$1346.15 * 2 pay periods)
Neighborhood Collaborative Project (NCP) Lib/ten (BTS)		6,250.00	BTS: Annual Budget allocation (62,500/10 months * 1 month (July))
Full-Time Social Worker (MC2)		5,500.00	MC2: Annual Budget allocation (55,000/ 10 months * 1 month (July))
Part-time Social Worker (MC2)		5,750.00	MC2: Annual Budget allocation (\$57,500/ 10 months * 1 month (July))
NCP Local Researcher (OTG)		1,000.00	OTG: Remaining Budget (\$37,044.31)/ 7 months * 1 month (July)
Student Research Assistant (OTG)		1,485.71	OTG: Budget allocation (10,400)/ 7 months * 1 month (July)
Communications Coordinator (OTG)		3,000.00	OTG: Budget allocation (18,000)/ 6 months * 1 month (July)
Fringe Benefits		55,629.82	
Total Personnel Costs:			
Other Than Personnel Services Costs			
Vocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN)			SWAN: Monthly allocation for July 2023 = \$360.00 (\$3600/10months) FTAC: Actual expenses incurred for July 2023 = \$282.00
Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)			Cameron: Annual Budget allocation (\$2400/ 10 months * 1 month (July)) = \$240 SWAN: Annual Budget allocation (\$2400/ 10 months * 1 month (July)) = \$240 FTAC: Actual expenses for July 2023 = \$181.00
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)			Cameron: Annual Budget allocation (\$1200/ 10 months * 1 month (July)) = \$120 SWAN: Remaining budget allocation (\$8,025.64) / 7 months * 1 month (July) = \$1146.52 FTAC: Actual expenses for July 2023 = \$355.64
Facility Use / Operations Support: Anchor Agencies (Cameron, FTAC, SWAN)			Cameron: Annual Budget allocation (\$18,000) / 10 months * 1 month (July) = \$1800 SWAN: Annual Budget allocation (\$18,000) / 10 months * 1 month (July) = \$1800 FTAC: Actual expenses for July 2023 = \$1284.71
Snacks, Swap/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)			Cameron: Annual Budget allocation (\$21,109) / 10 months * 1 month (July) = \$2,110.90 SWAN: Annual Budget allocation (\$21,109) / 10 months * 1 month (July) = \$2,110.90 FTAC: Annual Budget allocation (\$21,109/10 months * 1 month (July)) = \$2,110.90
Credibility Trust / Brand Value: Anchor Agencies (Cameron, FTAC, SWAN)			LABA: Supplies and refreshments for 7/14/2023 Lyla Arques Garden Planting Event (see invoice detail)
10% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN)			PPP: Actual expenses incurred for July 2023 (see invoice detail); budget line item description revised to include general supplies not just shopping carts.
Administrative Support: Support Services Partners (LABA, BMC, BSCJC)			AFC: Reimbursement for Outreach Worker Pay: June: \$127.50 + July: \$457.50 (see each invoice details)
Food Pantry Supplies (PPP)			BTS: NCP referral - 11 for food pantry service @ \$40/referral = \$440; 10 for rental assistance (\$25,487.31); 5 for emergency services/non-food items (\$4,822.74); 3 for clothing @ \$50/referral = \$150
Per Diem Stipends for Peer Outreach Workers (AFC)			MC2: Annual Budget allocation (\$22,000/ 10 months * 1 month (July))
Staff Mileage Reimbursement (BTS, C3)			
Contracted Services: NCP Client Wraparound Support Services (BTS)			OTG: Zoom for Business (3 users)
Contracted Services: Anchor Agency Social Worker Supervision (MC2)			C3: Annual Budget allocation (\$78,000) / 10 months * 1 month (July)
Research Supplies (OTG)			C3: Preparation & organization; info gathering; post-reporting, debrief, follow-up, records management (16 hours * \$50/hr)
NCP Marketing & Communications (OTG)			C3: Logistics part of contact and liaison for anchor and partner agencies NCP support staff, neighborhood outreach materials and on-site coordination event coordination, action item follow-up, etc. \$78 hours *
Software and Subscriptions (OTG)			
Contracted Services: Project Lead / Community Consultant (C3)			
Contracted Services: Historian / Neighborhood Legacy (C3)			
Contracted Services: On-Site / Field Coordinator (C3)			
Contracted Services: Neighborhood Ambassadors (C3)			
RIS Bus Passes/Transportation Assistance			
Per Diem Stipends for Event Logistics Helpers (C3)			
Microsoft Surface Pro Packages - 5 (C3)			
Neighborhood/Community Engagement Conversations & Activities (C3)			
NCP Supplies & Materials (C3)			C3: Case of printer paper for meeting agendas, minutes, handouts, etc. MC2: Annual Budget allocation (\$13,540) / 10 months * 1 month (July) = \$1354.00 C3: Annual Budget allocation (\$18,520) / 10 months * 1 month (July) = \$1,852.00 BTS: Annual Budget allocation (\$11,728) / 10 months * 1 month (July) = \$1,172.80 OTG: Actual expense (see invoice detail) = \$1588.03
10% de minimis indirect cost rate (BTS, MC2, OTG, C3)			
Fiscal Sponsor Administrative Cost Rate - 5% (C3)			
Total Other Than Personnel Services Costs:			
Total Project Cost for July 2023			

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

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

** MBE & WBE Vendor

* WBE Vendor

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



INVOICE
 DATE: August 7, 2023
 VOICE # 00004 July 1-July 31, 2023
 FOR: 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, technology 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 (2)
CEO KUTZ, LLC. - Derrick Singleton: Cameron Cuts Apprenticeship Program. planning, curriculum development, information sessions, community outreach, site planning, and teaching classes, and other services from July 1, 2023-July 31, 2023 as documented by CEO KUTZ, LLC's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10 (2)
Payroll Reimbursement for Community Engagement worker, Jonathan Hardin, planning with instructors, participate in information sessions and outreach, oversee workforce development program, maintain NW outreach schedule and data. Cameron Community payroll register documentation. (2 pay periods @ 1,769.23 per pay period)	NCP Worker	\$3,538.46 (1)
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, coordinate 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 (3)
Monthly allocation of Neighborhood Credibility / 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 (12)
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$240 (11)
10% de minimis indirect cost rate: Monthly allocation for the month of July 2023		\$2,110.90 (14)
	BALANCE DUE	\$15,743.86

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

BEST WISHES FOR A FABULOUS DAY!

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



INVOICE

DATE: August 14, 2023
 INVOICE # NCP 004 7/1-31/2023
 FOR: 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
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 ①
Neighborhood Outreach Supplies: Monthly allocation for July 2023	Neighborhood Outreach Supplies	\$360.00 ⑩
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$ 240.00 ⑪
Facility Use / Operations Supplement: monthly allocation of remaining unspent balance (July 2023)	Facility Use/Operations Support	\$ 1,146.52 ⑫
Neighborhood Credibility / Trust Value: Monthly allocation for July 2023	Credibility Trust/Brand Value	\$ 1,800.00 ⑬
10% de minimis indirect cost rate: Monthly allocation for July 2023	Indirect Cost	\$ 2,110.90 ⑭
	BALANCE DUE	\$ 10,835.28

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



821 North Clinton Avenue
 Rochester NY 14605
 585.563.7008

Invoice

Submitted on 08/2023

Invoice for	Payable to	Invoice #
	The Father Tracy Advocacy Center	230701
Company name	Project	Due date
Street address	NCP-Anchor Agency	8/11/23
City, State, Zip		

Description	Qty	Unit price	Total price
NCP Liason - Salary	NV		\$3,220.80 (1)
NCP Social worker	DV		\$1,884.62 (3)
NCP workforce development	CR		\$1,981.54 (2)
Family Dollar NCP Facilities			\$36.63 (12)
Costco -NCP POP-Up			\$282.00 (10)
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 (13)
Red Roof- NCP Trust (client assistance)			\$191.52
Bright Bubble-NCP Trust (client assistance)			\$31.50
Costco- NCP trust (client assistance)			\$215.99
NCP Trust-Vendor- Lizzette Agoslo			\$515.00
Amazon - NCP Facilities (table & chairs)			\$226.68 (12)
Amazon - NCP Facilities (food cart)			\$92.33 (12)
PR Birth certificate NCP trust (client assistance)			\$50.00 (13)
10% de minimis indirect cost rate: Monthly allocation for July 2023			\$2,110.90 (14)

Notes:

Subtotal

\$11,281.29

Beyond the Sanctuary



INVOICE

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 (4)
Wrap Around Support Servics - Food Pantry	11	\$40.00	\$ 440.00 (18)
Wrap Around Support Servics - Rental Assistance	10		\$ 25,487.31 (18)
Wrap Around Support Servics - Emergency Services	5		\$ 4,622.78 (18)
Wrap Around Support Servics - Clothing	3	\$50.00	\$ 150.00 (18)
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Monthly Allocation for 10% de minimis indirect cost rate			\$ 1,172.90 (25)
Remaining Balance		TOTAL	\$ 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

COLLABORATIVE

Voucher for Neighborhood Collaborative Project
July 2023

Date: 8/1/23

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 (6)	\$ 37,500	\$ 15,000
Supervision	\$ 2,200 (11)	\$ 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



INVOICE

CONTRACTOR

On The Ground Research, LLC
 400 Andrews St
 Suite 220
 Rochester, NY, 14604
 Phone: 585-683-3638
 Email: janelle@onthegroundny.com

INVOICE DATE

August 4, 2023

INVOICE NUMBER

012

PROJECT TITLE

Neighborhood Collaborative Project

TO

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

INVOICE TIME PERIOD

7/1/23-7/31/23

Description

Date	Description of Services Rendered/Purchases Made	Budget Category	Amount	Budget Amount	YTD Billed
			(7) \$ 11,006.33	\$ 146,581.00	\$ 42,381.37
July	NCP Researcher	Salaries monthly allocation	\$ 11,006.33	\$ 78,000.00	\$ 22,968.35
July	NCP Research Assistant	Salaries monthly allocation	(8) \$ 1,485.71	\$ 10,400.00	\$ 2,971.43
July	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	(10) \$ 388.27	\$ 15,855.00	\$ 8,224.57
		Total Costs	\$ 15,880.31		
		Indirect Costs	(11) \$ 1,588.03	\$ 13,326.00	\$ 3,852.86
		Remaining Balance		\$ 104,199.63	
		Total Amount Due	\$ 17,468.34		

Total

\$17,468.34

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

If you have any questions concerning this invoice, contact:
 Janelle Duda-Banwar

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

INVOICE

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

**25 participants
 (youth, neighbors and community members)**

DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Garden Tools: wheelbarrow, shovels, rakes, etc (details on receipt IMG_3159.jpg)			\$ 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 Request			\$ 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

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 (C)
Foodlink	July invoices for food supplies	\$2,764.73 (D)

Total: \$4,852.45 (16)



Invoice

Headwater Foods, Inc.

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

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
PO #
Sales Rep Goldfeder, Arthur
Signature

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

Item	(Item) Internal ID	Sto...	Units	Unit Price	Quantity	Catch Wt	Actual Wt	Description	Amnt
Eggs, Large Chicken	126,813		30Doz	90.00	2				180.00
Cooked Beans, Black NYS	140,556		12x15.5oz	15.00	5				75.00
Milk, 1 Percent White NYS Half Pint	138,250		70xHalfPint	0.00	2				0.00
Milk, Fat Free Chocolate NYS Half Pint	138,251		70xHalfPint	0.00	2				0.00
Milk, Skim NYS Half Pint	138,252		70xHalfPint	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 Amount Due 255.00
 \$255.00

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

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

Give us feedback @ survey.walmart.com
Thank you! ID #:753V2GLW01



WM SuperCenter
585-787-1370 Mar. MICHAEL
1990 BRANST POINT DRIVE
WEBSTER NY 14580

ST# 01744 OP# 009047 TE# 47 TR# 04073

ITEMS SOLD 25
LC# 8469 7639 7822 2442 0385 3



GV 9200PLT	078742349340	12.28 X
KETCHUP 32OZ	013000006950 F	3.98 0
MUSTARD 28OZ	041500000310 F	2.72 0
PAN W/LID	070485125390	4.98 X
PAN W/LID	070485125390	4.98 X
LASAGNA PAN	070485389100	5.48 X
GV TOWEL	078742210800	6.14 X
GV TOWEL	078742210800	6.14 X
WHI RICE 2LB	073742352050 F	1.77 0
FOIL	078742086560	3.78 X
GV DRG PINIO	078742131620 F	1.16 0
GV DRG PINIO	078742131620 F	1.16 0
FB EXTRA VIR	041736010130 F	9.85 0
GV NSA BLKBN	078742061990 F	0.78 0
GV 500 MM NP	078742233410	3.32 X
CUTLERY	078742089400	7.36 X
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
HOT SAUCE	041331038590 F	2.28 0
SZNRP N-MSG	053844007570 F	4.87 0
YLW ONION 3#	853120003000 F	4.28 H
BELL PEPPERS	057836000040 F	2.98 H
GV 5L WATER	078742279090 F	5.36 X
NY DEPOSIT	078742215640 I	2.00 H

SUBTOTAL 103.70
TAXI 8.0000 % 4.83
TOTAL 108.53
DEBIT TEND 108.53 (A)
CHANGE DUE 0.00

DECLINED TRANSACTION
DEBIT 4645 1
AID A000000042203
TERMINAL # 26587800
DECLINED
07/11/23 14:53:52

EFT DEBIT DECLINED TRANSACTION
DEBIT 4645 1 REF # 31920000040F
NETWORK ID 000L
AID A000000042203
TC 40024E 78882716B
TERMINAL # 26587800
07/11/23 14:54:26

EFT DEBIT PAY FROM PRIMARY
108.53 TOTAL PURCHASE
US DEBIT 3440 1 0 REF # 319200366502
NETWORK ID 000S APPR CODE 005414
AID A0000030980840
TC 94REGE711869A1B1
TERMINAL # 26587800
*Pin Verified
07/11/23 14:54:49



Become a



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

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

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

**** INVOICE ****

INVOICE DATE	INVOICE NUMBER
07/19/23	S1985190.001
REMIT TO: REGIONAL DISTRIBUTORS, INC PO BOX 60859 ROCHESTER, NY 14606	PAGE NO 1

CUSTOMER#	CUSTOMER ORDER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
L9320	PICKUP		LEA KANE	MICHAEL L	IDMS-XM	PICK UP NOW	NET DUE ON INVOICE	07/19/23	07/19/23
ORDER QTY	SHIP QTY	DESCRIPTION				PART NO	TAX	Unit Price	Ext Prc
		***** Shipping Instructions *****							
		* *****							
		* ***PROCESS CREDIT CARD***							
		* *****							
		* DELIVER BETWEEN 9AM-1PM							
		* CALL 729-5601							

3cs	3cs	11-10093 IPS 1/6 WHITE THANK YOU BAG				33985	N	22.930	68.79
		11.5x6.5x21 RED PRINT 1000/CASE							
2bn	2bn	GS57NP5C (80076) 57# PAPER GROCERY BAG 1/6				352	N	92.988	185.98
		BBL 12X7X17 500/BUNDLE							
*** Continued on Next Page ***									



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

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

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

**** INVOICE ****

INVOICE DATE	INVOICE NUMBER
07/19/23	S1985190.001
REMIT TO: REGIONAL DISTRIBUTORS, INC PO BOX 60859 ROCHESTER, NY 14606	PAGE NO. 2

CUSTOMER#	CUSTOMER ORDER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
19320	PICKUP		LEA KANE	MICHELE L	IDMS-XM	PICK UP NOW	NET DUE ON INVOICE	07/19/23	07/19/23
ORDER QTY	SHIP QTY	DESCRIPTION				PART NO	TAX	Unit Price	Ext Prc
***** Credit Card Information *****									
* Merchant ID# : 250780140738 Time/Date: 12:23:01 20 JUL 2023 *									
* Card Number : 5322XXXXXXXX4645 Card Type: MC Exp.: 0526 *									
* Card Holder : LINCOLN SPALDING Auth Code: 695017 *									
* Charge Amount: \$254.77 Charge Date: 07/20/2023 *									
* Signature : _____ PAID IN FULL *									
* I agree to pay above total amount according to card issuer agreement. *									
***** Amount paid today # S1985190.002 *****									
								(B) -254.77	
** Reprint ** Reprint ** Reprint **									
								Subtotal	0.00
								FREIGHT	0.00
								Sales Tax	0.00
								Amount Due	0.00

Invoice is due by 07/19/23.

All claims for shortage or errors must be made at once. Returns require written authorization and are subject to handling charges. Special orders are non returnable. Past due invoices may be subject to 1.5% late charge

Signature: _____



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

RECEIPT

ULINE FED ID#: 36-3684738

INVOICE #: 166247031

ORDER #: 3650419

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2021

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

Table with columns: CUSTOMER NO., PURCHASE ORDER NO., SHIP VIA, ORDER DATE, DATE SHIPPED, TERMS, INVOICE DATE, QTY ORDERED, U/M, BACK ORDERED, ITEM NUMBER, DESCRIPTION, UNIT PRICE, EXTENDED PRICE. Includes line items for shelving units, wire baskets, and a utility wagon.

ORDER PLACED BY: LINCOLN SPAULDING
INTERNET PRO #: 533560827

Summary table with columns: SUB-TOTAL (1,303.00), SALES TAX (.00), SHIPPING/HANDLING (166.42), AMOUNT DUE PAID IN FULL.

(C)

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

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



400 WEST AVENUE, 3RD FLOOR
 ROCHESTER, NY 14611

Jerome H. Underwood
 President & CEO
 Brad Rye
 Board Chair

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

Date: 7/14/2023

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

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

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

SIGNATORY: Michele Boyd 585-262-4330 07/14/23
(SIGNATURE) (PHONE NUMBER) (Date)

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Patricia Terziani
 ATTN: _____
 ADDRESS: 690 S. Goodman Street
 ADDRESS LINE 2: _____
 CITY: Rochester, NY 14620
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee
 Send with attached *
 Return to requestor

* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for June 1, 2023 - June 30, 2023
Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$127.50</u>
TOTAL		\$ 127.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature:
 Requestor's Signature

Date: 7/12/23

Signature:
 Program director/Deputy Director

Date: 7/12/23

Additional Signatures as required:

 Date: _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____



400 WEST AVENUE, 3RD FLOOR
 ROCHESTER, NY 14611

Jerome H. Underwood
 President & CEO
 Brad Rye
 Board Chair

Name _____
 Address _____
 Address Line 2 _____
 City, State, Zip _____

Date: 8/4/2023

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

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

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Gwendolyn Crawford
 ATTN: _____
 ADDRESS: 69 Avery Street
 ADDRESS LINE 2 Apt. # 2
 CITY Rochester, NY 14612
 PHONE # _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee ** Note: Any paperwork to be sent with check must be in an attached addressed envelope. If*
 Send with attached * *no, the check will be sent directly to the payee.*
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023
Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	<u>\$ 202.50</u>
<u>72700</u>	<u>202023 (HIPCoC)</u>	<u> </u>
<u>32324 22700</u>	<u>232400 (NCP)</u>	<u>\$ 210.00</u>
	TOTAL	\$ 412.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date 8/04/23
 Requestor's Signature

Signature: [Signature] Date 8/4/23
 Program director/Deputy Director

Additional Signatures as required:
 _____ Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____

ACTION for a BETTER COMMUNITY

AFC PEER WORKER

NAME: Gene Crawley

MONTH: July 6th NCP / ABC

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	S/hr	Total due
7-6-23	1:00	3:00	Outreach	KLH	2	15	\$30.00
7-11-23	1:00	3:00	NCP Lyell Outreach	KLH	2	15	\$30.00
7-12-23	1:00	3:00	NCP Jefferson Outreach	KLH	2	15	\$30.00
7-13-23	1:00	3:00	NCP NClinton	KLH	2	15	\$30.00
7-15-23	10:00	2:00	Pride Labeling	KLH	4	15	\$60.00
7-20-23	1:00	3:00	NCP Clinton	KLH	2	15	\$30.00
7-26-23	1:30						
7-24-23	1:00	3:00	Comited	KLH	2	15	\$30.00
7-10-23	1:00	3:00	Comited	KLH	2	15	\$30.00
7-26-23	11:30	5:00	Condom Packing		5.5	15	\$82.50
7-27-23	1:00	5:00	Condom packing		4	15	\$60.00
							\$412.50
NCP Total					210.00		
MSA Total					202.50		

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Frederick Parker
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution: * **Note: Any paperwork**
 Send directly to Payee to be sent with check
 Send with attached * must be in an attached
 Return to requestor addressed envelope. If
 no, the check will be sent
 directly to the payee.

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$ 37.50</u>
TOTAL		<u>\$ 37.50</u>

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Brooks Benton* Date 8/04/23
 Requestor's Signature

Signature: *Michele Boyd* Date 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

_____ Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____

ACTION for a BETTER COMMUNITY



AFC PEER WORKER

NAME: FREDERICK PARKER

MONTH: July 27, 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	Staff	Total due
7/27/23	11:30 AM	2 PM	OUTREACH TRAINING NCP	BBB			

50

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Samantha Wilson
 ATTN: _____
 ADDRESS: [REDACTED]
 ADDRESS LINE 2 _____
 CITY: Rochester, NY
 PHONE # _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee ** Note: Any paperwork must be sent with check*
 Send with attached * *to be sent in an attached addressed envelope. If*
 Return to requestor *no, the check will be sent directly to the payee.*

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$37.50</u>
TOTAL		\$ 37.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

 Date: _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____



AFC PEER WORKER

NAME: Samantha Wilson

MONTH: July 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	S/Pr	Total due
7-27-23	11:30	2:00	outreach/per training NCP	POB			

50

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS *Jennifer*
 NAME: Jennifer Wilson
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee *** Note: Any paperwork to be sent with check must be in an attached addressed envelope. If**
 Send with attached * **no, the check will be sent directly to the payee.**
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$37.50</u>
TOTAL		\$ 37.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Brooks Benton*
 Requestor's Signature

Date 8/04/23

Signature: *Michele Boyd*
 Program director/Deputy Director

Date 8/4/23

Additional Signatures as required:

_____ Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: David B. Whitaker, Jr.
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee *** Note: Any paperwork must be in an attached addressed envelope. If**
 Send with attached * **no, the check will be sent directly to the payee.**
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$30.00</u>
TOTAL		<u>\$ 30.00</u>

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature:
 Requestor's Signature

Date 8/04/23

Signature:
 Program director/Deputy Director

Date 8/04/23

Additional Signatures as required:

 Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Khalil Warren
 ATTN: _____
 ADDRESS: [REDACTED]
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee ** Note: Any paperwork must be in an attached addressed envelope. If*
 Send with attached * *no, the check will be sent directly to the payee.*
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023
Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$ 30.00</u>
TOTAL		<u>\$ 30.00</u>

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

 Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Johnnie Waston
 ATTN: _____
 ADDRESS: [REDACTED]
 ADDRESS LINE 2: [REDACTED]
 CITY: Rochester, NY [REDACTED]
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee *** Note: Any paperwork must be in an attached addressed envelope. If**
 Send with attached * **no, the check will be sent directly to the payee.**
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$45.00</u>
TOTAL		\$ 45.00

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

_____ Date: _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____



AFC PEER WORKER



NAME: Jahane Weston

MONTH: July 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	S/H	Total due
7-27-23	11:00	2:00	PET/ NCP OUT REACH Training	BB			

cc

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Daneisha Owens
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY 14607
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee * Note: Any paperwork must be sent with check
 Send with attached * addressed envelope. If
 Return to requestor no, the check will be sent directly to the payee.

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	\$ <u>30.00</u>
TOTAL		\$ <u>30.00</u>

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Brooks Benton* Date: 8/04/23
 Requestor's Signature

Signature: *Michele Boyd* Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

_____ Date: _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____

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



INVOICE

DATE: August 4, 2023
INVOICE # NCP 0005 7/1-31/2023
FOR: Neighborhood Collaborative
 Project (NCP) Project Lead
 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
Project coordination and management services for NCP that include but not limited to meeting planning & organization, communication and action item follow-up with County program officer and fiscal sponsor, action item monitoring and problem resolution; consultation, planning and support services with/on behalf of the NCP anchor and supporting partner agencies.	Contracted Services	\$ (21) 7,800.00
Project Historian / Neighborhood Legacy Coordination: preparation & organization; info gathering; post-reporting, debrief, follow-up, records management (16 hours * \$50/hr)	Contracted Services	\$ (22) 800.00
On-Site / Field Coordinator: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach materials and supplies acquisition, event coordination, action item follow-up, etc. (24 hours * \$25/hr)	Contracted Services	\$ (23) 600.00
Office Supplies: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc.	Supplies	\$ (24) 43.19
Monthly allocation of 10% de minimis indirect cost rate	Indirect Costs	\$ (25) 1,962.40
	BALANCE DUE	\$ 11,205.59

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

BEST WISHES FOR A FABULOUS DAY!

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



COUNTY OF MONROE

SAP
DOCUMENT NO.

PAY TO: Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project
INSERT NAME OF CLAIMANT

REMITTANCE ADDRESS: 100 College Ave
Suite 130
Rochester NY 14607
City State Zip

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

THIS VOUCHER MUST BE CERTIFIED AND SENT TO THE DEPARTMENT AUTHORIZING SAME

Jocelyn Basley (Insert name of claimant, his agent or representative) Certifies that this claim is just, true and correct, that the merchandise or services herein have been rendered to Monroe County, that taxes from which Monroe County is exempt are not included and that the balance is actually due and owing
Submitted Digitally VIA ARPA Portal (Claimant, agent or representative to sign here) TITLE Project Lead DATE 8/17/2023

SC Purchase Order Number 7300002613

VENDOR NUMBER 11127279 SP, G/L _____ (Choose one: H=Retainage, Q=Liens, U=Securities)
INVOICE DATE _____ / _____ / _____ REFERENCE (Vendor Invoice #) _____ PAYMENT METHOD (Choose one: C=Check, D=ACH)
POSTING DATE _____ / _____ / _____ AMOUNT 125660.67
TEXT ARPA - Neighborhood Collaborative Project (NCP)

GL ACCT	SHORT TEXT	AMOUNT	COST CENTER	BUSINESS AREA	FUND	GRANT	INTERNAL ORDER	WBS ELEMENT
504320		125660.67	1403930104	1400	9001	G140100030.2326	G14010003001	

CERTIFICATE OF APPROVAL BY DEPARTMENT HEADS
Certify that the merchandise or services itemized in the claim have been rendered or furnished to Monroe County on the date or dates shown, that the charges are correct, and am approving same for payment
HEAD OF DEPARTMENT OR AUTHORIZED DEPARTMENT REPRESENTATIVE _____ DATE _____

CHECK RECEIVED BY _____
Print Name

Signature



INVOICE

CONTRACTOR

On The Ground Research, LLC
 400 Andrews St
 Suite 220
 Rochester, NY, 14604
 Phone: 585-683-3638
 Email: janelle@onthegroundny.com

INVOICE DATE

August 4, 2023

INVOICE NUMBER

012

PROJECT TITLE

Neighborhood Collaborative Project

TO

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

INVOICE TIME PERIOD

7/1/23-7/31/23

Description

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

Total

\$17,468.34

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

If you have any questions concerning this invoice, contact:
 Janelle Duda-Banwar

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

INVOICE

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



DATE: August 14, 2023
INVOICE # NCP 004 7/1-31/2023
FOR: 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
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
Neighborhood Outreach Supplies: Monthly allocation for July 2023	Neighborhood Outreach Supplies	\$360.00
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$ 240.00
Facility Use / Operations Supplement: monthly allocation of remaining unspent balance (July 2023)	Facility Use/Operations Support	\$ 1,146.52
Neighborhood Credibility / Trust Value: Monthly allocation for July 2023	Credibility Trust/Brand Value	\$ 1,800.00
10% de minimis indirect cost rate: Monthly allocation for July 2023	Indirect Cost	\$ 2,110.90
	BALANCE DUE	\$ 10,835.28

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



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

Invoice
July 2023
Balance: \$4,852.45

Purchases

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

Total: \$4,852.45



Headwater Foods, Inc.

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

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
PO #
Sales Rep Goldfeder, Arthur
Signature

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

Item	Item Internal ID	Sto...	Units	Unit Price	Quantity	Catch Wt	Actual Wt	Description	Amnt
Eggs, Large Chicken	126,813		30Doz	90.00	2				180.00
Cooked Beans, Black NYS	140,556		12x15.5oz	15.00	5				75.00
Milk, 1 Percent White NYS Half Pint	138,250		70xHalfPint	0.00	2				0.00
Milk, Fat Free Chocolate NYS Half Pint	138,251		70xHalfPint	0.00	2				0.00
Milk, Skim NYS Half Pint	138,252		70xHalfPint	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 Invoices paid by credit card will be assessed an additional 3% process fee.

Give us feedback: survey.walmart.com
Thank you! ID #: 75JY2GLWK01



WM Supercenter

585-787-1370 Mgr. MICHAEL
1990 BRANDT POINT DRIVE
WEBSTER NY 14580

SI# 01744 OP# 009047 IE# 47 TR# 04073

ITEMS SOLD 25
IC# 8469 7639 7822 2442 0385 3



GV 9200PLT	078742349340	12.28 X
KETCHUP 32OZ	013000006050 F	3.98 0
MUSTARD 20OZ	041500000310 F	2.72 0
PAN W/LID	070485125390	4.98 X
PAN W/LID	070485125390	4.98 X
LASAGNA PAN	070485389100	5.48 X
GV TOWEL	078742210800	6.14 X
GV TOWEL	078742210800	6.14 X
WHIT RICE 2LB	078742352050 F	1.77 0
FOIL	078742086560	3.78 X
GV DRG PINTO	078742131620 F	1.16 0
GV DRG PINTO	078742131620 F	1.16 0
FB EXTRA VIR	0411736010130 F	9.88 0
GV NSA-BLKBN	078742061990 F	0.78 0
GV 500 PM NP	078742233410	3.32 X
CUTLERY	078742089400	7.86 X
GV HD BUNS	078742097280 F	1.33 0
GV HD BUNS	078742097280 F	1.33 0
GV HD BUNS	078742097280 F	1.33 0
GV HD BUNS	078742097280 F	1.33 0
HOT SAUCE	041931038590 F	2.28 0
SZNTRP N/MSG	053844007570 F	4.87 0
YLW ONION 3#	853120003000 F	4.28 0
BELL PEPPERS	057836000040 F	2.98 N
GV .5L WATER	078742279090 F	5.36 X
NY DEPOSIT	073742215640 F	2.00 N

SUBTOTAL	108.70
TAX1 8.0000 X	4.33
TOTAL	108.53
DEBIT TEND	108.53
CHANGE DUE	0.00

DECLINED TRANSACTION

DEBIT -4645 1
ATD A000000042203
TERMINAL # 26587800
DECLINED
07/11/23 14:53:52

EFT DEBIT DECLINED TRANSACTION

DEBIT -4645 1 1 REF # 319200000400
NETWORK ID. 0001
ATD A000000042203
TC 40024E.78882716B
TERMINAL # 26587800
07/11/23 14:54:20

EFT DEBIT PAYMENT PRIMARY

108.53 TOTAL PURCHASE
US DEBIT -3440 1 0, REF # 319200366502
NETWORK ID. 0008 APPR CODE 005414
ATD A0000000980840
TC 948FBE711B69A1B1
TERMINAL # 26587800
*Pin Verified
07/11/23 14:54:49



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07/11/23 14:54:58



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

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

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

**** INVOICE ****

INVOICE DATE	INVOICE NUMBER
07/19/23	S1985190.001
REMIT TO: REGIONAL DISTRIBUTORS, INC PO BOX 60859 ROCHESTER, NY 14606	PAGE NO 1

CUSTOMER#	CUSTOMER ORDER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
19320	PICKUP		LEA KANE	MICHELE L	IDMS-XM	PICK UP NOW	NET DUE ON INVOICE	07/19/23	07/19/23
ORDER QTY	SHIP QTY	DESCRIPTION				PART NO	TAX	Unit Price	Ext Prc
		***** Shipping Instructions ***** * ***** * ***PROCESS CREDIT CARD*** * ***** * DELIVER BETWEEN 9AM-1PM * CALL 729-5601 * *****							
3cs	3cs	11-10093 IPS 1/6 WHITE THANK YOU BAG				33985	N	22.930	68.79
2bn	2bn	11.5x6.5x21 RED PRINT 1000/CASE GS57NP5C (80076) 57# PAPER GROCERY BAG 1/6 BBL 12X7X17 500/BUNDLE				352	N	92.988	185.98
*** Continued on Next Page ***									



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

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

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

**** INVOICE ****

INVOICE DATE	INVOICE NUMBER
07/19/23	S1985190.001
REMIT TO: REGIONAL DISTRIBUTORS, INC PO BOX 60859 ROCHESTER, NY 14606	PAGE NO. 2

CUSTOMER#	CUSTOMER ORDER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
19320	PICKUP		LEA KANE	MICHELE L	IDMS-XM	PICK UP NOW	NET DUE ON INVOIC	07/19/23	07/19/23
ORDER QTY	SHIP QTY	DESCRIPTION				PART NO	TAX	Unit Price	Ext Prc
***** Credit Card Information *****									
* Merchant ID# : 250780140738 Time/Date: 12:23:01 20 JUL 2023 *									
* Card Number : 5322XXXXXXXX4645 Card Type: MC Exp.: 0526 *									
* Card Holder : LINCOLN SPALDING Auth Code: 695017 *									
* Charge Amount: \$254.77 Charge Date: 07/20/2023 *									
* Signature : _____ PAID IN FULL *									
* I agree to pay above total amount according to card issuer agreement.*									

Amount paid today # S1985190.002								-254.77	
** Reprint ** Reprint ** Reprint **							Subtotal		0.00
							FREIGHT		0.00
							Sales Tax		0.00
							Amount		
							Due		0.00

Invoice is due by 07/19/23.

All claims for shortage or errors must be made at once. Returns require written authorization and are subject to handling charges. Special orders are non returnable. Past due invoices may be subject to 1.5% late charge

Signature: _____



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

RECEIPT

ULINE FED ID#: 36-3684738

INVOICE #: 166247031

ORDER #: 3650419

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2021

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
20916883	LINCOLN	A DUJE PYLE	07/21/23	07/21/23	MASTERCARD	07/21/23
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
3	KT		H-10712-63	CHROME WIRE SHELVING UNIT - 42 X 24 X 63"	199.00	597.00
1	KT		H-10712-63A	CHROME WIRE SHELVING ADD-ON UNIT - 42 X 24 X 63"	189.00	189.00
1	KT		H-6218	WIRE BASKET SHELVING - 48 X 24 X 63"	325.00	325.00
12	EA		S-24137G	VENTILATED STACK AND NEST CONTAINER - 20 X 13 X 6", GREEN	16.00	192.00
1	EA		S-21433BLU	UTILITY WAGON - BLUE THIS ITEM AT NO CHARGE	.00	.00
				CHARGED TO MASTERCARD ENDING IN 4645 \$1,469.42		

ORDER PLACED BY: LINCOLN SPAULDING
INTERNET PRO #: 533560827

SUB-TOTAL 1,303.00	SALES TAX .00	SHIPPING/HANDLING 166.42	AMOUNT DUE PAID IN FULL
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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	7/13/2023	Order AO-00075	Invoice	431.87		431.87
AO-00256-1	7/20/2023	Order AO-00256	Invoice	85.50		517.37
AO-00268-1	7/27/2023	Order AO-00268	Invoice	2,247.36		2,764.73
Grant No.		Description				Balance
GRT00007		HPNAP Purchased LOC 2024 1				1,911.00

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

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

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

** MBE & WBE Vendor

* WBE Vendor

Bring Monroe Back - Monroe County ARPA Budget Proposal

Organization Name: **Neighborhood Collaborative Project (NCP) / Community Resource Collaborative**

Personal Costs	List	8/15/2023 Voucher	Voucher Explanation
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)	\$ 11,997.12		SWAN: NCP Worker (shared role- Executive & Youth Director) salary expense for July 2023 = \$5177.86 (\$1291.84+\$3886.06) FTAC: NCP Worker (N. Velazquez) salary expense for July 2023 = \$3,220.00 (\$1442.40 + \$1778.40) Cameron: NCP Worker (I. Hardin) salary expense for July 2023 = \$3,598.46
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)	\$ 6,123.74		FTAC: ESL Prep for Workforce Readiness (C. Roched) salary expense for July 2023 = \$1961.54 (mid-month hire) Cameron: On-site Trainers for Global Logistics (\$2081.10) and Barbering/Entrepreneur training(\$5081.10) = \$4960.20
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)	\$ 4,576.92		FTAC: On-site Case Manager salary expense for July 2023 = \$1884.62 (mid-month hire) Cameron: On-site Social Worker salary expense for July 2023 = \$2692.30 (\$1346.15*2 pay periods)
Neighborhood Collaborative Project (NCP) Liaison (BTS)	\$ 6,250.00		BTS: Annual Budget allocation (\$2,500/10 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (MC2)	\$ 7,500.00		MC2: Annual Budget allocation (\$7,500/10 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 3,750.00		MC2: Annual Budget allocation (\$37,500/10 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 11,006.33		OTG: Remaining Budget (\$77,044.31/7 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 1,485.71		OTG: Budget allocation (\$10,400/7 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 3,000.00		OTG: Budget allocation (\$18,000/6 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 55,629.82		
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 55,629.82		
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 8/15/2023 Voucher		Voucher Explanation
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 642.00		SWAN: Monthly allocation for July 2023 = \$360.00 (\$360/10months) FTAC: Actual expenses incurred for July 2023 = \$282.00
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 661.08		Cameron: Annual Budget allocation (\$2,400/10 months * 1 month (July)) = \$240 SWAN: Annual Budget allocation (\$2,400/10 months * 1 month (July)) = \$240 FTAC: Actual expenses for July 2023 = \$181.08
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 2,702.16		Cameron: Annual Budget allocation (\$12,000/10 months * 1 month (July)) = \$1200 SWAN: Remaining budget allocation (\$8,025.64/7 months * 1 month (July)) = \$1146.52 FTAC: Actual expenses for July 2023 = \$355.64
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 4,884.71		Cameron: Annual Budget allocation (\$18,000/10 months * 1 month (July)) = \$1800 SWAN: Annual Budget allocation (\$18,000/10 months * 1 month (July)) = \$1800 FTAC: Actual expenses for July 2023 = \$1284.71
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 6,332.70		Cameron: Annual Budget allocation (\$21,109/10 months * 1 month (July)) = \$2110.90 SWAN: Annual Budget allocation (\$21,109/10 months * 1 month (July)) = \$2110.90 FTAC: Annual Budget allocation (\$21,109/10 months * 1 month (July)) = \$2110.90
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 770.87		UBA: Supplies and refreshments for 7/14/2023 Iyell Avenue Garden Planting Event (see invoice detail)
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 4,852.45		TPP: Actual expenses incurred for July 2023 (see invoice detail); budget line item description revised to include general supplies not just shopping carts.
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 585.00		AFC: Reimbursement for Outreach Worker Pay June: \$127.50 + July: \$457.50 (see each invoice details)
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 30,700.09		BTS: NCP referrals - 11 for food pantry service @ \$40/referral = \$440; 10 for rental assistance (\$25,487.31); 5 for emergency services/non-food items (\$4,622.78); 3 for clothing @ \$50/referral = \$150
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 2,200.00		MC2: Annual Budget allocation (\$22,000/10 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 388.27		OTG: Zoom for Business (3 users)
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 7,800.00		C3: Annual Budget allocation (\$78,000/10 months * 1 month (July))
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 800.00		C3: Preparation & organization; info gathering; post-reporting; debrief; follow-up; records management (16 hours * \$50/hr)
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 600.00		C3: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff; neighborhood outreach materials and supplies; acquisition, event coordination, action item follow-up; etc. (24 hours * \$25.00/hr)
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 43.19		C3: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 6,068.33		MC2: Annual Budget allocation (\$13,450/10 months * 1 month (July)) = \$1345.00 C3: Annual Budget allocation (\$19,624/10 months * 1 month (July)) = \$1,962.40 BTS: Annual Budget allocation (\$11,729/10 months * 1 month (July)) = \$1,172.90 OTG: Actual expense (see invoice detail) = \$1588.03
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 70,030.85		
Neighborhood Collaborative Project (NCP) Liaison (OTG)	\$ 125,660.67		

Bring Monroe Back - Monroe County ARPA Budget Proposal

Organization Name: Neighborhood Collaborative Project (NEP) / Community Resource Collaborative

Line Item	4/17/2023 Voucher	5/15/2023 Voucher	6/15/2023 Voucher	7/17/2023 Voucher	8/15/2023 Voucher	9/15/2023 Voucher	10/17/2023 Voucher	11/15/2023	12/15/2023	1/16/2024	17/6/2024	Year-to-Date Year 1	Remaining Funds	% of Year 1 Budget	Proposed	Proposed Expenditures
Community Center	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	28%	\$ -	\$ -
Neighborhood Collaborative Project (NEP) Workers (Contract, F.TAC, SWAN)	\$ -	\$ 7,039.25	\$ 5,157.88	\$ 5,157.88	\$ 10,112.67	\$ 11,937.12	\$ 11,937.12	\$ -	\$ -	\$ -	\$ -	\$ 34,238.92	\$ 105,846.08	28%	\$ 140,635.00	\$ 761,271.00
On-Site Vocational Trainers (Contract, F.TAC, SWAN)	\$ -	\$ 16,257.05	\$ 4,360.40	\$ 4,360.40	\$ 22,845.02	\$ 6,133.74	\$ 6,133.74	\$ -	\$ -	\$ -	\$ -	\$ 49,586.21	\$ 105,102.79	37%	\$ 154,890.00	\$ 837,405.00
On-Site Social Workers (Contract, F.TAC, SWAN)	\$ -	\$ 6,790.75	\$ 2,690.30	\$ 2,690.30	\$ 9,380.76	\$ 4,576.92	\$ 4,576.92	\$ -	\$ -	\$ -	\$ -	\$ 23,230.73	\$ 45,919.27	38%	\$ 148,750.00	\$ 913,530.00
Neighborhood Collaborative Project (NEP) Liaison (PT)	\$ -	\$ -	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ -	\$ -	\$ -	\$ -	\$ 18,750.00	\$ 42,750.00	30%	\$ 62,500.00	\$ 269,382.00
Full-time Social Worker (W-2)	\$ -	\$ 15,000.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00	\$ -	\$ -	\$ -	\$ -	\$ 37,500.00	\$ 75,000.00	50%	\$ 75,000.00	\$ 323,600.00
Part-time Social Worker (W-2)	\$ -	\$ 7,500.00	\$ 3,750.00	\$ 3,750.00	\$ 3,750.00	\$ 3,750.00	\$ 3,750.00	\$ -	\$ -	\$ -	\$ -	\$ 18,750.00	\$ 18,750.00	50%	\$ 37,500.00	\$ 161,630.00
NEP Local Researcher (OTG)	\$ -	\$ -	\$ 955.69	\$ 955.69	\$ 11,006.33	\$ 11,006.33	\$ 11,006.33	\$ -	\$ -	\$ -	\$ -	\$ 22,968.15	\$ 55,031.65	29%	\$ 78,000.00	\$ 336,190.00
Student Research Assistant (OTG)	\$ -	\$ -	\$ -	\$ -	\$ 1,485.71	\$ 1,485.71	\$ 1,485.71	\$ -	\$ -	\$ -	\$ -	\$ 2,971.42	\$ 7,428.58	29%	\$ 10,400.00	\$ 44,925.00
Communications Coordinator (OTG)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000.00	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -	\$ 3,000.00	\$ 15,000.00	17%	\$ 18,000.00	\$ 71,542.00
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Personnel Costs:	\$ -	\$ 52,219.45	\$ 30,644.27	\$ 30,644.27	\$ 71,180.49	\$ 55,429.82	\$ 55,429.82	\$ -	\$ -	\$ -	\$ -	\$ 210,395.63	\$ 536,868.37	28%	\$ 745,464.00	\$ 3,725,978.00
Other Than Personnel Services Costs:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vocational Training Supports: Anchor Agencies (Contract, F.TAC, SWAN)	\$ -	\$ -	\$ -	\$ -	\$ 7,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,000.00	\$ 46,000.00	14%	\$ 54,000.00	\$ 232,746.00
Neighborhood Outreach Supports: Anchor Agencies (Contract, F.TAC, SWAN)	\$ -	\$ -	\$ 290.75	\$ 290.75	\$ 561.72	\$ 642.00	\$ 642.00	\$ -	\$ -	\$ -	\$ -	\$ 1,493.97	\$ 9,366.01	14%	\$ 10,800.00	\$ 45,148.00
Office Supply Supplement: Anchor Agencies (Contract, F.TAC, SWAN)	\$ -	\$ 960.00	\$ 1,691.99	\$ 1,691.99	\$ 849.54	\$ 651.08	\$ 651.08	\$ -	\$ -	\$ -	\$ -	\$ 4,162.61	\$ 1,037.19	59%	\$ 7,200.00	\$ 30,120.00
Facility Use / Operations Support: Anchor Agencies (Contract, F.TAC, SWAN)	\$ -	\$ 12,001.03	\$ 6,436.67	\$ 6,436.67	\$ 2,850.32	\$ 2,702.18	\$ 2,702.18	\$ -	\$ -	\$ -	\$ -	\$ 23,993.08	\$ 12,008.97	67%	\$ 36,000.00	\$ 156,212.00
Snacks, Swag/Promotional Supplies: Anchor Agencies (Contract, F.TAC, SWAN)	\$ -	\$ -	\$ 240.00	\$ 240.00	\$ 191.14	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 431.14	\$ 6,788.86	6%	\$ 7,200.00	\$ 30,120.00
Credibility Trust (Brand Value): Anchor Agencies (Contract, F.TAC, SWAN)	\$ -	\$ 7,651.70	\$ 4,239.11	\$ 4,239.11	\$ 3,690.02	\$ 4,884.71	\$ 4,884.71	\$ -	\$ -	\$ -	\$ -	\$ 20,465.54	\$ 33,314.46	38%	\$ 54,000.00	\$ 235,915.00
IDB de minimis indirect cost: Anchor Agencies (Contract, F.TAC, SWAN)	\$ -	\$ 8,443.60	\$ 6,332.70	\$ 6,332.70	\$ 6,332.70	\$ 6,332.70	\$ 6,332.70	\$ -	\$ -	\$ -	\$ -	\$ 27,641.70	\$ 35,885.20	47%	\$ 83,237.00	\$ 352,692.00
Administrative Support: Support Services Partners (ARPA, BWC, ARPA)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 770.87	\$ 770.87	\$ -	\$ -	\$ -	\$ -	\$ 770.87	\$ 191.55	1%	\$ 81,000.00	\$ 338,871.00
Food Pantry Supplies (m/m)	\$ -	\$ -	\$ -	\$ -	\$ 326.52	\$ 4,852.48	\$ 4,852.48	\$ -	\$ -	\$ -	\$ -	\$ 5,178.97	\$ 21,821.03	19%	\$ 27,000.00	\$ 112,957.00
Per Diem Supports for Peer Outreach Workers (m/m)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 585.00	\$ 585.00	\$ -	\$ -	\$ -	\$ -	\$ 585.00	\$ 2,154.00	0%	\$ 2,154.00	\$ 9,667.00
Staff Mileage Reimbursement (m/m, c/d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Services: NCP Client Wraparound Support Services (PT)	\$ -	\$ 4,400.00	\$ 2,200.00	\$ 2,200.00	\$ 6,200.32	\$ 30,700.09	\$ 30,700.09	\$ -	\$ -	\$ -	\$ -	\$ 37,860.41	\$ 45,139.59	70%	\$ 54,000.00	\$ 232,747.00
Contracted Services: Anchor Agency Social Worker Supervision (m/c)	\$ -	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 2,200.00	\$ 2,200.00	\$ -	\$ -	\$ -	\$ -	\$ 11,000.00	\$ 11,000.00	50%	\$ 22,000.00	\$ 94,322.75
Research Supplies (m/m)	\$ -	\$ 500.19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500.19	\$ 2,699.81	17%	\$ 3,000.00	\$ 12,551.00
NCP Marketing & Communications (m)	\$ -	\$ 845.81	\$ 18.17	\$ 18.17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 863.98	\$ 7,136.02	11%	\$ 8,000.00	\$ 32,000.00
Software and Subscriptions (m/c)	\$ -	\$ 15,600.00	\$ 7,800.00	\$ 7,800.00	\$ 7,686.40	\$ 388.27	\$ 388.27	\$ -	\$ -	\$ -	\$ -	\$ 8,724.57	\$ 7,610.43	52%	\$ 15,855.00	\$ 66,136.00
Contracted Services: Project Lead / Community Consultant (c/d)	\$ -	\$ -	\$ -	\$ -	\$ 7,800.00	\$ 7,800.00	\$ 7,800.00	\$ -	\$ -	\$ -	\$ -	\$ 39,000.00	\$ 39,000.00	50%	\$ 78,000.00	\$ 336,190.00
Contracted Services: Historian / Neighborhood Legacy (m)	\$ -	\$ -	\$ -	\$ -	\$ 800.00	\$ 800.00	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ 1,600.00	\$ 24,400.00	6%	\$ 26,000.00	\$ 112,063.00
Contracted Services: On-Site Field Coordinator (c/d)	\$ -	\$ -	\$ -	\$ -	\$ 600.00	\$ 600.00	\$ 600.00	\$ -	\$ -	\$ -	\$ -	\$ 1,200.00	\$ 17,500.00	6%	\$ 18,750.00	\$ 80,816.00
Contracted Services: Neighborhood Ambassador (PT)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,000.00	0%	\$ 45,000.00	\$ 188,164.00
Per Diem Supports for Event Logistics (helpers (m))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,644.00	0%	\$ 4,644.00	\$ 19,827.00
Microgrant Surface Pro Packages (m/c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,788.00	0%	\$ 12,788.00	\$ 20,015.00
Neighborhood Community Engagement: Conventions & Activities (L,PT)	\$ -	\$ -	\$ -	\$ -	\$ 3,529.82	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,529.82	\$ 4,058.18	47%	\$ 7,584.00	\$ 31,509.00
NCP Supplies & Materials (PT)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43.19	\$ 1,156.81	4%	\$ 1,200.00	\$ 5,070.00
IDB de minimis indirect cost: (m/m, c/d)	\$ -	\$ 6,749.40	\$ 4,592.68	\$ 4,592.68	\$ 6,498.14	\$ 6,048.13	\$ 6,048.13	\$ -	\$ -	\$ -	\$ -	\$ 23,908.55	\$ 34,220.45	41%	\$ 58,120.00	\$ 245,953.00
Fiscal Sponsor Administrative Cost Rate (m/m, c/d)	\$ -	\$ 75,550.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 75,550.00	\$ -	100%	\$ 75,550.00	\$ 341,000.00
Total Other Than Personnel Services Costs:	\$ -	\$ 130,702.63	\$ 34,951.47	\$ 34,951.47	\$ 57,916.64	\$ 70,930.45	\$ 70,930.45	\$ -	\$ -	\$ -	\$ -	\$ 259,801.59	\$ 505,407.43	37%	\$ 799,899.00	\$ 3,435,773.75
Total Project Cost:	\$ -	\$ 183,221.68	\$ 65,617.74	\$ 65,617.74	\$ 139,097.13	\$ 125,440.87	\$ 125,440.87	\$ -	\$ -	\$ -	\$ -	\$ 504,997.22	\$ 1,039,555.78	58%	\$ 1,549,553.00	\$ 7,160,448.75

Beyond the Sanctuary



INVOICE

PO Box 18146
 Rochester, NY 14618
 585-520-6004

DATE: 8/8/2023
 INVOICE # 3
 FOR: Jul-23

Submitted to
 Jocelyn Basely
 Project Lead - NCP

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

Make all checks payable to Beyond the Sanctuary
 If you have any questions concerning this invoice, Contact Carmen Allen 585-520-6004 or email at callen@beyondthesanctuary.org

THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY

INVOICE

Lyll 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

25 participants
(youth, neighbors and community members)

DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Garden Tools: wheelbarrow, shovels, rakes, etc (details on receipt IMG_3159.jpg)			\$ 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 Request			\$ 770.87

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

THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY



A Complex Care Management Agency

COLLABORATIVE

Voucher for Neighborhood Collaborative Project
July 2023

Date: 8/1/23

Month of Payment Due: July

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

Total amount due for July = \$ 14,795.00

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

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



INVOICE

DATE: August 4, 2023
INVOICE # NCP 0005 7/1-31/2023
FOR: Neighborhood Collaborative
 Project (NCP) Project Lead
 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
Project coordination and management services for NCP that include but not limited to meeting planning & organization, communication and action item follow-up with County program officer and fiscal sponsor, action item monitoring and problem resolution; consultation, planning and support services with/on behalf of the NCP anchor and supporting partner agencies.	Contracted Services	\$ 7,800.00
Project Historian / Neighborhood Legacy Coordination: preparation & organization; info gathering; post-reporting, debrief, follow-up, records management (16 hours * \$50/hr)	Contracted Services	\$ 800.00
On-Site / Field Coordinator: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach materials and supplies acquisition, event coordination, action item follow-up, etc (24 hours * \$25/hr)	Contracted Services	\$ 600.00
Office Supplies: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc	Supplies	\$ 43.19
Monthly allocation of 10% de minimis indirect cost rate	Indirect Costs	\$ 1,962.40
	BALANCE DUE	\$ 11,205.59

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

BEST WISHES FOR A FABULOUS DAY!

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



INVOICE
 DATE: August 7, 2023
 VOICE # 00004 July 1-July 31, 2023
 FOR: 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, technology 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 Apprenticeship Program. planning, curriculum development, information sessions, community outreach, site planning, and teaching classes, and other services from July 1, 2023-July 31, 2023 as documented by CEO KUTZ, LLC's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10
Payroll Reimbursement for Community Engagement worker, Jonathan Hardin, planning with instructors, participate in information sessions and outreach, oversee workforce development program, maintain 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, coordinate 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 Credibility / Trust Value for July 2023 (AA's brand identity / reputation)	Credibility Trust/Brand Value	\$1,800
Facility Use / Operation Support Monthly Allocation for July 2023	Facility Use/Operations Support	\$1,200
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$240
10% de minimis indirect cost rate: Monthly allocation for the month of July 2023		\$2,110.90
	BALANCE DUE	\$15,743.86

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

BEST WISHES FOR A FABULOUS DAY!



821 North Clinton Avenue
Rochester NY 14605
585.563.7008

Invoice

Submitted on 08/2023

Invoice for	Payable to	Invoice #
	The Father Tracy Advocacy Center	230701
Company name		
Street address	Project	Due date
City, State, Zip	NCP-Anchor Agency	8/11/23

Description	Qty	Unit price	Total price
NCP Liason - Salary	NV		\$3,220.80
NCP Social worker	DV		\$1,884.62
NCP workforce development	CR		\$1,961.54
Family Dollar NCP Facilities			\$36.63
Costco -NCP POP-Up			\$282.00
NCP office supplies- Regional Distrib			\$181.08
Costco- NCP trust (client assistance)			\$39.10
Costco- NCP trust (client assistance)			\$42.98
Costco- NCP trust (client assistance)			\$198.62
Red Roof- NCP Trust (client assistance)			\$191.52
Bright Bubble-NCP Trust (client assistance)			\$31.50
Costco- NCP trust (client assistance)			\$215.99
NCP Trust-Vendor- Lizzette Agosto			\$515.00
Amazon - NCP Facilities (table & chairs)			\$226.68
Amazon - NCP Facilities (food cart)			\$92.33
PR Birth certificate NCP trust (client assistance)			\$50.00
10% de minimis indirect cost rate: Monthly allocation for July 2023			\$2,110.90

Notes:

Subtotal

\$11,281.29



400 WEST AVENUE, 3RD FLOOR
ROCHESTER, NY 14611

Jerome H. Underwood
President & CEO
Brad Rye
Board Chair

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

Date: 7/14/2023

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

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

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

SIGNATORY: Michele Boyd 585-262-4330 07/14/23
(SIGNATURE) (PHONE NUMBER) (Date)

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Patricia Terziani
 ATTN:
 ADDRESS:
 ADDRESS LINE 2
 CITY: Rochester, NY
 PHONE #
 Vendor Reference:
 Minority Vendor: Yes No

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee
 Send with attached *
 Return to requestor

* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for June 1, 2023 - June 30, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
72700	212300 (MSA)	
72700	202023 (HIPCoC)	
32324	232400 (NCP)	\$127.50
TOTAL		\$ 127.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 7/12/23
 Requestor's Signature

Signature: [Signature] Date: 7/12/23
 Program director/Deputy Director

Additional Signatures as required:

_____ Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	



400 WEST AVENUE, 3RD FLOOR
ROCHESTER, NY 14611

Jerome H. Underwood
President & CEO
Brad Rye
Board Chair

Name
Address
Address Line 2
City, State, Zip

Date: 8/4/2023

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

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

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Gwendolyn Crawford
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____
 Minority Vendor: Yes No

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee * Note: Any paperwork to be sent with check must be in an attached addressed envelope. If
 Send with attached *
 Return to requestor no, the check will be sent directly to the payee.

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	<u>\$ 202.50</u>
<u>72700</u>	<u>202023 (HIPCoC)</u>	
<u>32324 22760</u>	<u>232400 (NCP)</u>	<u>\$ 210.00</u>
TOTAL		\$ 412.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:
 _____ Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

ACTION for a BETTER COMMUNITY

AFC PEER WORKER



NAME: Gene Crawford

MONTH: July 6th NCP / ABC

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
7-6-23	1:00	3:00	Out reach NCP	KA	2	15	\$30.00
7-11-23	1:00	3:00	NCP Lyell Outreach	KA	2	15	\$30.00
7-12-23	1:00	3:00	NCP Jefferson Outreach	KA	2	15	\$30.00
7-13-23	1:00	3:00	NCP NClinton	KA	2	15	\$30.00
7-15-23	10:00	2:00	Pride Labeling	KA	4	15	\$60.00
7-20-23	1:00	3:00	NCP Clinton	KA	2	15	\$30.00
7-26-23	1:30						
7-24-23	1:00	3:00	Comited	KA	2	15	\$30.00
7-10-23	1:00	3:00	Comited	KA	2	15	\$30.00
7-26-23	11:30	5:00	Condon Packing		5.5	15	\$82.50
7-27-23	1:00	5:00	Condon Packing		4	15	\$60.00
							\$412.50
			NCP Total				\$210.00
			MSA Total				\$202.50

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Frederick Parker
 ATTN:
 ADDRESS: 47 Elmhurst Street
 ADDRESS LINE 2: Apt # 2
 CITY: Rochester, NY 14607
 PHONE #
 Vendor Reference:
 Minority Vendor: Yes No

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee *** Note: Any paperwork must be sent with check**
 Send with attached * **must be in an attached addressed envelope. If**
 Return to requestor **no, the check will be sent directly to the payee.**

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
72700	212300 (MSA)	
72700	202023 (HIPCoC)	
72700	232400 (NCP)	\$ 37.50
TOTAL		\$ 37.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

_____ Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Samantha Wilson
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2 _____
 CITY: Rochester, NY _____
 PHONE # _____
 Vendor Reference: _____
 Minority Vendor: Yes No

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution: *** Note: Any paperwork to be sent with check**
 Send directly to Payee **must be in an attached**
 Send with attached * **addressed envelope. If**
 Return to requestor **no, the check will be sent**
directly to the payee.

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	
<u>72700</u>	<u>202023 (HIPCoC)</u>	
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$37.50</u>
TOTAL		<u>\$ 37.50</u>

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Brooks Benton* Date: 8/04/23
 Requestor's Signature

Signature: *Chris* Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

_____ Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

ACTION for a BETTER COMMUNITY



AFC PEER WORKER

NAME: Samantha Wilson

MONTH: July 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	S/hr	Total due
7-27-23	11:30	2:00	outreach/peer training <i>NCP</i>	POB	2.5	15	37.50

50

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS *Jennifer*

NAME: Jennifer Wilson

ATTN: _____

ADDRESS: _____

ADDRESS LINE 2: _____

CITY: Rochester, NY

PHONE #: _____

Vendor Reference: _____

Minority Vendor: Yes No

Requested by: Brooks Benton & Michele Boyd

Dept / Program: AFC

Check Distribution:

Send directly to Payee ** Note: Any paperwork must be sent with check*

Send with attached * *must be in an attached addressed envelope. If*

Return to requestor *no, the check will be sent directly to the payee.*

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	
<u>72700</u>	<u>202023 (HIPCoC)</u>	
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$37.50</u>
TOTAL		\$ 37.50

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Brooks Benton* Date: 8/04/23
Requestor's Signature

Signature: *Michele Boyd* Date: 8/4/23
Program director/Deputy Director

Additional Signatures as required:

Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

ACTION for a BETTER COMMUNITY

AFC PEER WORKER



NAME: JENIFER WILSON

MONTH: July 2023

*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	SHR	Total due
7-27-23	11:30	2:00	NCP Pet/outreach training	Bob	2.5	1.0	37

50

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: David B. Whitaker, Jr.
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee ** Note: Any paperwork to be sent with check must be in an attached addressed envelope. If*
 Send with attached * *no, the check will be sent directly to the payee.*
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023
Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	
<u>72700</u>	<u>202023 (HIPCoC)</u>	
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$30.00</u>
TOTAL		<u>\$ 30.00</u>

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/04/23
 Program director/Deputy Director

Additional Signatures as required:

 Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Khalil Warren
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee
 Send with attached *
 Return to requestor

* **Note:** Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	
<u>72700</u>	<u>202023 (HIPCoC)</u>	
<u>72700</u>	<u>232400 (NCP)</u>	\$ 30.00
TOTAL		\$ 30.00

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

 Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Johnnie Waston
 ATTN: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 CITY: Rochester, NY
 PHONE #: _____
 Vendor Reference: _____
 Minority Vendor: Yes No

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee ** Note: Any paperwork must be sent with check*
 Send with attached * *must be in an attached addressed envelope. If*
 Return to requestor *no, the check will be sent directly to the payee.*

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	
<u>72700</u>	<u>202023 (HIPCoC)</u>	
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$45.00</u>
TOTAL		\$ 45.00

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

 Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Daneisha Owens
 ATTN: _____
 ADDRESS: 132 N Clinton
 ADDRESS LINE 2 _____
 CITY: Rochester, NY
 PHONE # _____
 Vendor Reference: _____

Requested by: Brooks Benton & Michele Boyd
 Dept / Program: AFC

Check Distribution:
 Send directly to Payee ** Note: Any paperwork must be in an attached addressed envelope. If no, the check will be sent directly to the payee.*
 Send with attached *
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	
<u>72700</u>	<u>202023 (HIPCoC)</u>	
<u>32324</u>	<u>232400 (NCP)</u>	\$ 30.00
TOTAL		\$ 30.00

Required Signatures

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: [Signature] Date: 8/04/23
 Requestor's Signature

Signature: [Signature] Date: 8/4/23
 Program director/Deputy Director

Additional Signatures as required:

 Date _____

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	
Batch #	Voucher #
Audited By:	
Date:	

