20 - TOTAL COSTS           1.         Total Costs         7,642	Contra United	actor: l Way CA Capital Regio	on		Number: -8109		Report Period: /1/18 - 12/31/18	Adjustment: 0		
1.       Salaries, Wages, and Fringe Benefits       1,892.92         2.       Travel       .00         3.       Equipment       .00         4.       Supplies       .00         5.       Subcontractor       4,991.97         6.       Other Costs       757.34         Total       764.         20 - TOTAL COSTS       7.64.         1.       Total Costs       7.64.         7 Total       7.64.       7.64.         7 Total       7.64.       7.64.         1.       Total Costs       7.64.         7 Total       7.64.       7.64.         7 Total       7.64.       7.64.         CONTRACTOR'S CERTIFICATION       1.         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       01/29/2019         Jennifer Macias / Chief Operating Officer       Signature:       01/29/2019	Erin M	Aanning / Finance								
2.       Travel       .00         3.       Equipment       .00         4.       Supplies       .00         5.       Subcontractor       4,991.97         6.       Other Costs       757.34         Total       7,64:         20 - TOTAL COSTS       7.64:         1.       Total Costs       7,64:         CONTRACTOR'S CERTIFICATION         1.       Total Costs       7,64:         CONTRACTOR'S CERTIFICATION         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       Date::       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	10 - F	REE TAX PREPARA	FION ASSISTAN	CE GRANT	ACTIVITI	ES				
Image: Contract of the second state	1.	Salaries, Wages, and Fri	nge Benefits			1,892.92				
4.       Supplies       .00         5.       Subcontractor       4.991.97         6.       Other Costs       757.34         Total       7,64:         20 - TOTAL COSTS       1         1.       Total Costs       7,64:         Total       7,64:       7,64:         CONTRACTOR'S CERTIFICATION       7,64:       7,64:         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency. Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.       Date:       01/29/2019         Authorized Person (Print Name/Title):       Signature:       01/29/2019       01/29/2019         Expendent:       PCA#       PCA#       01/29/2019       01/29/2019	2. ′	Travel				.00				
5.       Subcontractor       4,991.97         6.       Other Costs       757.34         Total       7,64:         20 - TOTAL COSTS       1         1.       Total Costs       7,64:         Total Costs         Total Costs         CONTRACTOR'S CERTIFICATION         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency. Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       01/29/2019         Jennifer Macias / Chief Operating Officer         Signature:         01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	3. ]	Equipment					.00			
6.       Other Costs       757.34         Total       7,64         20 - TOTAL COSTS       7,64         1.       Total Costs       7,64         Total       7,64         CONTRACTOR'S CERTIFICATION       1         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       01/29/2019         Jennifer Macias / Chief Operating Officer       Signature:       01/29/2019         Very Payment:       PCA#       PCA#	4.	Supplies					.00			
Total       7,64         20 - TOTAL COSTS       7,64         1.       Total Costs       7,64         Total       7,64         Total       7,64         CONTRACTOR'S CERTIFICATION         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       Date:         Jennifer Macias / Chief Operating Officer       Signature:       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	5.	Subcontractor					4,991.97			
20 - TOTAL COSTS       7,64:         1.       Total Costs       7,64:         Total       7,64:       7,64:         CONTRACTOR'S CERTIFICATION         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       Date:         Jennifer Macias / Chief Operating Officer       Signature:       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	6.	Other Costs					757.34			
1.       Total Costs       7,642         Total       7,642         CONTRACTOR'S CERTIFICATION         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	Total							7,642.23		
Total       7,64         Total         CONTRACTOR'S CERTIFICATION         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Jennifer Macias / Chief Operating Officer       Date:       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	20 - T	OTAL COSTS								
CONTRACTOR'S CERTIFICATION         I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       Date:         Jennifer Macias / Chief Operating Officer       Signature:       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	1. Total Costs							7,642.23		
I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       Date:         Jennifer Macias / Chief Operating Officer       Signature:       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#	ľ	Total						7,642.23		
Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.         Authorized Person (Print Name/Title):       Signature:       Date:         Jennifer Macias / Chief Operating Officer       Signature:       01/29/2019         CSD ACCOUNTING USE ONLY         Payment:       PCA#			CONTRA	ACTOR'S	CERTIFI	CAT	ION			
Jennifer Macias / Chief Operating Officer 01/29/2019 CSD ACCOUNTING USE ONLY Payment: PCA#	Agend expen correc	cy, Department, Board, ( nditures and activities ma ct, and in accordance wit	Commission, Office ade during this repo	e or Institutio rting period	on, and that t contained w	to the l rithin tl	est of my knowled his document are in	dge, the actual n all respects true,		
Payment: PCA#				Sign	ature:					
			CSD A	CCOUNT	TING USE	E ONI	LY			
Approved By: Date:	Payment:				PCA#					
	Approved By:				Date:					

1	actor: d Ways of California		Contract 18T-			Report Period: /1/18 - 11/30/18	. Adjustment: 0	
Max	red by (Name/Title): Moy-Borgen / Income am Manager	E-mail Address: mmoy-borgen@u	nitedwaysca.c	org		hone: 99-3734	Fax Number: 877-908-8922	
10 - F	TREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES.			
1.	Salaries, Wages, and Fri	inge Benefits				16,192.76		
2.	Travel			.00				
3.	Equipment					.00		
4.	Supplies	۹.				.00		
5.	Subcontractor					30,684.31		
6.	Other Costs					21,617.41		
	Total						68,494.48	
20 - TOTAL COSTS								
1.	1. Total Costs						68,494.48	
	Total						68,494.48	
		CONTRA	ACTOR'S (	CERTIFIC	CATI	ON		
Agen exper corre	by certify under penalty cy, Department, Board, ( aditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	e or Institution rting period c	n, and that to ontained wit	o the b thin th	est of my knowled is document are in	ge, the actual all respects true,	
Authorized Person (Print Name/Title):       Signature:         Nalleli Sandoval / Financial Stability Director       Signature:						Date: 01/02/2019		
CSD ACCOUNTING USE ONLY								
Paym		PCA#						
Appro	oved By:		Date:					

	ractor: ed Way Bay Area			Number: -8111		Report Period: /1/18 - 12/31/18	Adjustment: 0		
	ared by (Name/Title): een Smallfield / Director,	E-mail Address: csmallfield@uwba	a.org			bhone: 308-4315	Fax Number: 415-808-4315		
10 - 1	FREE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	nge Benefits				4,283.61			
2.	Travel			.00					
3.	Equipment					.00			
4.	Supplies					.00			
5.	Subcontractor			1,1111111111111111111111111111111111111		.00			
6.	Other Costs					.00			
Total							4,283.61		
20 - 1	TOTAL COSTS						,		
1. Total Costs							4,283.61		
Total							4,283.61		
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON			
Ager expe corre	eby certify under penalty ncy, Department, Board, C nditures and activities ma ect, and in accordance with lations or other statutes.	Commission, Office de during this repor	or Institution	on, and that to contained wi	o the b thin th	est of my knowled is document are in	ge, the actual all respects true,		
Authorized Person (Print Name/Title): Sigr Maria Nguyen / Contract and Grant SD				ature:			Date: 02/08/2019		
	CSD ACCOUNTING USE ONLY								
Payn	nent:		PCA#						
Appr	oved By:		Date:						

Contr UNIT	ractor: TED WAY OF KERN COUNTY		Number: 8113		Report Period: /1/18 - 11/30/18	Adjustment: 0			
Susar	rred by (Name/Title): E-mail Address: na Espinoza / Financial susana.e@uwkern lity Manager	n.org			hone: 34-1820	Fax Number: 661-834-2962			
10 - I	FREE TAX PREPARATION ASSISTAN	CE GRANT	ACTIVITI	ES					
1.	Salaries, Wages, and Fringe Benefits				3,234.37				
2.	Travel				.00				
3.	Equipment	.00							
4.	Supplies		.00						
5.	Subcontractor		.00						
6. Other Costs .00									
	Total			3,234.37					
20 - 1	FOTAL COSTS								
1.	Total Costs		3,234.37						
	Total					3,234.37			
	CONTR	ACTOR'S	CERTIFI	CATI	<b>ON</b>				
Agen expe corre	eby certify under penalty of perjury that I ar ncy, Department, Board, Commission, Offic nditures and activities made during this repo- ect, and in accordance with the purpose, term allations or other statutes.	e or Institutio orting period	n, and that to contained wi	o the b thin th	est of my knowled is document are in	lge, the actual a all respects true,			
	orized Person (Print Name/Title): Mari Perez-Dowling / President and CEO	Signature:				Date: 01/10/2019			
	CSD ACCOUNTING USE ONLY								
Payn	nent:		PCA#						
Appi	roved By:		Date:						

Contr UNI	ractor: TED WAY OF KERN COUNTY		Number: 8113		Report Period: /1/18 - 12/31/18	Adjustment: 0			
Susar	rred by (Name/Title): E-mail Address: na Espinoza / Financial susana.e@uwkerr lity Manager	n.org			hone: 34-1820	Fax Number: 661-834-2952			
10 - I	FREE TAX PREPARATION ASSISTAN	CE GRANT	ACTIVITI	ES					
1.	Salaries, Wages, and Fringe Benefits				5,124.37				
2.	Travel				154.00				
3.	Equipment		.00						
4.	Supplies		173.68						
5.	Subcontractor		5,000.00						
6. Other Costs 387.00									
	Total			10,839.05					
20 - 1	FOTAL COSTS								
1.	Total Costs				10,839.05				
	Total					10,839.05			
	CONTR	ACTOR'S	CERTIFI	CATI	<b>ON</b>				
Agen expe corre	eby certify under penalty of perjury that I ar ncy, Department, Board, Commission, Offic nditures and activities made during this repo- ect, and in accordance with the purpose, tern allations or other statutes.	e or Institutio orting period	n, and that to contained wi	o the b thin th	est of my knowled is document are ir	lge, the actual a all respects true,			
	orized Person (Print Name/Title): Mari Perez-Dowling / President & CEO	Signature:				Date: 01/31/2019			
	CSD ACCOUNTING USE ONLY								
Payr	nent:		PCA#						
App	roved By:		Date:						

	ractor: UNIVERSITY CORPORATION			Number: -8101		Report Period: /1/18 - 11/30/18	Adjustment: 0		
	ared by (Name/Title): E-mail A ael Epping / Post Award michael. yst		csun.edu				Fax Number: 8186772671		
10 - 1	FREE TAX PREPARATION AS	SISTAN	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fringe Benet	fits				7,884.05			
2.	Travel		.00						
3.	Equipment					.00			
4.	Supplies					928.11			
5.	Subcontractor					.00			
6.	Other Costs					2,203.04	-		
	Total			11,015.20					
20 - 1	20 - TOTAL COSTS								
1.	1. Total Costs						11,015.20		
	Total						11,015.20		
	С	ONTRA	CTOR'S	CERTIFIC	CATI	ON			
Agen exper corre	eby certify under penalty of perjury acy, Department, Board, Commission additures and activities made during ct, and in accordance with the purp lations or other statutes.	on, Office this repo	or Institution	on, and that to contained wit	the b thin th	est of my knowled is document are in	ge, the actual all respects true,		
Authorized Person (Print Name/Title): Signature: Grace Slavik / Post-Award Manager							Date: 02/05/2019		
	CSD ACCOUNTING USE ONLY								
Paym	nent:	PCA#							
Appr	oved By:			Date:					

1	ractor: UNIVERSITY CORPOR	RATION		Number: -8101		Report Period: /1/18 - 12/31/18	Adjustme 0	ent:
	ared by (Name/Title): ael Epping / Post Award yst	E-mail Address: michael.epping@c	csun.edu			bhone: 777975	Fax Number: 8186772671	
10 - 1	FREE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES		and and an	
1.	Salaries, Wages, and Fri	nge Benefits				8,191.78		
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					1,246.67		
5.	Subcontractor					.00		
6.	Other Costs					2,359.62		
	Total				1	1,798.07		
20 - 1	TOTAL COSTS							
1.	1. Total Costs							1,798.07
	Total 11,798.07							
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON .		
Agen exper corre	eby certify under penalty acy, Department, Board, C aditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office de during this report	or Institution	on, and that to contained wi	the b thin th	est of my knowled is document are in	ge, the actual all respects true,	,
Authorized Person (Print Name/Title): Grace Slavik / Post-Award Manager							Date: 02/05/	′2019
CSD ACCOUNTING USE ONLY								
Paym	ent:	PCA#						
Appr	oved By:		Date:					

	Contractor: Drange County United Way		Contract Number: 18T-8106	Report Period: 11/1/18 - 11/30/18		Adjustment: 0	
Prepared by (Name/Title): E-mail Address: Maria Mugica / Cal MariaM@UnitedWay EITCEd&OutreachCoord		OC.org Teleph 949-47		none: 77-4506	Fax Number: 949-271-8002		
10 - FI	REE TAX PREPARATION	ASSISTANCE GRA	NT ACTIVITIES				
1.	Salaries, Wages, and Fringe	13,836.50					
2.	Travel				76.98		
3.	Equipment		.00				
4.	Supplies				2,399.25		
5.	Subcontractor				.00		
6.	Other Costs				.00		
	Total					16,312.73	
20 - TO	OTAL COSTS						
1.	1. Total Costs					16,312.73	
	Total					16,312.73	
		CONTR	RACTOR'S CERTIFIC.	ATIO	N		

I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.

Authorized Person (Print Name/Title):	Signature:	Date:
Ann Truxaw-Ramirez / Grants/Proposal Development		12/21/2018
Manager		
CSD AC	CCOUNTING USE ONLY	
Payment:	PCA#	
Approved By:	Date:	

	ractor: ge County United Way	Contract Number: 18T-8106		Report Period: /1/18 - 12/31/18	Adjustment: 0				
Maria	a Mugica / Cal E-mail Address: Ed&OutreachCoord	WayOC.org		phone: 263-6102	Fax Number: 949-271-8002				
10 - 1	FREE TAX PREPARATION ASSISTAN	CE GRANT ACTIVITI	ES						
1.	Salaries, Wages, and Fringe Benefits			11,453.25					
2.	Travel			.00					
3.	Equipment			3,153.97					
4.	Supplies		.00						
5.	Subcontractor		4,600.00						
6.	Other Costs	.00							
	Total			19,207.22					
20 - 1	FOTAL COSTS								
1.	Total Costs			19,207.22					
	Total			19,207.22					
	CONTRA	ACTOR'S CERTIFI	CATI	ION					
Agen expe corre	eby certify under penalty of perjury that I an ncy, Department, Board, Commission, Office nditures and activities made during this repo- ect, and in accordance with the purpose, term illations or other statutes.	e or Institution, and that t orting period contained wi	o the b thin th	best of my knowled his document are in	lge, the actual all respects true,				
	orized Person (Print Name/Title): Ann Truxaw-Ramirez / Grants/Proposal Development Manager			Date: 01/25/2019					
	CSD ACCOUNTING USE ONLY								
Payn	nent:	PCA#	PCA#						
App	roved By:	Date:	Date:						

	ractor: atown Youth & Comm C	tr Inc	Contract N 18T-8			Report Period: /1/18 - 11/30/18	Adjustment: 0		
Prepa Arthu Mana	ured by (Name/Title): ur Cho / Finance uger	E-mail Address: acho@kyccla.org			Telep 213-3	bhone: 365-7400 ex	Fax Number: 213-927-0017		
10 - 1	REE TAX PREPARA	FION ASSISTANC	CE GRANT A	<b>CTIVITI</b>	ES				
1.	Salaries, Wages, and Fr	inge Benefits				6,356.13			
2.	Travel					.00			
3.	Equipment		.00						
4.	Supplies					.00			
5.	Subcontractor					.00			
6. Other Costs .00									
	Total			6,35	56.13				
20 - 7	TOTAL COSTS								
1.	1. Total Costs						6,35	56.13	
Total 6,356.1							56.13		
	CONTRACTOR'S CERTIFICATION								
Agen exper corre	by certify under penalty cy, Department, Board, o nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	e or Institution rting period co	, and that to intained wit	o the b thin th	est of my knowled is document are in	lge, the actual all respects true,		
Authorized Person (Print Name/Title): Signature: Audrey Casillas / Economic Development Coordinator							Date: 12/20/201	8	
	CSD ACCOUNTING USE ONLY								
Payment: PCA#									
Appr	oved By:	I	Date:						

	ractor: atown Youth & Comm C	tr Inc		Number: 8104		Report Period: /1/18 - 12/31/18	Adjustment: 0		
	rred by (Name/Title): n Cole / Finance ger	E-mail Address: dcole@kyccla.org			Telephone: 213-365-7400 ex		Fax Number: 213-927-0017		
10 - I	REE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	nge Benefits				6,356.13			
2.	Travel					.00			
3.	Equipment			.00					
4.	Supplies					.00	, ,		
5.	Subcontractor					.00			
6. Other Costs .00									
	Total						6,356.13		
20 - 1	TOTAL COSTS								
1.	1. Total Costs						6,356.13		
	Total 6,356.1.								
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON			
Agen exper corre	eby certify under penalty cy, Department, Board, C nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	or Institution rting period of	n, and that to contained wit	the b thin th	est of my knowled is document are in	ge, the actual all respects true,		
Authorized Person (Print Name/Title): Signature: Audrey Casillas / Economic Development Coordinator							Date: 02/04/2019		
	CSD ACCOUNTING USE ONLY								
Payment: PCA#									
Appr	oved By:		Date:						

	ractor: en State Opportunity Fnd	ltn	Contract Nu 18T-81			eport Period: 1/18 - 11/30/18	Adjustment: 0
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportunity		Telepl 510-4	none: 68-0872-	Fax Number: n/a
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT A	CTIVITIE	s		
1.	Salaries, Wages, and Fr	inge Benefits				.00	
2.	Travel					.00	
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor					.00	
6.	Other Costs					6,000.00	
	Total						6,000.00
20 - 1	TOTAL COSTS						
1.	Total Costs						6,000.00
	Total						6,000.00
		CONTRA	ACTOR'S CH	ERTIFIC	ATI	ON	
Ager exper corre	eby certify under penalty acy, Department, Board, of aditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office ade during this report	or Institution, a rting period con	and that to tained with	the be ain thi	est of my knowled s document are ir	lge, the actual a all respects true,
Auth	orized Person (Print Nam Josh Fryday / Pre	Signature:				Date: 12/26/2018	
		CSD A	CCOUNTIN	IG USE (	ONL	Y	
Payn	nent:	PC	CA#				
Appr	oved By:		D	Date:			

	ractor: en State Opportunity Fnd	tn	Contract 18T-			Report Period: /1/18 - 12/31/18	Adjustment: 0	
	ured by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	nity.org		hone: 68-0872-	Fax Number: n/a	
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	nge Benefits		.00				
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					34,000.00		
6.	Other Costs					6,000.00		
	Total	·····					40,000.00	
20 - 7	TOTAL COSTS							
1.	Total Costs						40,000.00	
	Total						40,000.00	
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Agen exper corre	eby certify under penalty acy, Department, Board, ( aditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	e or Institution rting period o	n, and that to contained wit	the b thin th	est of my knowled is document are in	ge, the actual all respects true,	
Auth	orized Person (Print Nam	ie/Title):	Signature:				Date:	
	Josh Fryday / Pre					01/25/2019		
CSD ACCOUNTING USE ONLY								
Paym	ient:			PCA#				
Appr	oved By:			Date:				

	ractor: en State Opportunity Fnd	tn	Contract Number: 18T-8107		Report Period: /1/18 - 11/30/18	Adjustment: 0		
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportunity.org	Telephone: 510-468-0872-		Fax Number: n/a		
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT ACTIVIT	TES				
1.	Salaries, Wages, and Fri	nge Benefits		.00				
2.	Travel				.00			
3.	Equipment				.00			
4.	Supplies				.00			
5.	Subcontractor				.00			
6.	Other Costs				4,750.00			
	Total					4,750.00		
20 - 1	TOTAL COSTS							
1.	Total Costs					4,750.00		
	Total					4,750.00		
		CONTRA	CTOR'S CERTIF	ICATI	ION			
Ager exper corre	eby certify under penalty acy, Department, Board, ( aditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repo	or Institution, and that rting period contained v	to the b vithin th	est of my knowled his document are in	lge, the actual a all respects true,		
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:			Date: 12/26/2018		
		CSD A	CCOUNTING US	E ONI	LY			
Payn	nent:		PCA#					
Appr	oved By:		Date:	Date:				

	ractor: en State Opportunity Fnd	tn	Contract 18T-			Report Period: /1/18 - 12/31/18	Adjustment: 0	
Seba	ared by (Name/Title): stien Chaubard / each Manager	E-mail Address: sebastien@golden	stateopportur	iity.org		hone: 168-0872-	Fax Number: N/A	
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	nge Benefits		.00				
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies				.00			
5.	Subcontractor					16,000.00		
6.	Other Costs					4,750.00		
	Total					20,750	).00	
20 - 1	TOTAL COSTS							
1.	Total Costs						20,750	).00
	Total						20,750	).00
		CONTRA	ACTOR'S (	CERTIFIC	CATI	ON		
Ager expe corre	eby certify under penalty acy, Department, Board, 6 nditures and activities ma act, and in accordance wit allations or other statutes.	Commission, Office de during this repo	e or Institution rting period c	n, and that to ontained wit	the b thin th	est of my knowled is document are in	lge, the actual all respects true,	
Auth	orized Person (Print Nam		Signature:				Date:	
	Josh Fryday / Pre					01/25/2019		
		CSD A	CCOUNTI	NG USE	ONI	Ŋ		
Payn	nent:		PCA#					
Appr	oved By:			Date:				

	ractor: en State Opportunity Fnd	tn	Contract Numb 18T-8103		Report Period: /1/18 - 11/30/18	Adjustment: 0	
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportunity.or;		phone: 468-0872-	Fax Number: n/a	
10 - 1	FREE TAX PREPARA'	TION ASSISTANC	CE GRANT ACTI	VITIES			
1.	Salaries, Wages, and Fr	nge Benefits			10,000.00		
2.	Travel				.00		
3.	Equipment		•		.00		
4.	Supplies				.00		
5.	Subcontractor				.00		
6.	Other Costs				4,469.00		
	Total				-	14,469.00	
20 - 1	TOTAL COSTS						
1.	Total Costs					14,469.00	
	Total					14,469.00	
		CONTRA	CTOR'S CERT	IFICAT	ION		
Agen exper corre	eby certify under penalty acy, Department, Board, of nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repo	or Institution, and ting period contain	that to the led within the	best of my knowled nis document are in	lge, the actual a all respects true,	
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:			Date: 12/26/2018	
		CSD A	CCOUNTING	USE ON	LY		
Payn	nent:		PCA#				
Appr	oved By:		Date:	Date:			

1	ractor: en State Opportunity Fndt	1	Number: -8103		Report Period: /1/18 - 12/31/18	Adjustment: 0	
Prepa Seba	ared by (Name/Title): stien Chaubard / each Manager	E-mail Address: sebastien@golden	stateopportu	nity.org		bone: 168-0872-	Fax Number: N/A
10 - ]	FREE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fri	nge Benefits				10,000.00	
2.	Travel					.00	
3.	Equipment	4				.00	
4.	Supplies					.00	
5.	Subcontractor					59,000.00	
6.	Other Costs					4,469.00	
	Total						73,469.00
20 - 1	TOTAL COSTS						
1.	Total Costs						73,469.00
	Total						73,469.00
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON	
Ager expe corre	eby certify under penalty acy, Department, Board, C nditures and activities ma- act, and in accordance with lations or other statutes.	Commission, Office de during this repo	or Institution	n, and that to contained wit	o the b thin th	est of my knowled is document are in	ge, the actual all respects true,
Auth	orized Person (Print Nam Josh Fryday / Pres	Signature:				Date: 01/25/2019	
		CSD A	CCOUNT	ING USE	ONI	Ŋ	
Payn	nent:		PCA#				
Appr	oved By:			Date:			

	ractor: of Oakland HSD		Number: 8110		Report Period: /1/18 - 11/30/18	Adjustment: 0	
	red by (Name/Title): E-mail Address: e Friberg / Accountant II afriber@oaklandca	a.gov		Telep (510)	hone: 238-6895	Fax Number: (510) 238-6784	
10 - F	FREE TAX PREPARATION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fringe Benefits		.00				
2.	Travel		.00				
3.	Equipment		.00				
4.	Supplies				.00		
5.	Subcontractor				.00		
6.	Other Costs				.00		
	Total						.00
20 - 1	FOTAL COSTS						
1.	Total Costs						.00
	Total						.00
	CONTRA	ACTOR'S	CERTIFI	CATI	ON		
Ager exper corre	eby certify under penalty of perjury that I am ney, Department, Board, Commission, Office inditures and activities made during this repo- ect, and in accordance with the purpose, term illations or other statutes.	e or Institution rting period	on, and that to contained wi	o the b thin th	est of my knowled is document are in	ge, the actual all respects true,	
Auth	orized Person (Print Name/Title):	Sign	ature:			Date:	
Ildefonso Valle / Budget & Fiscal Manager						01/03/2019	
	CSD A	TING USE ONLY					
Payn	nent:	PCA#					
Appr	roved By:		Date:				

	ractor: of Oakland HSD		Number: 8110		Report Period: /1/18 - 12/31/18	Adjustment: 0	
	red by (Name/Title): E-mail Address: e Friberg / Accountant II afriberg@oakland	ca.gov		Telep (510)2	hone: 238-6895	Fax Number: (510) 238-6784	
10 - F	FREE TAX PREPARATION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fringe Benefits		.00				
2.	Travel		.00				
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor				.00		
6.	Other Costs				.00		
	Total						.00
20 - 1	FOTAL COSTS						
1.	Total Costs						.00
	Total						.00
	CONTRA	ACTOR'S	CERTIFI	CATI	ON		
Ager exper corre	eby certify under penalty of perjury that I am ney, Department, Board, Commission, Office inditures and activities made during this repo- ect, and in accordance with the purpose, term illations or other statutes.	e or Institution rting period	on, and that to contained wi	o the b thin th	est of my knowled is document are in	ge, the actual all respects true,	
Auth	orized Person (Print Name/Title):	Sign	ignature:			Date:	
Ildefonso Valle / Budget & Fiscal Manager						01/03/2019	
	CSD A	TING USE	ONI	Y			
Payn	nent:	PCA#					
Appr	roved By:		Date:				

			<u>Ott</u>	Nt1	Тт	Davis at Davis de	A division on to
	ractor: P FOUNDATION			Number: 8115		Report Period: /1/18 - 11/30/18	Adjustment: 0
	ared by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or	g			hone: 34-6755	Fax Number: 202-460-8343
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fri	nge Benefits				1,396.89	
2.	Travel					.00	
3.	Equipment					.00	
4.	Supplies			-		.00	
5.	Subcontractor					.00	
6.	Other Costs					.00	×
	Total						1,396.89
20 - 1	TOTAL COSTS						
1.	Total Costs						1,396.89
	Total						1,396.89
		CONTRA	CTOR'S	CERTIFIC	CATI	ON	
Ager exper corre	eby certify under penalty cy, Department, Board, ( nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	or Institutio	on, and that to contained wit	o the b thin th	est of my knowled is document are in	ge, the actual all respects true,
	orized Person (Print Nam JackieLynn Coleman / Di Business Opera	rector, National	Signature	e:			Date: 12/20/2018
		CSD A	CCOUNT	ING USE	ONI	Л	
Paym	ient:			PCA#			
Appr	oved By:			Date:			

	Contractor: AARP FOUNDATION			Number: 8115		Report Period: /1/18 - 12/31/18	Adjustment: 0
	rred by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or	ġ			vhone: 134-6755	Fax Number: 202-434-6550
10 - I	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fri	inge Benefits				2,204.89	
2.	Travel					.00	
3.	Equipment				.00		
4.	Supplies					.00	
5.	Subcontractor					50,000.00	
6.	Other Costs					.00	
Total							52,204.89
20 - TOTAL COSTS							
1.	Total Costs						52,204.89
	Total						52,204.89
		CONTRA	CTOR'S	CERTIFI	CATI	ION	
Ager expe corre	eby certify under penalty ncy, Department, Board, nditures and activities ma ect, and in accordance with alations or other statutes.	Commission, Office ade during this repor	or Institution	on, and that to contained wi	o the b thin th	best of my knowled his document are ir	lge, the actual a all respects true,
Authorized Person (Print Name/Title): Sig JackieLynn Coleman / Director, National Business Operations				:			Date: 01/24/2019
		CSD A	CCOUNT	ING USE	ONI	LY	
Payn	nent:		PCA#				
Арри	roved By:			Date:			

	Contractor: AARP FOUNDATION			Number: -8102		Report Period: /1/18 - 11/30/18	Adjustment: 0
	ured by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or	rg			hone:  34-6755	Fax Number: 2024608343
10 - I	FREE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fri	nge Benefits				1,214.66	
2.	Travel					.00	
3.	Equipment					.00	
4.	Supplies				.00		
5.	Subcontractor				.00		
6.	Other Costs					.00	
	Total					1,214.66	
20 - 1	TOTAL COSTS						
1.	Total Costs						1,214.66
	Total						1,214.66
		CONTRA	CTOR'S	CERTIFI	CATI	'ON	
Agen exper corre	eby certify under penalty acy, Department, Board, C nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	or Institution	on, and that to contained wi	o the b thin th	est of my knowled is document are in	ge, the actual all respects true,
	orized Person (Print Nam JackieLynn Coleman / Di Business Opera	rector, National	Signature	2:			Date: 12/20/2018
		CSD AG	CCOUNT	ING USE	ONI	.Y	
Paym	ient:			PCA#			
Appr	oved By:			Date:			

1	Contractor: AARP FOUNDATION			Number: -8102		Report Period: /1/18 - 12/31/18	Adjustment: 0	
Paul	ared by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.org	g		Telephone: 202-434-6755		Fax Number: 202-434-6550	
10 - 1	FREE TAX PREPARA	TION ASSISTANC	E GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits	- 56 - 56			1,756.89		
2.	Travel			.00				
3.	Equipment			.00				
4.	Supplies			.00				
5.	Subcontractor					.00	1 M	
6.	Other Costs					.00		
	Total						1,756.89	
20 - 1	TOTAL COSTS							
1.	Total Costs						1,756.89	
	Total						1,756.89	
		CONTRA	CTOR'S	CERTIFI	CATI	ON		
Ager expe corre	eby certify under penalty acy, Department, Board, of additures and activities ma act, and in accordance wit alations or other statutes.	Commission, Office of ade during this report	or Institution	on, and that the contained with	o the b ithin th	est of my knowled is document are in	lge, the actual all respects true,	
	orized Person (Print Nam JackieLynn Coleman / D Business Oper	irector, National	Signature	2:			Date: 01/24/2019	
		CSD AC	COUNT	ING USE	ONI	LY		
Payn	nent:	Real Providence		PCA#				
Appr	oved By:		<i>i.</i>	Date:				

Contractor: United Way of San Diego County			Contract Number: 18T-8105	Report Period: 11/1/18 - 11/30/18		Adjustment: 0	
		E-mail Address: talbertazzi@uwsd.org	rg Teleph 858-63		one: 36-4124	Fax Number: 858-492-2062	
10 - FI	REE TAX PREPARATION	ASSISTANCE GRA	NT ACTIVITIES				
1.	Salaries, Wages, and Fringe	Benefits			732.14		
2.	Travel				.00		
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor		12,131.00				
6.	Other Costs				.00		
	Total					12,863.14	
20 - TOTAL COSTS							
1.	Total Costs					12,863.14	
	Total					12,863.14	

#### **CONTRACTOR'S CERTIFICATION**

I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.

Authorized Person (Print Name/Title): Signa Terri Johnson / VP Controller	ature:	Date: 12/27/2018
CSD ACCOUNT	FING USE ONLY	
Payment:	PCA#	
Approved By:	Date:	

Contractor: United Way of San Diego County		Contract Number: 18T-8105	R 12/	eport Period: 1/18 - 12/31/18	Adjustment: 0			
Prepared by (Name/Title):E-mail Address:Torrey Albertazzi /talbertazzi@uwsd.Community Impact Liaison		.org	Telephone: 858-636-4124		Fax Number: 858-492-2062			
10 -	FREE TAX PREPARA	<b>FION ASSISTAN</b>	CE GRANT ACTIVIT	TIES				
1. Salaries, Wages, and Fringe Benefits				603.03				
2.	Travel				.00			
3.	Equipment				.00			
4.	Supplies				.00			
5.	Subcontractor				30,948.79			
6.	Other Costs				.00			
	Total					31,551.82		
20 -	TOTAL COSTS							
1.	Total Costs					31,551.82		
	Total					31,551.82		
		CONTR	ACTOR'S CERTIF	TICATI	ON			
Age exp cor	ereby certify under penalty ency, Department, Board, benditures and activities ma rect, and in accordance wi gulations or other statutes.	Commission, Offic ade during this repo	e or Institution, and that orting period contained	t to the be within thi	est of my knowle is document are i	dge, the actual n all respects true,		
	Authorized Person (Print Name/Title): Terri Johnson / VP Controller							
Au			Signature:			Date: 01/23/2019		
Au		P Controller	Signature: CCOUNTING US	E ONL	Y			
		P Controller		E ONL	Y			

Contractor: United Way Fresno & Madera Co			Contract Number: 18T-8112	Report Period: 11/1/18 - 11/30/18		Adjustment: 0	
-	ed by (Name/Title): a Juarez / IT Coordinator	E-mail Address: Sjuarez@uwfm.org	Telepho 559-24		none: 43-3665	Fax Number: 5592288159	
10 - FREE TAX PREPARATION ASSISTANCE GRANT ACTIVITIES							
1.	Salaries, Wages, and Fringe	Benefits			4,810.38		
2.	Travel		.00				
3.	Equipment				.00		
4.	Supplies			.00			
5.	Subcontractor		9,500.00				
6.	Other Costs		345.64		345.64		
	Total					14,656.02	
20 - TOTAL COSTS							
1.	Total Costs					14,656.02	
	Total			14,656.02			

#### **CONTRACTOR'S CERTIFICATION**

I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.

Authorized Person (Print Name/Title): Lindsay Callahan / President and CEO	Signature:	Date: 12/27/2018
CSD ACC	COUNTING USE ONLY	
Payment:	PCA#	
Approved By:	Date:	

# 2018 CALEITC FREE TAX PREP ASSISTANCE YEAR-TO-DATE (YTD) EXPENDITURE/ACTIVITY REPORT

#### 60488 - United Way Fresno & Madera Co - 18T-8112 - All Data

execute sp\_ears\_ytd\_report 'JCastellon','18T-8112 ','FREE TAX PREP ASSISTANCE',1, 2,0

FREE TAX PREPARATION ASSISTANCE GRANT ACTIVITIES	Projected	11/1/18-11/30/18	12/1/18-12/31/18	YTD	% Used
Salaries, Wages, and Fringe Benefits	57068.00	4810.38	8128.37	12938.75	22.67%
Travel	3750.00	0.00	99.19	99.19	2.65%
Equipment	3700.00	0.00	0.00	0.00	0.00%
Supplies	1000.00	0.00	0.00	0.00	0.00%
Subcontractor	67822.00	9500.00	7002.50	16502.50	24.33%
Other Costs	17660.00	345.64	115.30	460.94	2.61%
Subtotal:	151000.00	14656.02	15345.36	30001.38	19.87%
TOTAL COSTS	Projected	11/1/18-11/30/18	12/1/18-12/31/18	YTD	% Used
Total Costs	151000.00	14656.02	15345.36	30001.38	19.87%

Contractor: Co United Way CA Capital Region				Number: -8109		Report Period: /1/18 - 11/30/18	Adjustment: 0
		E-mail Address: erin.manning@uw	ail Address: manning@uwccr.org		Telephone: 916-368-3013		Fax Number: 916-368-3029
10 - F	REE TAX PREPARA	FION ASSISTAN	CE GRANT	ACTIVIT	IES		
1. Salaries, Wages, and Fringe Benefits						557.74	
2.	Travel					.00	
3.	Equipment					.00	
4.	Supplies					.00	
5.	Subcontractor					3,256.50	
<mark>6</mark> .	Other Costs					419.57	
	Total						4,233.81
20 - T	TOTAL COSTS						
1.	Total Costs						4,233.81
	Total						4,233.81
		CONTR	ACTOR'S	CERTIFI	CATI	ION .	
Agen exper corre	eby certify under penalty ncy, Department, Board, nditures and activities ma ect, and in accordance wi llations or other statutes.	Commission, Office ade during this repo	e or Institutio orting period	on, and that contained w	to the b vithin th	est of my knowle his document are in	dge, the actual n all respects true,
Authorized Person (Print Name/Title): S Jennifer Macias / Chief Operating Officer			Sign	Signature:			Date: 01/14/2019
		CSD A	CCOUNT	TING USI	E ONI	LY	
Payment:				PCA#			
1	Approved By:				Date:		

Contractor: United Way Bay Area			Number: -8111		Report Period: /1/18 - 11/30/18	Adjustment: 0	
Prepared by (Name/Title): Kelly Batson / VP, Program Operations		g		Telephone: 415-808-4315		Fax Number: 415-808-4315	
10 - FREE TAX PREPARATION ASSISTANCE GRANT				ACTIVIT	ES		
1. Salaries, Wages, and Fringe Benefits			8,424.73				
2.	Travel					.00	
3.	Equipment					.00	
4.	Supplies					.00	
5.	Subcontractor					.00	
<u>6</u> .	Other Costs					.00	
	Total						8,424.73
20 -	TOTAL COSTS						
1.	Total Costs						8,424.73
	Total						8,424.73
		<b>CONTR</b> A	ACTOR'S	CERTIFI	CAT	ION	
Age exp corr	reby certify under penalty ency, Department, Board, e enditures and activities ma rect, and in accordance wit gulations or other statutes.	Commission, Office ade during this repo	e or Institution rting period	on, and that contained w	to the b vithin th	est of my knowled his document are in	lge, the actual 1 all respects true,
Authorized Person (Print Name/Title): Maria Nguyen / Senior Director, Contracts and Grants Co			gnature:		Date: 12/20/2018		
		CSD A	CCOUNT	TING USI	E ONI	LY	
Payment:			PCA#				
App	proved By:			Date:			

				Number: -8114		Report Period: /1/18 - 12/31/18	Adjustment: 0		
Max				hone: 199-3734	Fax Number: 8779088922				
10 - I	REE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	nge Benefits				18,603.77			
2.	Travel					.00			
3.	Equipment					1,413.66			
4.	Supplies					.00			
5.	Subcontractor					34,250.65			
6.	Other Costs					6,618.45			
	Total						60,886.53		
20 - T	TOTAL COSTS								
1. Total Costs							60,886.53		
	Total						60,886.53		
		CONTRA	CTOR'S	CERTIFIC	CATI	ON			
Agen exper corre	I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named Agency, Department, Board, Commission, Office or Institution, and that to the best of my knowledge, the actual expenditures and activities made during this reporting period contained within this document are in all respects true, correct, and in accordance with the purpose, terms and conditions of the contract referenced above, Federal and State Regulations or other statutes.								
Authorized Person (Print Name/Title): Nalleli Sandoval / Financial Stability Director						Date: 02/06/2019			
	CSD ACCOUNTING USE ONLY								
Payment:				PCA#					
Approved By:				Date:					