	ractor: P FOUNDATION			Number: -8102		Report Period: /1/19 - 2/28/19	Adjust 0	
Paul	Prepared by (Name/Title): E-mail Address: Paul Kerrigan / Group Controller		ġ			hone: 34-6755	Fax Number 202-434-350	
10 - I	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	nge Benefits		16,654.02				
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					.00		
6.	Other Costs					.00		
	Total							16,654.02
20 - 1	TOTAL COSTS							
1.	Total Costs							16,654.02
	Total							16,654.02
		CONTRA	CTOR'S	CERTIFIC	CATI	ON		
Agen exper corre	eby certify under penalty acy, Department, Board, (additures 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	the b thin th	est of my knowled is document are in	ge, the actual all respects tr	ue,
	orized Person (Print Nam		Signature	e:			Date:	
JackieLynn Coleman / Director, National Business Operations							03/2:	5/2019
		CSD AG	CCOUNT	ING USE	ONL	\mathbf{A}		
Paym	Payment:				PCA#			
Appr	oved By:			Date:				

	ractor: P FOUNDATION			t Number: -8102		Report Period: /1/19 - 1/31/19	Adjustment: 0	
Prepa Paul	ared by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or			Telep	hone: 134-6755	Fax Number: 202-434 5600	
10 - 1	FREE TAX PREPARAT	FION ASSISTANC	CE GRANT	ACTIVITI	ES			
1,	Salaries, Wages, and Fri	nge Benefits						
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					.00		
6.	Other Costs					.00		
	Total						7,054.02	
20 - 1	TOTAL COSTS							
1.	Total Costs						7,054.02	
	Total						7,054.02	
		CONTRA	CTOR'S	CERTIFIC	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 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): Signatu JackieLynn Coleman / Director, National Business Operations				e: 			Date: 02/25/2019	
		CSD A	CCOUNT	ING USE	ONI	ĹΥ		
Paym	Payment:				PCA#			
Appr	oved By:			Date:				

1	ractor: P FOUNDATION			Number: -8102		Report Period: /1/19 - 3/31/19	Adjustment: 0
Paul	Prepared by (Name/Title): E-mail Address: Paul Kerrigan / Group Controller		rg		Telep 202-4	hone: 34-6755	Fax Number: 202-434-6756
10 - 3	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES		-
1.	Salaries, Wages, and Fri	inge Benefits				11,752.15	
2.	2. Travel					.00	
3.	Equipment					.00	
4.	Supplies					.00	
5.	Subcontractor					46,845.83	
6.	Other Costs			•		.00	
	Total						58,597.98
20 - 1	FOTAL COSTS						
1.	Total Costs						58,597.98
	Total						58,597.98
		CONTRA	CTOR'S	CERTIFIC	CATI	ON	
Ager expe corre	eby certify under penalty ncy, Department, Board, (nditures and activities ma ect, and in accordance wit ulations or other statutes.	Commission, Office ade during this repor	or Institution	on, and that to contained wit	the b thin th	est of my knowled is document are in	dge, the actual n all respects true,
	orized Person (Print Nam JackieLynn Coleman / Di Business Opera	irector, National	Signature	e:			Date: 04/22/2019
		CSD AG	CCOUNT	ING USE	ONI	Y	
Payn	ient:			PCA#			
Appr	roved By:			Date:			

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x 😁			^
	Ears	Exper	nditure Activity Reporting System
	Curu	Data Entry	future Activity Reporting bystem
Curr	ent Login is AGENCY User (E505CF01)		<u>Main Menu</u> <u>Report</u> <u>Logoff</u>
	gram Year: 2018 Agency: 60505 - AARP FOUNDATION Pro 1/19 - 2/28/19 due 3/25/19 Adjustment: 0	ram: CALEITC Subprogram: FTPA Project: FREE TAX PREP ASSISTANCE	Contract Number: 18T-8115 Report Period:
	Select Secti	10 - FREE TAX PREPARATION ASSISTANCE GRANT ACTIVITIES V	
	Line Items		
	Line Items I. Salaries, Wages, and Fringe Benefits	16015.66	
	2. Travel	.00	
3	3. Equipment	485.76	
4	4. Supplies	.00	
5	5. Subcontractor	79407.00	
(6. Other Costs	.00	
	Total:	95908.42	
		This Report Is Finalized.	
		CSD SaveData	
		Save Finalize Certify	
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	State of	California Department of Community Services and Development (CSD)	
		CSD Web Applications home page E-Mail EARS help desk	~
	Search Windows	💵 🧿 🔚 🙆 🚿 🔍 💁	^ <i>∂</i> ² = 6:24 PM 3/25/2019 □

	ractor: P FOUNDATION			Number: 8115		Report Period: /1/19 - 1/31/19	Adjustment:		
Paul	ured by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or	ġ			bhone: 134-6755	Fax Number: 202-434-5600		
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	nge Benefits				4,489.38			
2.	Travel				.00				
3.	Equipment					.00			
4.	Supplies					.00			
5.	Subcontractor					50,000.00			
6.	Other Costs					.00			
	Total						54,489.38		
20 - 1	TOTAL COSTS								
1.	Total Costs						54,489.38		
	Total						54,489.38		
		CONTRA	CTOR'S	CERTIFI	CATI	ION			
Ager exper corre	eby certify under penalty acy, Department, Board, 6 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 wi	o the b thin th	est of my knowle his document are i	dge, the actual n all respects true,		
Authorized Person (Print Name/Title): JackieLynn Coleman / Director, National Business Operations			Signature	ature:			Date: 02/25/2019		
	CSD ACCOUNTING USE ONLY								
Payment:				PCA#					
Appr	Approved By:				Date:				

	ractor: P FOUNDATION			Number: •8115		Report Period: /1/19 - 3/31/19		Adjustment: 0
	ared by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or	rg			ohone: 134-6755		x Number: 2-434-6756
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits				34,799.01		
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					45,463.62		
6.	Other Costs					.00		
	Total							80,262.63
20 - 1	TOTAL COSTS							
1.	Total Costs							80,262.63
	Total							80,262.63
		CONTRA	CTOR'S	CERTIFI	CATI	ON		
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 ade during this repor	or Institution	on, and that to contained wi	o the b thin th	est of my knowle his document are in	dge, t n all 1	he actual respects true,
Authorized Person (Print Name/Title): JackieLynn Coleman / Director, National Business Operations				2;				Date: 04/22/2019
		CSD AG	CCOUNT	ING USE	ONI	LY .		
Payn	Payment:				PCA#			
Appr	oved By:			Date:				

	ractor: of Oakland HSD		Number: 8110	F 2/	Report Period: /1/19 - 2/28/19	Adjustment: 0	
	red by (Name/Title): E-mail Address: e Friberg / Accountant II afriberg@oakland	ca.gov		Telep (510)	hone: 238-6895	Fax Number: (510) 238-6784	
10 - I	TREE TAX PREPARATION ASSISTANCE	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fringe Benefits				2,184.24		
2.	Travel			.00			
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor				.00		
6.	Other Costs				.00		
	Total					2,184.24	
20 - 1	TOTAL COSTS						
1.	Total Costs					2,184.24	
	Total					2,184.24	
	CONTRA	ACTOR'S	CERTIFI	CATI	ON		
Ager exper corre	eby certify under penalty of perjury that I an acy, Department, Board, Commission, Office anditures and activities made during this repo- act, and in accordance with the purpose, term allations or other statutes.	e or Institutio rting period	on, 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,	
Auth	orized Person (Print Name/Title):	Sign	nature:			Date:	
	Ildefonso Valle / Budget & Fiscal Manager					04/12/2019	
	CSD A	ING USE	ONI	X			
Payn	nent:		PCA#				
Appı	roved By:		Date:				

	actor: of Oakland HSD		Number: -8110		Report Period: /1/19 - 1/31/19	Adjustment: 0	
Prepa	red by (Name/Title): E-mail Address: e Friberg / Accountant II afriberg@oakland	ca.gov			hone: 238-6895	Fax Number: (510) 238-6784	
10 - I	TREE TAX PREPARATION ASSISTAN	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	TOTAL COSTS						
1.	Total Costs						.00
	Total						.00
•	CONTRA	ACTOR'S	CERTIFI	CATI	ON		
Agen exper corre	eby certify under penalty of perjury that I an acy, Department, Board, Commission, Office aditures and activities made during this report ct, and in accordance with the purpose, term lations or other statutes.	e or Institutio rting period	on, and that t contained wi	o the b ithin th	est of my knowled is document are in	dge, the actual n all respects true,	
Auth	orized Person (Print Name/Title):	Signa	ature:		Date:		
	Ildefonso Valle / Budget & Fiscal Manager					02/27/2019	
	CSD A	CCOUNT	ING USE	ONI	LY		
Paym	ient:	PCA#					
Appr	oved By:		Date:				

	ractor: of Oakland HSD		Number: -8110	H 3/	Report Period: /1/19 - 3/31/19	Adjustment: 0		
	red by (Name/Title): E-mail Address: e Friberg / Accountant II afriberg@oakland	ca.gov			hone: 238-6895	Fax Number: (510) 238-6784		
10 - I	FREE TAX PREPARATION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fringe Benefits				5,078.34			
2.	Travel				.00			
3.	Equipment				.00			
4.	Supplies				.00			
5.	Subcontractor				6,957.03			
6.	Other Costs				.00			
	Total					12,035.37		
20 - 1	FOTAL COSTS							
1.	Total Costs			12,035.37				
	Total					12,035.37		
	CONTRA	ACTOR'S	CERTIFI	CATI	ON III			
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 alations or other statutes.	e or Institutio orting period	on, and that t contained wi	o the b thin th	est of my knowle is document are i	dge, the actual n all respects true,		
Authorized Person (Print Name/Title): Sign Ildefonso Valle / Budget & Fiscal Manager			ignature: Date: 04/25/2019			Date: 04/25/2019		
	CSD A	TING USE	ONI	ĹY				
Payn	nent:		PCA#					
Appi	roved By:		Date:					

	ractor: en State Opportunity Fnd	tn		Number: 8108		Report Period: /1/19 - 2/28/19	Adjustment: 0	
Prepa Sebas Asso	ured by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	nity.org			Fax Number: n/a	
10 - J	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	nge Benefits		.00				
2.	Travel			.00				
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					68,000.00		
6.	Other Costs					16,431.25		
	Total						84,431.2	
20 - 7	TOTAL COSTS							
1.	Total Costs						84,431.2	
	Total						84,431.2	
		CONTRA	ACTOR'S	CERTIFI	CATI	ON		
Ager exper corre	eby certify under penalty acy, Department, Board, (nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office ide during this report	e or Institutio rting period o	n, and that to contained wi	o the b thin th	est of my knowle is document are i	dge, the actual n all respects true,	
Auth	orized Person (Print Nam Josh Fryday / Pre	Signature:				Date: 03/26/2019		
		CSD A	CCOUNT	ING USE	ONI	LY .		
Payn	Payment:				PCA#			
Appr	oved By:		Date:					

1	ractor: en State Opportunity Fnd	ltn	Contract 18T-	Number: 8108		Report Period: /1/19 - 1/31/19	Adjustment: 0	
Seba	Prepared by (Name/Title): E-mail Address: Sebastien Chaubard / sebastien@goldenstateop Associate			nity.org	Telephone: 510-468-0872-		Fax Number: n/a	
10 - 1	FREE TAX PREPARA'	TION ASSISTAN	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits				.00		
2.	2. Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					.00		
6.	Other Costs					8,250.00		
	Total						8,250.00	
20 - 1	TOTAL COSTS							
1.	Total Costs						8,250.00	
	Total						8,250.00	
		CONTRA	ACTOR'S	CERTIFI	CATI	O N		
Ager expe corre	eby certify under penalty acy, Department, Board, of additures and activities material act, and in accordance with allations or other statutes.	Commission, Office ade during this repo	e or Institutio rting period o	n, and that to contained wi	o the b thin th	est of my knowle is document are i	dge, the actual n all respects true,	
Auth	Authorized Person (Print Name/Title): Josh Fryday / President						Date: 03/15/2019	
		CSD A	CCOUNT	ING USE	ONI	LY		
Payn	Payment:				PCA#			
Appr	oved By:		Date:					

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	ractor: en State Opportunity Fnc	ltn	Contract N 18T-8			Report Period: /1/19 - 3/31/19	Adjustment: 0	
Seba	Prepared by (Name/Title): E-mail Address: Sebastien Chaubard / sebastien@goldenst Associate		istateopportun	ity.org	Telephone: 510-468-0872-		Fax Number: n/a	
10 - 1	FREE TAX PREPARA	TION ASSISTAN	CE GRANT A	CTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits		.00				
2.	2. Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					.00		
6.	Other Costs					17,421.84		
	Total						17,421.84	
20 - 1	TOTAL COSTS							
1.	Total Costs						17,421.84	
	Total						17,421.84	
		CONTRA	ACTOR'S C	ERTIFIC	CATI	ON		
Ager expe corre	eby certify under penalty acy, Department, Board, enditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office ade during this repo	e or Institution rting period co	, and that to ontained wit	the b thin th	est of my knowle is document are i	dge, the actual n all respects true,	
Auth	Authorized Person (Print Name/Title): Signature Josh Fryday / President						Date: 04/25/2019	
		CSD A	CCOUNTI	NG USE	ONL	L Y		
Payn	Payment:				PCA#			
Appr	oved By:]	Date:					

,	ractor: en State Opportunity Fnd	ltn	Contract 18T-			Report Period: /1/19 - 2/28/19	Adjustment: 0		
	ured by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportur	nity.org		bhone: 468-0872-	Fax Number: n/a		
10 - 1	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES		,		
1.	Salaries, Wages, and Fr	inge Benefits				6,000.00			
2.	Travel					.00			
3.	Equipment				.00				
4.	Supplies			.00					
5.	Subcontractor					91,000.00			
6.	Other Costs					8,232.50			
	Total						105,232.50		
20 - 1	TOTAL COSTS								
1.	Total Costs					-	105,232.50		
	Total			-			105,232.50		
		CONTRA	ACTOR'S (CERTIFI	CATI	ON .			
Ager exper corre	eby certify under penalty acy, Department, Board, of aditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office ade during this repo	or Institution rting period c	n, and that to ontained wi	o the b thin th	est of my knowle is document are i	dge, the actual n all respects true,		
Auth	orized Person (Print Nan Josh Fryday / Pre		Signature:				Date: 03/26/2019		
		CSD A	CCOUNT	ING USE	ÓNI	L Y			
Payn	ent:			PCA#					
Appr	oved By:			Date:					

	ractor: en State Opportunity Fnd	tn	1	Number: -8103		Report Period: /1/19 - 1/31/19	Adjustment: 0		
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	nity.org		hone: 468-0872-	Fax Number: n/a		
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	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	ACTOR'S	CERTIFI	CATI	O N	2		
Ager exper corre	eby certify under penalty ncy, Department, Board, (nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repo	e or Institution or Institution of the second se	on, and that t contained w	o the b ithin th	est of my knowle is document are i	dge, the actual n all respects true,		
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:				Date: 02/25/2019		
		CSD A	CCOUNT	ING USE	ONI	Y			
Payn	nent:			PCA#					
Appr	oved By:		Date:						

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	actor: en State Opportunity Fnd	ltn	Contract 18T-			Report Period: /1/19 - 3/31/19	Adjustment: 0		
Prepa	ared by (Name/Title): stien Chaubard /	E-mail Address: sebastien@golden	stateopportur	nity.org		hone: 468-0872-	Fax Number: n/a		
10 - I	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fr	inge Benefits				17,000.00			
2.	Travel					.00			
3.	Equipment					.00			
4.	Supplies					.00			
5.	Subcontractor					.00			
6.	Other Costs					10,593.95			
	Total					27,593.95			
20 - 1	TOTAL COSTS								
1.	Total Costs						27,593.95		
	Total						27,593.95		
		CONTRA	ACTOR'S	CERTIFIC	CATI	O N			
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 repo	e or Institution rting period of	n, and that to contained wit	o the b thin th	est of my knowle is document are i	dge, the actual n all respects true,		
Auth	orized Person (Print Nan Josh Fryday / Pre		Signature:				Date: 04/25/2019		
		CSD A	CCOUNT	ING USE	ONI	Ŋ			
Paym	ient:			PCA#					
Appr	oved By:		Date:						

	ractor: en State Opportunity Fnd	tn	Contract Nu 18T-810			eport Period: 1/19 - 2/28/19	Adjustment: 0		
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportunity		Telephone: Fax 510-468-0872- n/a		Fax Number: n/a		
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT AC	TIVITIES	S				
1.	Salaries, Wages, and Fr	nge Benefits				.00			
2.	Travel					.00			
3.	Equipment					.00			
4.	Supplies				.00				
5.	Subcontractor					42,000.00			
6.	Other Costs					16,352.50			
	Total	•					58,352.50		
20 - 1	TOTAL COSTS			_					
1.	Total Costs						58,352.50		
	Total						58,352.50		
		CONTRA	ACTOR'S CE	RTIFICA	4 <i>TI</i> (ON			
Ager exper corre	eby certify under penalty acy, Department, Board, 6 nditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	e or Institution, a rting period cont	nd that to the ained within	he be in thi	est of my knowle s document are i	dge, the actual n all respects true,		
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:				Date: 03/26/2019		
		CSD A	CCOUNTIN	G USE O)NL	Y			
Paym	nent:		PC	A#					
Appr	oved By:		Da	Date:					

	ractor: en State Opportunity Fnd	tn .	Contract 18T-			Report Period: /1/19 - 1/31/19	Adjustment: 0
	rred by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	nity.org		hone: 68-0872-	Fax Number: n/a
10 - I	REE TAX PREPARAT	FION ASSISTANC	CE GRANT	ACTIVITII	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					5,262.25	
	Total						21,262.25
20 - 7	TOTAL COSTS						
1.	Total Costs						21,262.25
	Total						21,262.25
		CONTRA	CTOR'S	CERTIFIC	CATI	ON	
Agen exper corre	eby certify under penalty icy, Department, Board, (inditures and activities ma ct, and in accordance wit lations or other statutes.	Commission, Office de during this repor	or Institution	n, and that to contained wit	the b thin th	est of my knowle is document are i	dge, the actual n all respects true,
Auth	orized Person (Print Nam Josh Fryday / Pre	Signature:				Date: 03/15/2019	
		CSD A	CCOUNT	ING USE	ONI	LY .	
Paym	nent:	-	L	PCA#			
Appr	oved By:			Date:			

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	tractor: len State Opportunity Fnd	ltn	Contract Numl 18T-8107		Report Period: /1/19 - 3/31/19	Adjustment: 0		
Seba	ared by (Name/Title): istien Chaubard / ociate	E-mail Address: sebastien@golden	stateopportunity.o		bhone: 468-0872-	Fax Number: n/a		
10 -	FREE TAX PREPARA'	FION ASSISTANC	CE GRANT ACT	IVITIES				
1.	Salaries, Wages, and Fr	inge Benefits			.00			
2.	Travel			·····	.00			
3.	Equipment				.00			
4.	Supplies				.00			
5.	Subcontractor				.00			
6.	Other Costs				29,204.45			
	Total					29,204.45		
20 - '	TOTAL COSTS							
1.	Total Costs					29,204.45		
	Total					29,204.45		
		CONTRA	CTOR'S CER	TIFICAT	ION			
Agen expe corre	reby certify under penalty ncy, Department, Board, (enditures and activities ma ect, and in accordance wit ulations or other statutes.	Commission, Office ide during this repo	or Institution, and rting period contai	that to the back that to the back that to the back that that that that that that that tha	est of my knowle his document are i	dge, the actual n all respects true,		
Auth	norized Person (Print Nam Josh Fryday / Pre		Signature:			Date: 04/25/2019		
		CSD A	CCOUNTING	USE ONI	ĹY			
Payn	nent:	CSD A	CCOUNTING PCA		LY			

	ractor: atown Youth & Comm C	tr Ìnc		Number: 8104		Report Period: /1/19 - 2/28/19		Adjustment: 0	
Lidia	ared by (Name/Title): Sebastian / Cal EITC ram Monitor	E-mail Address: lsebastian@kyccla	a.org					Jumber: 270017	
10 - 1	FREE TAX PREPARAT	FION ASSISTANC	CE GRANT	ACTIVITI	CTIVITIES				
1.	Salaries, Wages, and Fri	nge Benefits				10,646.78			
2.	Travel					.00			
3.	Equipment					.00			
4.	Supplies					4,272.24			
5.	Subcontractor	٠				.00			
6.	Other Costs					.00			
	Total							14,919.02	
20 - 7	TOTAL COSTS								
1.	Total Costs							14,919.02	
	Total							14,919.02	
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON			
Ager 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	n, and that to contained with	o the b thin th	est of my knowled is document are ir	dge, the 1 all res	actual pects true,	
Auth A	orized Person (Print Nam udrey Casillas / Economi Coordinator	Signature:					Date: 03/25/2019		
		CSD A	CCOUNT	ING USE	ONI	LY			
Paym	nent:			PCA#					
Appr	oved By:		Date:						

	ractor: atown Youth & Comm Ct	tr Inc		Number: 8104		Report Period: /1/19 - 1/31/19		Adjustment: 0	
Lidia	ured by (Name/Title): Sebastian / Cal EITC am Monitor	E-mail Address: lsebastien@kyccla	a.org					Number: 27-0017	
10 - 1	FREE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	nge Benefits				11,837.37			
2.	Travel					.00			
3.	Equipment					.00			
4.	Supplies					1,779.95			
5.	Subcontractor					.00			
6.	Other Costs			-		.00			
	Total						13,617.32		
20 - 1	TOTAL COSTS								
1.	Total Costs							13,617.32	
	Total							13,617.32	
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON			
Ager exper corre	eby certify under penalty icy, Department, Board, C inditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office de during this repor	or Institutio rting period (n, and that to contained wi	o the b thin th	est of my knowle is document are i	dge, the n all res	actual pects true,	
	orized Person (Print Nam udrey Casillas / Economic Coordinator	Signature:					Date: 01/27/2019		
	•	CSD A	CCOUNT	ING USE	ONI	Ŋ			
Payn	nent:			PCA#					
Appr	oved By:		Date:						

	ractor: atown Youth & Comm C	tr Inc		Number: 8104		Report Period: /1/19 - 3/31/19	Adjustment: 0		
Lidia	ared by (Name/Title): Sebastian / Cal EITC 'am Monitor	E-mail Address: lsebastien@kyccla	a.org			bhone: 365-7400 ex	Fax Number: 213-927-0017		
10 - 1	FREE TAX PREPARAT	TION ASSISTAN	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	nge Benefits				9,997.66			
2.	Travel					.00			
3.	Equipment					.00			
4.	Supplies					5,880.07			
5.	Subcontractor					.00			
6.	Other Costs					.00			
	Total						15,877.7		
20 - 1	TOTAL COSTS								
1.	Total Costs						15,877.7		
	Total						15,877.7		
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON			
Ager expe 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 repo	e or Institutio rting period o	n, and that to contained wi	o the b thin th	est of my knowle is document are i	dge, the actual n all respects true,		
	orized Person (Print Nam udrey Casillas / Economi Coordinator	Signature:				Date: 04/25/2019			
		CSD A	CCOUNT	ING USE	ONI	LY			
Payn	nent: /			PCA#					
Appr	oved By:		Date:						

1	ractor: ge County United Way			Number: 8106		Report Period: /1/19 - 2/28/19		Adjustment: 0	
Maria	rred by (Name/Title): a Mugica / Cal Ed&OutreachCoord	E-mail Address: MariaM@UnitedV	WayOC.org					Jumber: 171-8002	
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES	-			
1.	Salaries, Wages, and Fr	inge Benefits				21,937.25			
2.	Travel					173.55			
3.	Equipment					.00			
4.	Supplies					92.41			
5.	Subcontractor					20,000.00			
6.	Other Costs				22,127.01				
	Total						64,330.22		
20 - 7	TOTAL COSTS								
1.	Total Costs							64,330.22	
	Total							64,330.22	
		CONTRA	ACTOR'S	CERTIFIC	CATI	ION			
Ager expe corre	eby certify under penalty acy, Department, Board, of additures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office ade during this report	e or Institution rting period	on, and that to contained wi	o the b thin th	est of my knowle is document are i	dge, the n all res	actual pects true,	
Authorized Person (Print Name/Title): Signature Ann Truxaw-Ramirez / Grants/Proposal Development Manager								Date: 03/25/2019	
		CSD A	CCOUNT	ING USE	ONI	LY			
Payn	nent:			PCA#					
Appr	oved By:		Date:						

20 - TOTAL COSTS 1. Total Costs 34,443.		tractor: nge County United Way		Contract 1 18T-8			Report Period: /1/19 - 1/31/19	Adjustment: 0			
1. Salaries, Wages, and Fringe Benefits 22.664.00 2. Travel 77.72 3. Equipment .00 4. Supplies 223.21 5. Subcontractor 7,600.00 6. Other Costs 3,878.41 Total 34,443. 20 - TOTAL COSTS 34,443. I. Total Costs 34,443. Total 34,443. CONTRACTOR'S CERTIFICATION 34,443. I. Total Costs 34,443. Contractor of the 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 Manager Signature: Date: 02/25/2019 O2/25/2019 02/25/2019	Mar	ia Mugica / Cal		WayOC.org							
2. Travel 77.72 3. Equipment .00 4. Supplies 223.21 5. Subcontractor 7,600.00 6. Other Costs 3,878.41 Total 34,443. 20 - TOTAL COSTS 34,443. 1. Total Costs 34,443. 7 Total 34,443. CONTRACTOR'S CERTIFICATION 34,443. 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: Authorized Person (Print Name/Title): Signature: Date: Development Manager CSD ACCOUNTING USE ONLY Payment: PCA#	10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES					
Interview Dot A. Equipment .00 4. Supplies .23.21 5. Subcontractor .600.00 6. Other Costs .3.878.41 Total .34,443. 20 - TOTAL COSTS	1.	Salaries, Wages, and Fi	inge Benefits				22,664.00				
4. Supplies 223.21 5. Subcontractor 7,600.00 6. Other Costs 3,878.41 Total 34,443. 20 - TOTAL COSTS 34,443. 1. Total Costs 34,443. Total 34,443. Total 34,443. 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: 02/25/2019 Muthorized Person (Print Name/Title): Signature: 02/25/2019 Development Manager Signature: 02/25/2019 Payment: PCA#	2.	Travel					77.72				
5. Subcontractor 7,600.00 6. Other Costs 3,878.41 Total 34,443. 20 - TOTAL COSTS 34,443. 1. Total Costs 34,443. Total 34,443. Total 34,443. Total 34,443. Total 34,443. 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: 02/25/2019 Development Manager Signature: 02/25/2019 V2/25/2019 Date: 02/25/2019	3.	Equipment					.00				
6. Other Costs 3,878.41 Total 34,443. 20 - TOTAL COSTS 34,443. 1. Total Costs 34,443. Total 34,443. Total 34,443. CONTRACTOR'S CERTIFICATION 34,443. 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: 02/25/2019 Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: Date: 02/25/2019 Payment: PCA#	4.	Supplies			223.21						
Total 34,443. 20 - TOTAL COSTS 34,443. 1. Total Costs 34,443. Total 34,443. 34,443. Total 34,443. 34,443. Total CONTRACTOR'S CERTIFICATION 34,443. 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: 02/25/2019 Authorized Person (Print Name/Title): Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: Date: 02/25/2019 Payment: PCA# PCA# PCA# PCA#	5.	Subcontractor			7,600.00						
20 - TOTAL COSTS 34,443. 1. Total Costs 34,443. Total 34,443. 34,443. 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. Date: 02/25/2019 Authorized Person (Print Name/Title): Signature: Date: 02/25/2019 Development Manager CSD ACCOUNTING USE ONLY Payment: PCA#	6.	Other Costs					3,878.41				
1. Total 34,443. Total 34,443. 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): Signature: Date: Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: Date: CSD ACCOUNTING USE ONLY Payment: PCA#		Total						34,443.34			
Total 34,443. 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: Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: Date: CSD ACCOUNTING USE ONLY Payment: PCA#	20 -	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: Date: Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: 02/25/2019 PCA#	1.	Total Costs						34,443.34			
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): Ann Truxaw-Ramirez / Grants/Proposal Development Manager CSD ACCOUNTING USE ONLY Payment: Payment: PA#		Total						34,443.34			
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 Manager Signature: Date: 02/25/2019 02/25/2019 Payment: PCA#			CONTR	ACTOR'S (CERTIFI	CAT	ION				
CSD ACCOUNTING USE ONLY Payment: PCA#	Age exp com Reg	ency, Department, Board, enditures and activities m rect, and in accordance wi gulations or other statutes. thorized Person (Print Nat Ann Truxaw-Ramirez / O	Commission, Office ade during this repo ith the purpose, term ne/Title): Grants/Proposal	e or Institution orting period c ns and condition	n, and that t ontained w	to the l ithin tl	best of my knowle his document are i	edge, the actual in all respects true, e, Federal and State Date:			
		20000000000	-		ING USE	E ON	LY				
Approved By: Date:	Pay	ment:			PCA#						
	Ар	proved By:		Date:							

20 - TOTAL COSTS 1. Total Costs 65,457.4		ntractor: nge County United Way		Contract Number 18T-8106		Report Period: 3/1/19 - 3/31/19	Adjustment: 0			
1. Salaries, Wages, and Fringe Benefits 37,417.25 2. Travel 326.31 3. Equipment .00 4. Supplies 1,592.77 5. Subcontractor 20,000.00 6. Other Costs 6,121.10 Total 65,457.4 20 - TOTAL COSTS 1 1. Total Costs 65,457.4 Total 65,457.4 Total 65,457.4 Total 65,457.4 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: 04/24/2019 Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: 04/24/2019 Verlay Payment: PCA#	Mai	ria Mugica / Cal		WayOC.org						
2. Travel 326.31 3. Equipment .00 4. Supplies 1.592.77 5. Subcontractor 20,000.00 6. Other Costs 6,121.10 Total 65,457.4 20 - TOTAL COSTS 65,457.4 1. Total Costs 65,457.4 Total 65,457.4 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: 04/24/2019 Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: 04/24/2019 CSD ACCOUNTING USE ONLY Payment: PCA#	10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIV	/ITIES					
3. Equipment .00 4. Supplies 1,592.77 5. Subcontractor 20,000.00 6. Other Costs 6,121.10 Total 65,457.4 CONTRACTOR'S CERTIFICATION 1. Total Costs 65,457.4 Total 65,457.4 65,457.4 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: Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: 04/24/2019 VESD ACCOUNTING USE ONLY Payment: PCA#	1.	Salaries, Wages, and F	ringe Benefits			37,417.25				
4. Supplies 1,592.77 5. Subcontractor 20,000.00 6. Other Costs 6,121.10 Total 65,457.4 20 - TOTAL COSTS 1 1. Total Costs 65,457.4 Total 65,457.4 7. Total 65,457.4 7. Total 65,457.4 Total 65,457.4 Total 65,457.4 Total 65,457.4 Intereby 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 Date: 04/24/2019 Development Manager Virtue PCA#	2.	Travel				326.31				
5. Subcontractor 20,000.00 6. Other Costs 6,121.10 Total 65,457.4 20 - TOTAL COSTS 1 1. Total Costs 65,457.4 Total 65,457.4 CONTRACTOR'S CERTIFICATION Ithereby 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: Authorized Person (Print Name/Title): Signature: 04/24/2019 Development Manager Signature: 04/24/2019 Payment: PCA#	3.	Equipment			.00					
6. Other Costs 6,121.10 Total 65,457.4 20 - TOTAL COSTS 65,457.4 1. Total Costs 65,457.4 Total 65,457.4 Total 65,457.4 Total 65,457.4 Total 65,457.4 Total 65,457.4 Total 65,457.4 CONTRACTOR'S CERTIFICATION 65,457.4 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. Signature: 04/24/2019 Authorized Person (Print Name/Title): Signature: 04/24/2019 04/24/2019 Development Manager Signature: 04/24/2019 04/24/2019 Payment: PCA# PCA# 04/24/2019	4.	Supplies			1,592.77					
Total 65,457.4 20 - TOTAL COSTS 65,457.4 1. Total Costs 65,457.4 Total 65,457.4 65,457.4 Image: Contract Contend Contract Contract Co	5.	Subcontractor			20,000.00					
20 - TOTAL COSTS	6.	Other Costs			6,121.10					
1. Total Costs 65,457.4 Total 65,457.4 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: Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: 04/24/2019 PACSD ACCOUNTING USE ONLY Payment: PCA#		Total					65,457.43			
Total 65,457.4 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: 04/24/2019 Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: 04/24/2019 PAG#	20 -	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: Date: Ann Truxaw-Ramirez / Grants/Proposal Date: 04/24/2019 Development Manager CSD ACCOUNTING USE ONLY Payment:	1.	Total Costs					65,457.43			
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): Ann Truxaw-Ramirez / Grants/Proposal Development Manager CSD ACCOUNTING USE ONLY Payment: Payment: PCA#		Total					65,457.43			
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: 04/24/2019 Ann Truxaw-Ramirez / Grants/Proposal Development Manager Signature: 04/24/2019 Payment: PCA#			CONTR	ACTOR'S CERT	IFICAT	TION				
CSD ACCOUNTING USE ONLY Payment: PCA#	Ag exp cor Reg	ency, Department, Board, benditures and activities m rect, and in accordance w gulations or other statutes thorized Person (Print Na Ann Truxaw-Ramirez / 0	Commission, Offic ade during this repo ith the purpose, term me/Title): Grants/Proposal	e or Institution, and porting period contain ns and conditions of	hat to the	best of my knowle this document are	edge, the actual in all respects true, e, Federal and State Date:			
Payment: PCA#		Development M			USE ON	IL V				
	D									
Approved By: Date:	Pay	/ment:		PCA#						
	Ap	proved By:	Date:	Date:						

	actor: UNIVERSITY CORPORATION	Contract 18T-			Report Period: /1/19 - 2/28/19	Adjustment: 0		
	red by (Name/Title): E-mail Address: ael Epping / Post Award michael.epping@d /st	csun.edu				Fax Number: 8186772671		
10 - I	TREE TAX PREPARATION ASSISTANCE	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fringe Benefits				42,211.37			
2.	Travel				.00			
3.	Equipment				.00			
4.	Supplies				8,958.33			
5.	Subcontractor				.00			
6.	Other Costs				12,792.43			
	Total					63,962.13		
20 - T	TOTAL COSTS							
1.	Total Costs					63,962.13		
	Total					63,962.13		
	CONTRA	4CTOR'S	CERTIFIC	CATI	ON			
Agen exper corre	by certify under penalty of perjury that I am by Department, Board, Commission, Office aditures and activities made during this report ct, and in accordance with the purpose, term lations or other statutes.	e or Institution orting period of	n, and that to contained wit	o the b thin th	est of my knowled is document are ir	lge, the actual a all respects true,		
Auth	orized Person (Print Name/Title): Grace Slavik / Post-Award Manager	Signature:				Date: 03/26/2019		
	CSD A	CCOUNT	ING USE	ONI	LY			
Paym	ient:		PCA#					
Appr	oved By:		Date:					

	ractor: UNIVERSITY CORPORATION		Number: 8101		Report Period: /1/19 - 1/31/19	Adjustment: 0	
	ared by (Name/Title): E-mail Address: ael Epping / Post Award michael.epping@o yst	csun.edu			hone: 777975	Fax Number: 8186772671	
10 - 1	FREE TAX PREPARATION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fringe Benefits		15,437.33				
2.	Travel			.00			
3.	Equipment			.00			
4.	Supplies				.00		
5.	Subcontractor				.00		
6.	Other Costs				3,859.33		
	Total					19,296.66	
20 - 1	TOTAL COSTS						
1.	Total Costs					19,296.66	
	Total					19,296.66	
	CONTRA	CTOR'S	CERTIFIC	CATI	ON		
Ager exper corre	eby certify under penalty of perjury that I am acy, Department, Board, Commission, Office additures and activities made during this repor- ct, and in accordance with the purpose, term lations or other statutes.	or Institution	n, and that to contained wit	o the b thin th	est of my knowled is document are in	lge, the actual a all respects true,	
Auth	orized Person (Print Name/Title): Grace Slavik / Post-Award Manager	Signature:				Date: 03/13/2019	
	CSD A	CCOUNT	ING USE	ONI	Y		
Paym	nent:		PCA#				
Appr	oved By:		Date:				

	ractor: UNIVERSITY CORPORATION	Contract 18T-			Report Period: /1/19 - 3/31/19	Adjustment: 0	
Prepa	acl Epping / Post Award Michael.epping@c	csun.edu			ohone: 777975	Fax Number: 8186772671	
10 - 1	FREE TAX PREPARATION ASSISTANC	CE GRANT	ACTIVITI	ES		саны. 	
1.	Salaries, Wages, and Fringe Benefits		45,676.13				
2.	Travel		884.44				
3.	Equipment		470.81				
4.	Supplies				4,682.24		
5.	Subcontractor				.00		
6.	Other Costs				14,390.56		
	Total					66,104.18	
20 - 1	TOTAL COSTS						
1.	Total Costs					66,104.18	
	Total					66,104.18	
	CONTRA	ACTOR'S	CERTIFIC	CATI	ION		
Ager expe corre	eby certify under penalty of perjury that I am acy, Department, Board, Commission, Office inditures and activities made during this repor- ict, and in accordance with the purpose, term illations or other statutes.	e or Institutio rting period o	n, and that to contained with	o the b thin th	est of my knowle is document are in	dge, the actual n all respects true,	
Auth	orized Person (Print Name/Title): Grace Slavik / Post-Award Manager	Signature:				Date: 04/30/2019	
	CSD A	CCOUNT	ING USE	ONI	LY		
Payn	nent:		PCA#				
Appr	oved By:		Date:				

Contr UNIT	actor: ED WAY OF KERN CO	UNTY	Contract 1 18T-8		F 2/	Report Period: /1/19 - 2/28/19		Adjustment: 0	
Susar	red by (Name/Title): a Espinoza / Financial ity Manager	E-mail Address: susana.e@uwkern	.org		1 erepriorie.			umber: 34-2962	
10 - I	REE TAX PREPARAT	ION ASSISTANC	CE GRANT A	ACTIVITII					
1.	Salaries, Wages, and Fri	nge Benefits			13,334.39				
2.	Travel					627.28			
3.	Equipment					480.00			
4.	Supplies				467.85				
5.	Subcontractor				.00				
6.	Other Costs				1,042.44				
	Total						15,951.96		
20 - 1	TOTAL COSTS								
1.	Total Costs							15,951.96	
	Total		,					15,951.96	
		CONTRA	ACTOR'S C	CERTIFIC	CATI	ION			
Ager expe corre	eby certify under penalty ncy, Department, Board, C nditures and activities ma nct, and in accordance wit lations or other statutes.	Commission, Office de during this repo	e or Institution rting period c	n, and that to ontained wi	o the b thin th	est of my knowle his document are i	edge, the in all res	actual pects true,	
Auth	orized Person (Print Nam	e/Title):	Signature:					Date:	
Authorized Person (Print Name/Title): Signatur Mari Perez-Dowling / President & CEO								04/02/2019	
		CSD A	CCOUNT	ING USE	ONI	LY			
Payment:				PCA#					
Арр	roved By:		Date:						

	ractor: FED WAY OF KERN COUNTY	Contract			Report Period: /1/19 - 1/31/19	Adjustment: 0		
Susar	nred by (Name/Title): E-mail Address: na Espinoza / Financial lity Manager	.org		1		Fax Number: 661-834-2952		
10 - 1	FREE TAX PREPARATION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fringe Benefits							
2.	Travel		204.10					
3.	Equipment		325.53					
4.	Supplies		588.42					
5.	Subcontractor			5,000.00				
6.	Other Costs				2,085.79			
	Total					13,508.21		
20 - 7	FOTAL COSTS							
1.	Total Costs					13,508.21		
	Total					13,508.21		
	CONTRA	ACTOR'S	CERTIFI	CATI	O N			
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 alations or other statutes.	e or Institution rting period c	n, and that to contained wi	o the b thin th	est of my knowle his document are i	dge, the actual n all respects true,		
	orized Person (Print Name/Title): Mari Perez-Dowling / President & CEO	Signature:				Date: 02/25/2019		
	CSD A	CCOUNT	ING USE	ONI	ĹY			
Payr	nent:		PCA#					
App	roved By:		Date:					

Contr UNIT	actor: ED WAY OF KERN CO	DUNTY		Number: 8113		Report Period: /1/19 - 3/31/19	Adjustment: 0
Susar	red by (Name/Title): na Espinoza / Financial lity Manager	E-mail Address: susana.e@uwkern	.org		-	hone: 34-1820	Fax Number: 661-834-2952
10 - I	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITIES			
1.	Salaries, Wages, and Fri	nge Benefits					
2.	Travel					851.81	
3.	Equipment					.00	
4.	Supplies					209.16	
5.	Subcontractor					.00	
6.	Other Costs				520.00		
	Total						15,191.72
20 - 1	TOTAL COSTS						
1.	Total Costs						15,191.72
	Total						15,191.72
		CONTRA	ACTOR'S	CERTIFI	CATI	ON	
Ager exper corre	eby certify under penalty acy, Department, Board, (anditures and activities ma act, and in accordance wit dations or other statutes.	Commission, Office ade during this repo	or Institutio	n, and that to contained wi	o the b thin th	est of my knowledgest of my knowledge	ge, the actual all respects true,
Authorized Person (Print Name/Title): Mari Perez-Dowling / Chief Executive Officer							Date: 04/25/2019
		CSD A	CCOUNT	ING USE	ONI	L Y	
Payn	nent:		PCA#				
Арри	roved By:			Date:			

	ractor: ed Way Bay Area			Number: 8111		Report Period: /1/19 - 2/28/19	Adjustment: 0		
Kelly	ared by (Name/Title): 7 Batson / VP, Program ations	E-mail Address: kbatson@uwba.or	g			bhone: 308-4315	Fax Number: 415-808-4315		
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fr	inge Benefits				5,132.05			
2.	Travel					.00			
3.	Equipment				.00				
4.	Supplies				973.29				
5.	Subcontractor				26,250.00				
6. Other Costs						2,264.87			
	Total					34,620.21			
20 - 7	TOTAL COSTS								
1.	Total Costs						34,620.21		
	Total						34,620.21		
		CONTRA	CTOR'S	CERTIFIC	CATI	ION			
Ager exper corre	eby certify under penalty cy, Department, Board, on inditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office ade during this report	or Institution	n, and that to contained wi	o the b thin th	est of my knowled is document are in	lge, the actual all respects true,		
				iture:			Date: 03/25/2019		
		CSD A	CCOUNT	ING USE	ONI	L Y			
Payment:				PCA#					
Appr	oved By:			Date:					

	ractor: ed Way Bay Area		1	Number: -8111		Report Period: /1/19 - 1/31/19	Adjustment: 0	
Kelly	ared by (Name/Title): 7 Batson / VP, Program ations	E-mail Address: kbatson@uwba.or	g			bhone: 308-4315	Fax Number: 415-808-4315	
10 - 1	FREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES		Þ	
1.	Salaries, Wages, and Fri	nge Benefits		6,098.31				
2.	Travel			172.52				
3.	Equipment			.00				
4.	Supplies				1,927.00			
5.	Subcontractor			-	.00			
6.	Other Costs				573.85			
Total							8,771.68	
20 - 1	TOTAL COSTS	•						
1.	Total Costs						8,771.68	
	Total						8,771.68	
		CONTRA	ACTOR'S	CERTIFI	CATI	ION .		
Ager 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	e or Institution rting period	on, and that to contained wi	o the b thin th	est of my knowle his document are in	dge, the actual n all respects true,	
				ature:			Date: 02/25/2019	
		CSD A	CCOUNT	ING USE	ONI	L Y		
Paym	ient:		PCA#					
Appr	oved By:			Date:				

Om	tractor: ed Way Bay Area			t Number: -8111		Report Period: /1/19 - 3/31/19	Adjustment: 0		
Kell	ared by (Name/Title): y Batson / VP, Program rations	E-mail Address: kbatson@uwba.or;	g			ohone: 308-4315	Fax Number: 415-808-4315		
10 -	FREE TAX PREPARA	TION ASSISTANC	CE GRAN	ACTIVIT	IES				
1.	Salaries, Wages, and Fri	nge Benefits				5,816.00			
2.	Travel					.00			
3.	Equipment					.00			
4.	Supplies					4,163.69			
5.	5. Subcontractor					.00			
6.	Other Costs 698.58								
	Total						10,678.27		
20 -	TOTAL COSTS								
1.	Total Costs						10,678.27		
	Total						10,678.27		
		CONTRA	ACTOR'S	CERTIF	ICATI	ION			
Age expe corr	reby certify under penalty ency, Department, Board, (enditures and activities ma rect, and in accordance wit ulations or other statutes.	Commission, Office ide during this repo	or Instituti	on, and that contained w	to the b vithin th	est of my knowle his document are	dge, the actual n all respects true,		
				ature:			Date: 04/22/2019		
	Co								
	Co	CSD A	CCOUN	- FING USI	E ONI	LY			
Mar	Co ment:	CSD A	CCOUN	FING USI PCA#	E ONI	LY			

	ractor: d Ways of California		Number: 8114		Report Period: /1/19 - 2/28/19		Adjustment: 0	
Max	rred by (Name/Title): Moy-Borgen / Income am Manager	E-mail Address: mmoy-borgen@ur	nitedwaysca.	org				lumber: 08-8922
10 - I	REE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	nge Benefits		24,366.41				
2.	Travel				.00			
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					35,192.24		
6.	Other Costs	1				24,458.83		
	Total							84,017.48
20 - 1	TOTAL COSTS							1
1.	Total Costs							84,017.48
	Total							84,017.48
		CONTRA	CTOR'S	CERTIFI	CATI	ON		
Agen exper corre	eby certify under penalty cy, Department, Board, C nditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office de during this repor	or Institution	n, and that to contained wi	o the b thin th	est of my knowle is document are i	dge, the n all res	actual pects true,
	orized Person (Print Nam leli Sandoval / Financial S	Signature:					Date: 03/25/2019	
		CSD A	CCOUNT	ING USE	ONI	_Y		
Paym	ient:		PCA#					
Appr	oved By:			Date:				

	ractor: d Ways of California			Number: 8114		Report Period: /1/19 - 1/31/19	Adjustment: 0	:
Wesl	rred by (Name/Title): ey Samms / lopment Coordinator	E-mail Address: wsamms@unitedw	vaysca.org		Telephone: 214-773-8848		Fax Number: 877-908-8922	
10 - I	FREE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Frin	nge Benefits			21,881.09			
2.	Travel					.00		
3.	Equipment				.00			
4.	Supplies				.00			
5.	Subcontractor				35,192.24			
6.	Other Costs				11,001.05			
	Total						68,0	074.38
20 - 1	TOTAL COSTS							
1.	Total Costs						68,0	074.38
	Total						68,0	074.38
		CONTRA	CTOR'S	CERTIFIC	CATI	ON		
Agen exper corre	eby certify under penalty by Department, Board, C aditures and activities ma- ct, and in accordance with lations or other statutes.	Commission, Office de during this repor	or Institutio	n, and that to contained wit	o the b thin th	est of my knowle is document are in	lge, the actual all respects true,	L
Auth Nal	orized Person (Print Nam leli Sandoval / Financial S	Signature:				Date: 02/27/20	19	
		CSD A	CCOUNT	ING USE	ONI	LY		
Payn	nent:		PCA#					
Appr	oved By:			Date:				

	ractor: ed Ways of California		Number: -8114		Report Period: /1/19 - 3/31/19	Adjust 0			
Wesl	ared by (Name/Title): ey Samms / lopment Coordinator	E-mail Address: wsamms@unitedv	vaysca.org		Telephone: 214-773-8848		Fax Number 877-908-892		
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fr	inge Benefits							
2.	Travel					.00			
3.	Equipment			.00					
4.	Supplies			.00					
5.	Subcontractor				35,192.24				
6.	Other Costs				65,210.10				
	Total						121,304.05		
20 - 7	TOTAL COSTS								
1.	Total Costs							121,304.05	
	Total							121,304.05	
		CONTRA	ACTOR'S	CERTIFI	CATI	ION			
Ager expe corre	eby certify under penalty acy, Department, Board, nditures and activities ma ct, and in accordance wi lations or other statutes.	Commission, Office ade during this report	or Institution	on, and that to contained wi	o the b thin th	est of my knowle is document are i	lge, the actual n all respects tr	rue,	
	orized Person (Print Nan leli Sandoval / Financial	Signature:				Date: 04/2	25/2019		
		CSD A	CCOUNT	ING USE	ONI	LY	·		
Payn	nent:			PCA#					
Appr	oved By:			Date:					

Contractor: United Way CA Capital Region			t Number: -8109	Report Period: 2/1/19 - 2/28/19		Adjustment: 0	
	red by (Name/Title): Manning / Finance ger	E-mail Address: erin.manning@uw	ccr.org			bhone: 368-3013	Fax Number: 916-368-3013
10 - I	REE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fri	nge Benefits				1,588.87	
2.	Travel			892.04			
3.	Equipment		927.73				
4.	Supplies				50.00		
5.	Subcontractor					39,229.61	
6.	Other Costs					4,695.71	
	Total						47,383.96
20 - 7	TOTAL COSTS						
1.	Total Costs						47,383.96
	Total						47,383.96
		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 with lations or other statutes.	Commission, Office de during this repor	or Institution or Institution	on, and that to contained wi	o the b thin th	est of my knowleds is document are in	ge, the actual all respects true,
Auth	orized Person (Print Nam	e/Title):	Sign	ature:			Date:
Jennifer Macias / Chief Operating Officer							03/26/2019
		CSD AG	CCOUNT	ING USE	ONI	LY	
Рауп	ent:			PCA#			
Approved By:				Date:			

J.

Contractor: United Way CA Capital Region		Contract N 18T-8		Report Period: 1/1/19 - 1/31/19		Adjustment: 0		
Erin	pared by (Name/Title): n Manning / Finance nager	nning / Finance erin.manning@uwccr.org 916-368-3013		Fax Number: 916-368-3029				
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT A	ACTIVIT	ES			
1.	Salaries, Wages, and F	ringe Benefits			3,033.55	5		
2. Travel					.00	.00		
3.	Equipment				1,286.97	7		
4. Supplies					1,177.31	l		
5.	Subcontractor				9,333.59)		
6.	Other Costs				1,631.47	7		
	Total						16,462.89	
20 -	TOTAL COSTS							
1.	Total Costs						16,462.89	
	Total						16,462.89	
		CONTR	ACTOR'S C	CERTIFI	CATION			
Age exp cor	ereby certify under penalt ency, Department, Board benditures and activities n rect, and in accordance w gulations or other statutes	, Commission, Office nade during this repo vith the purpose, term	e or Institution orting period co	, and that	to the best of my ithin this docum	knowled hent are in	dge, the actual n all respects true,	
Authorized Person (Print Name/Title): Jennifer Macias / Chief Operating Officer								
			Signat	ure:			Date: 03/11/2019	
		ef Operating Officer	CCOUNTI		E ONLY		2	
Aut		ef Operating Officer	CCOUNTI		E ONLY		2	

Contractor: United Way CA Capital Region		Contract Number 18T-8109		Report Period: 3/1/19 - 3/31/19	Adjustment: 0		
Prepared by (Name/Title): Erin Manning / Finance Manager		/ccr.org		phone: 368-3013	Fax Number: 916-368-3013		
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIV	ITIES			
1.	Salaries, Wages, and Fi	ringe Benefits			4,295.26		
2. Travel					978.98		
3. Equipment				2,479.80			
4. Supplies					61.55		
5.	Subcontractor				15,543.24		
6.	Other Costs				2,569.47		
	Total					25,928.30	
20 -	TOTAL COSTS						
1.	Total Costs					25,928.30	
	Total					25,928.30	
		CONTR	ACTOR'S CERT	FICAT	ION		
	ereby certify under penalt ency, Department, Board,	Commission, Office		hat to the	best of my knowle	edge, the actual	
exp corr	rect, and in accordance w gulations or other statutes	ith the purpose, term			et referenced abov		
exp corr Reg	rect, and in accordance w	ith the purpose, term me/Title):			et referenced abov		
exp corr Reg	rect, and in accordance w gulations or other statutes thorized Person (Print Na	ith the purpose, term me/Title): f Operating Officer	ns and conditions of t	he contrac		e, Federal and State Date:	
exp corr Reg Aut	rect, and in accordance w gulations or other statutes thorized Person (Print Na	ith the purpose, term me/Title): f Operating Officer	Signature:	he contrac		e, Federal and State Date:	

Contractor: United Way Fresno & Madera		Co		Number: 8112		Report Period: /1/19 - 2/28/19		Adjustment: 0
		E-mail Address: Sjuarez@uwfm.or						Jumber: 316153
10 - I	TREE TAX PREPARA	FION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	nge Benefits				4,536.86		
2.	Travel					665.62		
3.	Equipment			3,672.81				
4.	Supplies				985.67			
5.	Subcontractor					10,829.80		
6.	Other Costs					1,482.70		
	Total	-						22,173.46
20 - 1	TOTAL COSTS							
1.	Total Costs							22,173.46
	Total							22,173.46
		CONTRA	ACTOR'S	CERTIFI	CATI	ION		
Agen 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 repo	e or Institutio rting period (n, and that to contained wi	o the b thin th	est of my knowle is document are i	dge, the n all res	actual pects true,
	orized Person (Print Nam Lindsay Callahan / Presid		Signature:			-		Date: 03/25/2019
		CSD A	CCOUNT	ING USE	ONI	LY		
Payn	ient:			PCA#				
Appr	oved By:			Date:				-

Contractor: United Way Fresno & Madera Co			Number: 8112		Report Period: /1/19 - 1/31/19	Adjustment: 0	
		E-mail Address: Sjuarez@uwfm.or	E-mail Address: Sjuarez@uwfm.org		Telephone: 559-243-3665		Fax Number: 5592285163
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fr	inge Benefits				5,248.78	
2.	2. Travel				.00		
3.	3. Equipment					.00	
4.	Supplies					.00	
5.	Subcontractor					10,729.80	
6.	Other Costs					1,298.31	
	Total						17,276.89
20 -	TOTAL COSTS						
1.	Total Costs						17,276.89
	Total						17,276.89
		CONTR	ACTOR'S	CERTIFI	CAT	ION	
Age exp corr	reby certify under penalty ency, Department, Board, enditures and activities m rect, and in accordance wi gulations or other statutes.	Commission, Office ade during this repo th the purpose, term	e or Institutio orting period	on, and that t contained w	to the lithin th	best of my knowle his document are i	edge, the actual in all respects true,
Authorized Person (Print Name/Title): Lindsay Callahan / President and CEO							Date: 02/25/2019
		CSD A	CCOUNT	ING USE	C ON	LY	
Pay	ment:			PCA#			
Арр	proved By:			Date:			

Contractor: United Way Fresno & Madera Co			Number: 8112		Report Period: /1/19 - 3/31/19	Adjustment: 0	
Prepared by (Name/Title): E-mail Addre		E-mail Address: Sjuarez@uwfm.or	rg	Telephone: 559-243-3665		ohone:	Fax Number: 5592288159
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES		•
1.	Salaries, Wages, and Fr	inge Benefits				5,463.25	
2.	2. Travel				956.42		
3.	3. Equipment					.00	
4.	Supplies					195.91	
5.	Subcontractor					16,042.33	
6.	Other Costs					2,293.64	
	Total						24,951.55
20 -	TOTAL COSTS						
1.	Total Costs						24,951.55
	Total						24,951.55
		CONTR	ACTOR'S	CERTIFI	CAT	ION	
Age exp corr	reby certify under penalty ency, Department, Board, enditures and activities m rect, and in accordance wi gulations or other statutes.	Commission, Offic ade during this repo	e or Institutio orting period	n, and that t contained w	to the lithin the	best of my knowle his document are i	dge, the actual in all respects true,
Authorized Person (Print Name/Title): Lindsay Callahan / President and CEO							Date: 04/25/2019
		CSD A	CCOUNT	ING USE	ON	LY	
Pay	ment:			PCA#			
Арр	proved By:			Date:			

Contractor: United Way of San Diego County			t Number: -8105		Report Period: /1/19 - 2/28/19	Adjustment: 0
Prepared by (Name/Title): E-mail Address: Torrey Albertazzi / talbertazzi@uwsd.org Community Impact Liaison					hone: 36-4124	Fax Number: 858-636-2059
10 - I	FREE TAX PREPARATION ASSIS	TANCE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fringe Benefits				3,476.36	
2.	Travel		.00			
3.	Equipment			.00		
4.	Supplies				.00	
5.	Subcontractor				76,251.96	
6.	Other Costs				13,583.64	
	Total		1			93,311.96
20 - T	TOTAL COSTS					
1.	Total Costs					93,311.96
	Total					93,311.96
	COl	VTRACTOR'S	CERTIFIC	CATI	ON	
Agen exper corre	eby certify under penalty of perjury the acy, Department, Board, Commission, additures and activities made during thi ct, and in accordance with the purpose lations or other statutes.	Office or Institutions reporting period	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,
Auth	orized Person (Print Name/Title): Terri Johnson / VP Controller	Signa	ture:			Date: 03/25/2019
	CS	SD ACCOUNT	TING USE	ONI	A Y	
Paym	nent:		PCA#			
Appr	oved By:	Date:				

Contractor: United Way of San Diego County		Contract Number: 18T-8105	Report Period 1/1/19 - 1/31/1				
Prepared by (Name/Title): Torrey Albertazzi / Community Impact Liaison		org	Telephone: 858-636-4124	Fax Number: 858-492-2059			
10 -	FREE TAX PREPARA	TION ASSISTANC	CE GRANT ACTIVI	TIES			
1.	Salaries, Wages, and Fr	inge Benefits		3,441.02			
2. Travel				.00	.00		
3.	Equipment			.00			
4. Supplies				.00			
5.	Subcontractor			44,913.89			
6.	Other Costs			3,666.18			
	Total				52,021.09		
20 -	TOTAL COSTS						
1.	Total Costs				52,021.09		
	Total				52,021.09		
		CONTR A	ACTOR'S CERTIF	TICATION			
Age exp cor	preby certify under penalty ency, Department, Board, penditures and activities m rect, and in accordance wi gulations or other statutes.	Commission, Office ade during this report th the purpose, term	or Institution, and tha rting period contained	t to the best of my know within this document	owledge, the actual are in all respects true,		
Reg							
	thorized Person (Print Nar Terri Johnson / V		Signature:		Date: 02/25/2019		
	thorized Person (Print Nar	P Controller	Signature: CCOUNTING US	E ONLY			
Au	thorized Person (Print Nar	P Controller		E ONLY			

Contractor: United Way of San Diego County		Contract Number: 18T-8105	Report Period: 3/1/19 - 3/31/19	Adjustment: 0		
Prepared by (Name/Title): Torrey Albertazzi / Community Impact LiaisonE-mail Address: talbertazzi@uwsd.community		.org	Telephone: 858-636-4124	Fax Number: 858-636-2059		
10 -	FREE TAX PREPARA	FION ASSISTAN	CE GRANT ACTIVIT	TIES		
1.	Salaries, Wages, and Fr	inge Benefits		3,075.00		
2.	Travel			.00		
3.	Equipment			.00		
4. Supplies				.00		
5.	Subcontractor			48,220.45		
6.	Other Costs			5,129.55		
	Total				56,425.00	
20 -	TOTAL COSTS					
1.	Total Costs				56,425.00	
	Total				56,425.00	
		CONTR	ACTOR'S CERTIF	TICATION		
Age exp cor	ereby certify under penalty ency, Department, Board, penditures 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	to the best of my know within this document an	vledge, the actual e in all respects true,	
			Signature:		Date:	
Au					04/25/2019	
Au		/P Finance	CCOUNTING US	E ONLY		
		/P Finance	CCOUNTING US	E ONLY		