	actor: P FOUNDATION			Number: -8102	4	Report Period: /1/19 - 4/30/19	Adjustment: 0		
	red by (Name/Title): Kerrigan / Group oller	E-mail Address: pkerrigan@aarp.or	-g		Telephone: 202-434-6755		Fax Number: 2024346755		
10 - I	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	inge Benefits		-		22,803.99			
2.	Travel				.00				
3.	Equipment				.00				
4.	Supplies				1,000.00				
5.	Subcontractor				97,128.97				
6.	Other Costs					.00			
	Total						120,932.96		
20 - T	OTAL COSTS								
1.	Total Costs						120,932.96		
	Total					-	120,932.96		
		CONTRA	CTOR'S	CERTIFIC	CATI	ON			
Agen exper corre	by certify under penalty cy, Department, Board, Onditures and activities mater, and in accordance wit lations or other statutes.	Commission, Office de during this repor	or Institution ting period	on, and that to contained wi	o the b thin th	est of my knowled is document are in	dge, the actual		
Authorized Person (Print Name/Title): JackieLynn Coleman / Director, National Business Operations				3:			Date: 05/17/2019		
		CSD AC	CCOUNT	ING USE	ONI	ΣY			
Payment:				PCA#					
Appro	Approved By:				Date:				

	actor: P FOUNDATION			Number: 8115	6 6	Report Period: /1/19 - 6/30/19	Adjustment: 0		
	red by (Name/Title): Kerrigan / Group oller	E-mail Address: pkerrigan@aarp.or	rg	Telephone: 202-434-6755			Fax Number: 2024346755		
10 - I	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fr	inge Benefits				22,012.29			
2.	Travel					29,074.00			
3.	Equipment					.00			
4.	Supplies				48,955.40				
5.	Subcontractor					.00			
6.	Other Costs					.00			
	Total					100,041.69			
20 - T	TOTAL COSTS								
1.	Total Costs						100,041.69		
	Total						100,041.69		
		CONTRA	CTOR'S	CERTIFIC	CATI	ON			
Agen exper	by certify under penalty icy, Department, Board, on ditures and activities material in accordance with lations or other statutes.	Commission, Office ade during this repor	or Institution	on, and that to contained wi	the b thin th	est of my knowled is document are in	dge, the actual all respects true,		
Auth	orized Person (Print Nan	ne/Title):	Signature	e:			Date:		
Authorized Person (Print Name/Title): JackieLynn Coleman / Director, National Business Operations							08/01/2019		
		CSD A	CCOUNT	ING USE	ONI	ĹΥ			
Payment:				PCA#					
Appr	oved By:		Date:						

	ractor: P FOUNDATION			: Number: -8102	5.	Report Period: /1/19 - 5/31/19	Adjustment: 0			
	red by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or	rg			hone: 34-6755	Fax Number: 2024346755			
10 - I	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				234.80					
6.	Other Costs				13,619.31					
	Total					13,854.11				
20 - T	OTAL COSTS									
1.	Total Costs						13,854.11			
	Total						13,854.11			
		CONTRA	CTOR'S	CERTIFIC	CATI	ON				
Agen exper	eby certify under penalty acy, Department, Board, (aditures and activities mact, and in accordance wit lations or other statutes.	Commission, Office ide during this repor	or Institution	on, and that to contained wi	the b thin th	est of my knowled is document are in	dge, the actual all respects true,			
Auth	orized Person (Print Nam	ne/Title):	Signature	e:	Date:					
	JackieLynn Coleman / Di Business Opera		A			06/20/2019				
		CSD AC	CCOUNT	ING USE	ONI	Υ				
Paym	ent:			PCA#						
Appr	oved By:		Date:							

	ractor: P FOUNDATION			Number: 8115		Report Period: /1/19 - 4/30/19	Adjustment: 0	
	ured by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.or	g			hone: 34-6755	Fax Number: 2024346755	
10 - I	FREE TAX PREPARA	ΓΙΟΝ ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	nge Benefits						
2.	Travel			.00				
3.	Equipment				.00			
4.	Supplies				1,000.00			
5.	Subcontractor				213,604.80			
6.	Other Costs					.00		
	Total					247,609.43		
20 - 7	OTAL COSTS							
1.	Total Costs						247,609.43	
	Total						247,609.43	
		CONTRA	CTOR'S	CERTIFIC	CATI	ON		
Agen exper	eby certify under penalty cy, Department, Board, Onditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office de during this repor	or Institution	on, and that to contained wit	the b	est of my knowled is document are in	ge, the actual all respects true,	
Authorized Person (Print Name/Title): JackieLynn Coleman / Director, National Business Operations				2:			Date: 05/17/2019	
		CSD AC	CCOUNT	ING USE	ONI	Υ		
Payment:				PCA#				
Appr	oved By:			Date:				
						-		

	ractor: P FOUNDATION			Number: -8102	6	Report Period: /1/19 - 6/30/19	Adjustment:			
	ared by (Name/Title): Kerrigan / Group coller	E-mail Address: pkerrigan@aarp.or	rg			hone: 134-6755	Fax Number: 2024346755			
10 - I	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES					
1.	Salaries, Wages, and Fr	inge Benefits				3,614.67				
2.	Travel					6,034.00				
3.	Equipment					.00				
4.	Supplies					.00				
5.	Subcontractor					.00				
6.	Other Costs					588.63				
	Total					10,237.30				
20 - 7	TOTAL COSTS									
1.	Total Costs						10,237.30			
	Total						10,237.30			
		CONTR A	CTOR'S	CERTIFIC	CATI	ON				
Agen exper	eby certify under penalty acy, Department, Board, on ditures and activities material in accordance with 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 knowled is document are in	dge, the actual all respects true,			
Authorized Person (Print Name/Title): JackieLynn Coleman / Director, National Business Operations Signatu				e:			Date: 08/01/2019			
		CSD A	CCOUNT	ING USE	ONI	\mathbf{Y}				
Payment:				PCA#						
Approved By:				Date:						

	Contractor: AARP FOUNDATION			Number: 8115		Report Period: /1/19 - 5/31/19	Adjustment: 0	
	ared by (Name/Title): Kerrigan / Group roller	E-mail Address: pkerrigan@aarp.org	g			hone: 134-6755	Fax Number: 2024346755	
10 - I	FREE TAX PREPARA	TION ASSISTANC	E GRANT	E GRANT ACTIVITIES				
1.	Salaries, Wages, and Fr	inge Benefits						
2.	Travel					.00		
3.	Equipment				523,41			
4.	Supplies				.00			
5.	Subcontractor				6,776.49			
6.	Other Costs					43,659.62		
	Total						74,837.94	
20 - 7	TOTAL COSTS							
1.	Total Costs						74,837.94	
	Total						74,837.94	
		CONTRA	CTOR'S	CERTIFI	CATI	ON		
Ager exper	by certify under penalty acy, Department, Board, on ditures and activities material ct, and in accordance with lations or other statutes.	Commission, Office and during this report	or Institutio	n, and that to contained wi	the b	est of my knowle is document are i	dge, the actual n all respects true,	
	orized Person (Print Nam JackieLynn Coleman / D Buisness Oper	Signature	:	Date: 06/20/2019				
		CSD AC	COUNT	ING USE	ONI	Υ		
Payn	nent:			PCA#				
Appr	oved By:			Date:				

	ractor: of Oakland HSD		Contract Number: 18T-8110		Report Period: /1/19 - 4/30/19	Adjustment: 0		
	ared by (Name/Title): e Friberg / Accountant	E-mail Address: afriberg@oakland	ca.gov	ov Teleph (510)2		Fax Number: (510)238-6784		
10 -]	FREE TAX PREPARA	TION ASSISTANC	CE GRANT ACTIVIT	IES				
1.	Salaries, Wages, and Fr	inge Benefits			5,970.19			
2.	Travel				.00			
3.	Equipment				.00			
4.	Supplies				.00			
5.	Subcontractor				12,363.00			
6.	Other Costs				4,872.27			
	Total					23,205.46		
20 -	TOTAL COSTS							
1.	Total Costs					23,205.46		
	Total					23,205.46		
ı		CONTR A	ACTOR'S CERTIF	ICATI	ON			
Ager expe	reby certify under penalty ncy, Department, Board, enditures and activities meet, and in accordance with ulations or other statutes.	Commission, Office ade during this repo	e or Institution, and that rting period contained v	to the b	est of my knowle is document are i	dge, the actual n all respects true,		
Auth	norized Person (Print Nar Ildefonso Valle / Budge	Signature:			Date: 05/31/2019			
		CSD A	CCOUNTING US	E ONI	Y			
Payr	ment:	PCA#	PCA#					
			ł	Date:				

	tractor: of Oakland HSD			Number: 8110	6	Report Period: /1/19 - 6/30/19	Adjustment:		
	ared by (Name/Title): ie Friberg / Accountant II	E-mail Address: afriberg@oakland	ca.gov			phone: 238-6895	Fax Number: (510) 238-7207		
10 -	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVIT	IES				
1.	Salaries, Wages, and Fr	inge Benefits				6,950.06			
2.	Travel				157.54				
3.	Equipment					.00			
4.	Supplies					4,883.61			
5.	Subcontractor				46,145.58				
6.	Other Costs					2,186.69			
	Total						60,323.48		
20 -	TOTAL COSTS								
1.	Total Costs					60,323.48			
	Total						60,323.48		
		CONTRA	ACTOR'S	CERTIFI	CAT	ION			
Age expe	reby certify under penalty ency, Department, Board, enditures and activities ma ect, and in accordance wi- culations or other statutes.	Commission, Office ade during this repo	e or Institution rting period	on, and that contained w	to the b ithin th	est of my knowle nis document are i	dge, the actual n all respects true,		
Autl	horized Person (Print Nan Ildefonso Valle / Budge		Signa	ature:			Date: 07/25/2019		
		CCD A	CCOUNT	INC HE	Z ONI	I.V.			
		CSD A	CCOUNT	111G 031	ואוט ק	L X			
Payı	Payment:								
App	Approved By:				Date:				
Арр	Approved By:								

	ractor: of Oakland HSD		Contract Number: 18T-8110		Report Period: 5/1/19 - 5/31/19	Adjustment: 0			
	ared by (Name/Title): e Friberg / Accountant	E-mail Address: afriberg@oakland	ca.gov	Telephone: (510) 238-6895		Fax Number: (510) 238-7207			
10 -]	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVIT	ES		•			
1.	Salaries, Wages, and Fr	inge Benefits		4,987.30					
2.	Travel			42.46					
3.	Equipment				.00				
4.	Supplies				.00				
5.	Subcontractor				26,365.99				
6.	Other Costs				1,836.30				
	Total					33,232.05			
20 - '	TOTAL COSTS								
1.	Total Costs					33,232.05			
	Total					33,232.05			
		CONTR	ACTOR'S CERTIFI	CAT	ION				
Age:	reby certify under penalty ncy, Department, Board, enditures and activities m ect, and in accordance with ulations or other statutes.	Commission, Office ade during this repo th the purpose, term	e or Institution, and that orting period contained w	to the l ithin t	best of my knowle his document are	edge, the actual in all respects true,			
Autl	norized Person (Print Nar Ildefonso Valle / Budge		Signature:			Date: 06/28/2019			
		CSD A	CCOUNTING USI	E ON	LY				
Payı	ment:	PCA#							
App	roved By:		Date:	Date:					

	Contractor: Golden State Opportunity Fndtn			Number: -8103		Report Period: 4/1/19 - 4/30/19		Adjustment: 0
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	Telephone: 510-468-0872-			Fax l	Number:
10 - I	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES			
1,	Salaries, Wages, and Fri	inge Benefits				9,250.00		
2.	Travel					.00		
3.	Equipment				.00			
4.	Supplies					.00		
5.	Subcontractor					.00		
6.	Other Costs					14,673.66		
	Total						23,923.66	
20 - 7	TOTAL COSTS							
1.	Total Costs							23,923.66
	Total							23,923.66
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Ager exper	eby certify under penalty acy, Department, Board, of aditures and activities material activities material activities and in accordance with alations or other statutes.	Commission, Office ide during this repo	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 n all res	e actual spects true,
Authorized Person (Print Name/Title): Josh Fryday / President Signature								Date: 05/29/2019
		CSD A	CCOUNT	ING USE	ONI	LY		
Payment:				PCA#				
Approved By:				Date:				

	ractor: en State Opportunity Fno	ltn		t Number: -8103		Report Period: 6/1/19 - 6/30/19		Adjustment: 0		
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	mity.org		phone: 468-0872-	Fax N n/a	Number:		
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES					
1.	Salaries, Wages, and Fr	inge Benefits				8,750.00				
2.	Travel					.00				
3.	Equipment					.00				
4.	Supplies					.00				
5.	Subcontractor					.00				
6.	Other Costs					41,385.39				
	Total							50,135.39		
20 - 7	TOTAL COSTS									
1.	Total Costs							50,135.39		
	Total							50,135.39		
		CONTRA	ACTOR'S	CERTIFI	CATI	ON				
Ager exper	eby certify under penalty acy, Department, Board, aditures and activities ma act, and in accordance with lations or other statutes.	Commission, Office ade during this repor	e or Institution	on, and that to contained wi	o the b ithin th	est of my knowle is document are i	dge, the	actual pects true,		
Auth	Authorized Person (Print Name/Title): Josh Fryday / President Signature							Date: 07/25/2019		
		CSD A	CCOUNT	ING USE	ONI	Y				
Payn	nent:		PCA#							
Appr	Approved By:				Date:					

1	actor: en State Opportunity Fno	ltn	Contract Number: 18T-8103		Report Period: /1/19 - 5/31/19	Adjust	tment:
	red by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportunity.org		ohone: 168-0872-	Fax Number n/a	:
10 - I	REE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVIT	ŒS			
1.	Salaries, Wages, and Fr	inge Benefits			9,000.00		
2.	Travel				.00		
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor				.00		
6.	Other Costs				15,047.00		
	Total						24,047.00
20 - T	TOTAL COSTS						
1.	Total Costs						24,047.00
	Total						24,047.00
		CONTRA	ACTOR'S CERTIFI	CATI	ON		
Agen exper	eby certify under penalty acy, Department, Board, aditures and activities ma act, and in accordance with lations or other statutes.	Commission, Office ade during this repo	e or Institution, and that tring period contained w	to the b rithin th	est of my knowle is document are i	ige, the actual all respects to	rue,
Auth	orized Person (Print Nan Josh Fryday / Pre		Signature:			Date: 06/	/20/2019
		CSD A	CCOUNTING USE	ONI	LY		
Paym	nent:		PCA#				
Appr	oved By:		Date:	Date:			

	ractor: en State Opportunity Fnd	tn		Number: 8107	4	Report Period: /1/19 - 4/30/19		Adjustment: 0
Prepa	ared by (Name/Title): stien Chaubard /	E-mail Address: sebastien@golden	stateopportu	nity.org		phone: 168-0872-	Fax 1 n/a	Number:
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	inge Benefits				.00		
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					40,000.00		
6.	Other Costs					26,215.33		
	Total							66,215.33
20 - 7	OTAL COSTS							
1.	Total Costs							66,215.33
	Total							66,215.33
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Ager exper	eby certify under penalty acy, Department, Board, of aditures and activities ma ct, and in accordance with lations or other statutes.	Commission, Office ide during this repor	or Institution	on, and that to contained wi	the b thin th	est of my knowled is document are in	lge, the all res	actual pects true,
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:					Date: 05/29/2019
		CSD A	CCOUNT	ING USE	ONI	ĽΥ		
Payn	nent:		7	PCA#				
Appr	oved By:			Date:				
			_		_			

	ractor: en State Opportunity Fno	ltn	1	Number: 8107		Report Period: /1/19 - 6/30/19		Adjustment: 0
	ared by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	nity.org		hone: 68-0872-	Fax l	Number:
10 - 1	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits				.00		
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					20,000.00		
6.	Other Costs					34,088.57		
	Total							54,088.57
20 - 7	TOTAL COSTS							
1.	Total Costs							54,088.57
	Total							54,088.57
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Ager expe	eby certify under penalty acy, Department, Board, anditures and activities m act, and in accordance with alations or other statutes.	Commission, Office ade during this repo	e or Institution rting period of	n, and that to contained wi	the b thin th	est of my knowled is document are in	dge, the all res	e actual spects true,
Auth	orized Person (Print Nar Josh Fryday / Pre		Signature:					Date: 07/25/2019
		CSD A	CCOUNT	ING USE	ONI	-XY		
Payn	nent:			PCA#				
Appr	oved By:			Date:				

	ractor: en State Opportunity Fnd	tn		Number: 8107		Report Period: /1/19 - 5/31/19	Adjustment: 0
	ared 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	TION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fri	inge Benefits				.00	
2.	Travel					.00	
3.	Equipment					.00	
4,	Supplies					.00	
5	Subcontractor					.00	
6.	Other Costs					24,425.41	
	Total						24,425.41
20 - 1	TOTAL COSTS						
1.	Total Costs						24,425.41
	Total						24,425.41
		CONTRA	ACTOR'S	CERTIFI (CATI	ON	
Ager exper	eby certify under penalty acy, Department, Board, on ditures and activities ma act, and in accordance wit lations or other statutes.	Commission, Office de during this repo	or Institution	n, and that to contained wi	o the b thin th	est of my knowled is document are in	dge, the actual n all respects true,
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:				Date: 06/20/2019
		CSD A	CCOUNT	ING USE	ONI	LΥ	
Paym	nent:			PCA#			
Appr	oved By:			Date:			

	actor: en State Opportunity Fnd	tn		Number: 8108		Report Period: /1/19 - 4/30/19	Adjustment:	
	red by (Name/Title): stien Chaubard / piate	E-mail Address: sebastien@golden	stateopportu	nity.org		hone: 68-0872-	Fax Number: n/a	
10 - I	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES			and a sub-like survey
1.	Salaries, Wages, and Fri	nge Benefits				.00		
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					40,000.00		
6.	Other Costs					17,513.61		
	Total						57,513	3.61
20 - T	OTAL COSTS							
1.	Total Costs						57,513	3.61
	Total						57,513	3.61
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Agen exper corre	by certify under penalty cy, Department, Board, or ditures and activities mater, and in accordance with lations or other statutes.	Commission, Office de during this repor	or Institution	n, and that to contained wi	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 / Pre		Signature:				Date: 05/29/2019	
		CSD AC	CCOUNT	ING USE	ONL	\mathbf{Y}		
Paym	ent:			PCA#				
Appr	oved By:			Date:				

	ractor: en State Opportunity Fnd	tn		Number: -8108		Report Period: /1/19 - 6/30/19		Adjustment:
	red by (Name/Title): stien Chaubard / ciate	E-mail Address: sebastien@golden	stateopportu	nity.org		ohone: 468-0872-	Fax l n/a	Number:
10 - I	REE 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					9,000.00		
6.	Other Costs			,		33,433.72		
	Total							42,433.72
20 - 7	TOTAL COSTS							
1.	Total Costs							42,433.72
	Total							42,433.72
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Agen exper	eby certify under penalty acy, Department, Board, (aditures and activities mact, and in accordance wit lations or other statutes.	Commission, Office de during this repo	or Institution	on, and that to contained wi	o the b thin th	est of my knowled his document are in	ige, the all res	e actual spects true,
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:					Date: 07/25/2019
		CSD A	CCOUNT	ING USE	ONI	LY		
Paym	nent:			PCA#				
Appr	oved By:			Date:				

	actor: en State Opportunity Fnd	tn		Number: -8108		Report Period: /1/19 - 5/31/19		Adjustment: 0
Prepa Sebas Assoc	red by (Name/Title): stien Chaubard / piate	E-mail Address: sebastien@golden	stateopportu	nity.org		hone: 168-0872-	Fax î n/a	Number:
10 - I	REE 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					.00		
6.	Other Costs					49,650.90		
	Total				×			49,650.90
20 - T	OTAL COSTS							
1.	Total Costs							49,650.90
	Total							49,650.90
		CONTRA	ACTOR'S	CERTIFI	CATI	ON		
Agen exper	by certify under penalty cy, Department, Board, Onditures and activities mater, and in accordance wit lations or other statutes.	Commission, Office de during this repo	or Institution	on, and that to contained wi	the b thin th	est of my knowled is document are in	dge, the n all res	actual pects true,
Auth	orized Person (Print Nam Josh Fryday / Pre		Signature:					Date: 06/20/2019
		CSD A	CCOUNT	ING USE	ONI	_Y		
Paym	ent:			PCA#			-	
Appr	oved By:			Date:				

	actor: atown Youth & Comm C	tr Inc	1	Number: -8104		Report Period: /1/19 - 4/30/19	Adjustment:
Lidia	red by (Name/Title): Sebastian / Cal EITC am Monitor	E-mail Address: lsebastien@kyccla	ı.org			ohone: 365-7400 ex	Fax Number: 213-927-0017
10 - I	REE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITII	ES		
1.	Salaries, Wages, and Fri	nge Benefits				22,889.98	
2.	Travel					.00	
3.	Equipment					919.30	
4.	Supplies					2,025.72	
5.	Subcontractor					62,890.86	
6.	Other Costs					.00	
	Total						88,725.86
20 - T	OTAL COSTS						
1.	Total Costs						88,725.86
	Total						88,725.86
		CONTRA	CTOR'S	CERTIFIC	CATI	ON	
Agen exper	eby certify under penalty cy, Department, Board, Conditures and activities mathet, and in accordance with lations or other statutes.	Commission, Office de during this repo	or Institution	on, and that to contained wit	the b thin th	est of my knowled is document are in	ige, the actual all respects true,
	orized Person (Print Nam udrey Casillas / Economi Coordinator	c Development	Signature:				Date: 05/29/2019
		CSD A	CCOUNT	ING USE	ONI	Y	
Paym	ent:			PCA#			
Appro	oved By:			Date:			

	ractor: atown Youth & Comm C	tr Inc	1	Number: 8104	6	Report Period: 5/1/19 - 6/30/19		Adjustment:
Lidia	red by (Name/Title): Sebastian / Cal EITC am Monitor	E-mail Address: lsebastien@kyccla	a.org			ohone: 365-7400 ex		Number: 270017
10 - I	REE TAX PREPARAT	TION ASSISTAN	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	inge Benefits				5,863.14		
2.	Travel					.00		
3.	Equipment					1,985.82		
4.	Supplies					.00		
5.	Subcontractor					116,141.14		
6.	Other Costs					.00		
	Total	-		C. T. Donnelle version in				123,990.10
20 - T	TOTAL COSTS							
1.	Total Costs							123,990.10
	Total							123,990.10
		CONTRA	ACTOR'S	CERTIFIC	CATI	ION		
Agen exper	by certify under penalty cy, Department, Board, on ditures and activities mater, and in accordance wit lations or other statutes.	Commission, Office ade during this repo	or Institution	on, and that to contained wi	the b thin th	est of my knowle nis document are i	dge, the	e actual spects true,
	orized Person (Print Nam udrey Casillas / Economi Coordinator	c Development	Signature:					Date: 07/25/2019
		CSD A	CCOUNT	ING USE	ONI	LY		
Paym	ent:			PCA#				
Appr	oved By:			Date:				
I here Agen exper corre Regul Author And Paym	rotal by certify under penalty cy, Department, Board, Conditures and activities material ct, and in accordance with lations or other statutes. corized Person (Print Namudrey Casillas / Economic Coordinator Co	of perjury that I am Commission, Office ade during this report the purpose, term ne/Title): to Development	the duly apperent or Institution of the duly apperent of the stand condition of the stand condition of the standard condit	pointed, qual on, and that to contained wi ions of the co	ified, o the b thin th ontract	and acting officer best of my knowle his document are i t referenced above	dge, the	herein namede actual spects true, ral and State

	ractor: atown Youth & Comm C	tr Inc	Contract Nun 18T-8104		Report Period: 5/1/19 - 5/31/19	Adjustment: 0
Lidia	ared by (Name/Title): Sebastian / Cal EITC ram Monitor	E-mail Address: lsebastien@kyccla	ı.org		ephone: -365-7400 ex	Fax Number: 213-927-0017
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT AC	TIVITIES		
1.	Salaries, Wages, and Fr	inge Benefits			22,836.81	
2.	Travel				.00	
3.	Equipment				4,120.88	
4.	Supplies				6,545.74	
5.	Subcontractor				45,000.00	
6.	Other Costs				.00	
	Total					78,503.43
20 - 7	TOTAL COSTS					
1.	Total Costs					78,503.43
	Total					78,503,43
		CONTRA	ACTOR'S CEI	RTIFICAT	ION	
Agen exper	eby certify under penalty acy, Department, Board, on ditures and activities material in accordance with alations or other statutes.	Commission, Office ade during this repor	or Institution, ar	nd that to the nined within t	best of my knowle this document are i	dge, the actual n all respects true,
	orized Person (Print Nam udrey Casillas / Economi Coordinator	ic Development	Signature:			Date: 06/24/2019
		CSD A	CCOUNTING	G USE ON	LY	
Paym	nent:		PCA	A #		
Appr	oved By:		Dat	e:		
			-			

	ractor: ge County United Way		Contract N 18T-8			/1/19 - 4/30/19		Adjustment: 0
Maria	rred by (Name/Title): a Mugica / Cal Ed&OutreachCoord	E-mail Address: MariaM@UnitedV	WayOC.org			ohone: 177-4506		Tumber: 71-8002
10 - I	FREE TAX PREPARA	TION ASSISTANC	CE GRANT A	CTIVITI	ES			
1.	Salaries, Wages, and F	ringe Benefits				51,605.00		
2.	Travel					364.88		
3.	Equipment					.00		
4.	Supplies					1,972.36		
5.	Subcontractor					20,000.00		
6.	Other Costs					.00		
	Total							73,942.24
20 - 7	TOTAL COSTS							
1.	Total Costs							73,942.24
	Total							73,942.24
		CONTRA	ACTOR'S C	ERTIFI	CATI	ION		
Ager expe	eby certify under penalt acy, Department, Board, anditures and activities a ect, and in accordance wallations or other statutes	Commission, Office nade during this report th the purpose, term	e or Institution rting period co	, and that to ontained wi	o the b thin th	est of my knowle nis document are	edge, the in all res	actual pects true,
	orized Person (Print Na Ann Truxaw-Ramirez / (Development M	Grants/Proposal	Signature:					Date: 05/28/2019
		CSD A	CCOUNTI	NG USE	ONI	LY		
Payr	nent:			PCA#				
Appı	roved By:			Date:				

	ractor: ge County United Way		Contract Num 18T-8106		Report Period: 6/1/19 - 6/30/19	Adjustment: 0
Mari	ared by (Name/Title): a Mugica / Cal Ed&OutreachCoord	E-mail Address: MariaM@UnitedV	VayOC.org		ohone: 477-4506	Fax Number: 949-271-8002
10 - 1	FREE TAX PREPARA	TION ASSISTANO	CE GRANT ACT	TIVITIES		
1.	Salaries, Wages, and Fi	inge Benefits			8,705.75	
2.	Travel				.00	
3.	Equipment				.00	
4.	Supplies				.00	
5.	Subcontractor				.00	
6.	Other Costs				.00	
	Total					8,705.75
20 - 7	TOTAL COSTS					
1.	Total Costs					8,705.75
	Total					8,705.75
		CONTR A	ACTOR'S CER	RTIFICAT	ION	
Ager expe	reby certify under penalty ncy, Department, Board, enditures and activities m ect, and in accordance with alations or other statutes.	Commission, Office ade during this repo th the purpose, term	e or Institution, an rting period conta	d that to the lined within the	best of my knowle his document are	edge, the actual in all respects true,
	norized Person (Print Nar Ann Truxaw-Ramirez / (Development M	Grants/Proposal	Signature:			Date: 07/22/2019
		CSD A	CCOUNTING	G USE ON	LY	
Payr	ment:		PCA	\ #		

Oran	ractor: ge County United Way		Contract Number: 18T-8106	5	Report Period: /1/19 - 5/31/19	Adjustment:
Mari	ared by (Name/Title): a Mugica / Cal CEd&OutreachCoord	E-mail Address: MariaM@United	WayOC.org		ohone: 177-4506	Fax Number: 949-271-8002
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVIT	TIES		
1.	Salaries, Wages, and Fi	ringe Benefits			15,730.00	
2.	Travel				70.56	
3.	Equipment				.00	
4.	Supplies				.00	
5.	Subcontractor				13,800.00	
6.	Other Costs				.00	
	Total					29,600.56
20 -	TOTAL COSTS					
1.	Total Costs					29,600.56
	II.					20 (00 5)
	Total					29,600.56
	Total	CONTR	ACTOR'S CERTIF	ICATI	ION	29,600.56
Age expe	reby certify under penalty ncy, Department, Board, enditures and activities meet, and in accordance wulations or other statutes	y of perjury that I ar Commission, Offic nade during this repo	n the duly appointed, que or Institution, and tha orting period contained	nalified, t to the b within th	and acting office best of my knowled his document are	r of the herein named edge, the actual in all respects true,
Age expe corr Reg	reby certify under penaltincy, Department, Board, enditures and activities meet, and in accordance w	y of perjury that I ar Commission, Office nade during this repo- ith the purpose, term me/Title): Grants/Proposal	n the duly appointed, que or Institution, and tha orting period contained	nalified, t to the b within th	and acting office best of my knowled his document are	r of the herein named edge, the actual in all respects true,
Age expe corr Reg	reby certify under penalty ncy, Department, Board, enditures and activities meet, and in accordance wulations or other statutes morized Person (Print Nat Ann Truxaw-Ramirez / 0	y of perjury that I ar Commission, Office hade during this reposit ith the purpose, term me/Title): Grants/Proposal lanager	n the duly appointed, que or Institution, and tha orting period contained as and conditions of the	nalified, to the b within th contract	and acting office best of my knowled his document are treferenced above	r of the herein named edge, the actual in all respects true, e, Federal and State
Age expo corr Reg Auti	reby certify under penalty ncy, Department, Board, enditures and activities meet, and in accordance wulations or other statutes morized Person (Print Nat Ann Truxaw-Ramirez / 0	y of perjury that I ar Commission, Office hade during this reposit ith the purpose, term me/Title): Grants/Proposal lanager	m the duly appointed, que or Institution, and that orting period contained as and conditions of the Signature:	nalified, to the b within th contract	and acting office best of my knowled his document are treferenced above	r of the herein named edge, the actual in all respects true, e, Federal and State

	Contractor: THE UNIVERSITY CORPORATION		1	: Number: -8101		Report Period: 4/1/19 - 4/30/19		Adjustment: 0
	ared by (Name/Title): e Slavik / Post-Award ger	E-mail Address: grace.slavik@csur	n.edu			ohone: 577-3498	ı	Number: 677-2671
10 - 1	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES		Service Control Control Control	
1.	Salaries, Wages, and Fr	inge Benefits				1,568.59		
2.	Travel					197.27		
3.						.00		
4.	1.1					.00		
5.						.00		
6. Other Costs						441.46		
Total								2,207.32
20 - TOTAL COSTS								
1.	Total Costs							2,207.32
	Total							2,207.32
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Agen exper	eby certify under penalty acy, Department, Board, of additures and activities material ct, and in accordance with lations or other statutes.	Commission, Office ade during this repo	or Institution	on, and that to contained wi	the b thin th	est of my knowle is document are i	dge, the n all res	actual spects true,
Authorized Person (Print Name/Title): Grace Slavik / Post-Award Manager			Signature:					Date: 05/24/2019
		CSD A	CCOUNT	ING USE	ONI	L Y		
Payn	nent:		, , , , , , , , , , , , , , , , , , , ,	PCA#			-	
Approved By:				Date:				

	actor: UNIVERSITY CORPOI	Contract 18T-		6	Report Period: 6/1/19 - 6/30/19		Adjustment: 0		
Nicho	red by (Name/Title): blas Nugent / Post- d Analyst	E-mail Address: nicholas.nugent@	csun.edu			hone: 577-2909		Number:) 677-2671	
10 - I	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITII	ES				
1.	Salaries, Wages, and Fr	inge Benefits				13,261.54			
2.	Travel					.00			
3.	* *					.00			
4.	11					.00			
5.						99,696.33			
6. Other Costs						44,554.67			
Total								157,512.54	
20 - T	OTAL COSTS								
1.	Total Costs							157,512.54	
	Total							157,512.54	
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON			
Agen exper corre	by certify under penalty by, Department, Board, of ditures and activities madet, and in accordance with lations or other statutes.	Commission, Office ade during this repo	or Institution rting period o	n, and that to contained wit	the b	est of my knowle is document are i	dge, the n all res	e actual spects true,	
Authorized Person (Print Name/Title): Grace Slavik / Post-Award Manager			Signature:					Date: 08/15/2019	
		CSD A	CCOUNT	ING USE	ONI	Y			
Paym	ent:			PCA#					
Approved By:				Date:					

HH	Contractor: THE UNIVERSITY CORPORATION		Contract 18T-			Report Period: /1/19 - 5/31/19	Adjustment:		
Nich	pared by (Name/Title): nolas Nugent / Post- ard Analyst	E-mail Address: nicholas.nugent@	csun.edu	Teleph u 818-67		ohone: 577-2909	Fax Number: (818) 677-2671		
10 -	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES				
1.	Salaries, Wages, and Fri	inge Benefits				4,821.19			
2.	Travel					118.91			
3.	Equipment				.00				
4.	Supplies				.00				
5.	Subcontractor				2,374.38				
6.	Other Costs				3,163.95				
	Total					10,478.43			
20 -	TOTAL COSTS								
1.	Total Costs						10,478.43		
Total							10,478.43		
					_		20,170712		
		CONTRA	ACTOR'S	CERTIFI	CATI	ON	20,1,0		
Age expe	reby certify under penalty ncy, Department, Board, G enditures and activities ma ect, and in accordance wit ulations or other statutes.	of perjury that I am Commission, Office de during this repo	the duly app or Institution	pointed, qual n, and that to contained wi	ified, and the both	and acting officer est of my knowle is document are i	of the herein named dge, the actual n all respects true,		
Age expe corr Reg	ncy, Department, Board, (enditures and activities ma ect, and in accordance wit	of perjury that I am Commission, Office ade during this report the the purpose, term	the duly app or Institution	pointed, qual n, and that to contained wi	ified, and the both	and acting officer est of my knowle is document are i	of the herein named dge, the actual n all respects true,		
Age expe corr Reg	ncy, Department, Board, Cenditures and activities mater, and in accordance with ulations or other statutes. horized Person (Print Name)	of perjury that I am Commission, Office ide during this repor th the purpose, term ne/Title): ard Manager	n the duly app or Institution rting period c s and condition	pointed, qual n, and that to contained wi ons of the co	lified, and the bottom that th	and acting officer est of my knowle is document are i referenced above	of the herein named dge, the actual n all respects true, e, Federal and State		
Age expe corr Reg Auti	ncy, Department, Board, Cenditures and activities mater, and in accordance with ulations or other statutes. horized Person (Print Name)	of perjury that I am Commission, Office ide during this repor th the purpose, term ne/Title): ard Manager	the duly apper or Institution rting period cost and condition	pointed, qual n, and that to contained wi ons of the co	lified, and the bottom that th	and acting officer est of my knowle is document are i referenced above	of the herein named dge, the actual n all respects true, e, Federal and State		

UN.	ntractor: ITED WAY OF KERN CO	Contract Number: 18T-8113		Report Period: /1/19 - 4/30/19	Adjustment:			
Sus	pared by (Name/Title): ana Espinoza / Financial pility Manager	E-mail Address: susana.e@uwkerr	n.org	Telephone: 661-834-1820		Fax Number: 661-834-2952		
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVIT	IES				
1.	Salaries, Wages, and Fr	inge Benefits			27,155.79			
2.	Travel				948.30			
3.	Equipment				.00			
4.	Supplies				2,837.12			
5.	Subcontractor				10,000.00			
6. Other Costs					2,937.49			
	Total				43,878.70			
20 -	TOTAL COSTS							
1.	Total Costs					43,878.70		
	TD 4 1					12.050.50		
	Total					43,878.70		
	1 otal	CONTR	ACTOR'S CERTIF	ICATI	ION	43,878.70		
Age exp	ereby certify under penalty ency, Department, Board, penditures and activities m rect, and in accordance wi gulations or other statutes. thorized Person (Print Nar Iari Perez-Dowling / Chief	of perjury that I ar Commission, Office ade during this report th the purpose, term	n the duly appointed, que or Institution, and that orting period contained vota and conditions of the Signature:	alified, to the b	and acting officer est of my knowled his document are	r of the herein named edge, the actual in all respects true,		
Age exp	ereby certify under penalty ency, Department, Board, penditures and activities m rect, and in accordance wi gulations or other statutes. thorized Person (Print Nar	of perjury that I ar Commission, Office ade during this report the purpose, termine/Title): Executive Officer	n the duly appointed, que or Institution, and that orting period contained vota and conditions of the Signature:	alified, to the b vithin the	and acting office lest of my knowled his document are treferenced above	r of the herein named edge, the actual in all respects true, e, Federal and State Date:		
Ag exp cor Reg Au	ereby certify under penalty ency, Department, Board, penditures and activities m rect, and in accordance wi gulations or other statutes. thorized Person (Print Nar	of perjury that I ar Commission, Office ade during this report the purpose, termine/Title): Executive Officer	m the duly appointed, que or Institution, and that orting period contained was and conditions of the Signature:	alified, to the b vithin the	and acting office lest of my knowled his document are treferenced above	r of the herein named edge, the actual in all respects true, e, Federal and State Date:		

Contractor: UNITED WAY OF KERN COUNTY		OUNTY	Contract Number: 18T-8113		Report Period: 5/1/19 - 6/30/19	Adjustment:	
Susar	rred by (Name/Title): na Espinoza / Financial lity Manager	E-mail Address: susana.e@uwkern	org		ohone: 834-1820	Fax Number: 6618342952	
10 - I	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits			6,065.84		
2.	Travel			2,703.51			
3.	Equipment			.47			
4.	Supplies			.00			
5.	Subcontractor				.00		
6. Other Costs					6,197.28		
Total						14,967.10	
20 - T	TOTAL COSTS						
1.	Total Costs					14,967.10	
	Total					14,967.10	
		CONTRA	ACTOR'S CERTIFI	CAT	ION		
Ager expe	ncy, Department, Board, nditures and activities m	Commission, Office ade during this report the purpose, term	n the duly appointed, qua e or Institution, and that to orting period contained was as and conditions of the c	to the l ithin tl	oest of my knowle his document are i	dge, the actual n all respects true,	
	orized Person (Print Nar Mari Perez-Dowling / Pr		Signature:			Date: 07/19/2019	
		CSD A	CCOUNTING USE	ON	LY		
Payn	nent:		PCA#				
Appı	roved By:	Date:					

Contractor: UNITED WAY OF KERN COUNTY		OUNTY	Contract Number: 18T-8113		Report Period: /1/19 - 5/31/19	Adjustment:
Susar	nred by (Name/Title): na Espinoza / Financial lity Manager	E-mail Address: susana.e@uwkern	org		ohone: 334-1820	Fax Number: 661-834-2652
10 - 1	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVITI	ES		
1.	Salaries, Wages, and Fr	inge Benefits			7,428.89	
2.	Travel				.00	
3.	Equipment				.00	
4.	Supplies				.00	
5.	Subcontractor				.00	
6. Other Costs					.00	
Total						7,428.89
20 - 1	TOTAL COSTS					
1.	Total Costs					7,428.89
	Total					7,428.89
		CONTRA	ACTOR'S CERTIFI	CAT	ION	
Ager expe	eby certify under penalty ncy, Department, Board, inditures and activities m ect, and in accordance with ulations or other statutes.	Commission, Office ade during this report the purpose, term	e or Institution, and that to orting period contained w	to the l ithin tl	est of my knowle nis document are i	dge, the actual n all respects true,
	orized Person (Print Nar Mari Perez-Dowling / Pr		Signature:			Date: 06/25/2019
		CSD A	CCOUNTING USE	ON	LY	
Payn	nent:		PCA#			
Appı	roved By:	Date:				

	Contractor: United Way Bay Area			t Number: -8111		Report Period: /1/19 - 4/30/19	Adjustment:	
Kelly	ared by (Name/Title): Batson / VP, Program ations	E-mail Address: kbatson@uwba.or	g			ohone: 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				7,731.31		
2.	Travel					.00		
3.	Equipment					.00		
4.	Supplies					1,069.39		
5.						6,000.00		
6. Other Costs						1,036.05		
	Total						15,836.75	
20 - TOTAL COSTS								
1.	Total Costs						15,836.75	
	Total						15,836.75	
		CONTRA	ACTOR'S	CERTIFI	CATI	ION		
Ager expe	eby certify under penalty ncy, Department, Board, inditures and activities m ect, and in accordance with alations or other statutes.	Commission, Office ade during this repo th the purpose, term	e or Instituti rting period	on, and that t	o the t ithin th	est of my knowle nis document are i	dge, the actual n all respects true,	
	norized Person (Print Nar ia Nguyen / Senior Direc Co			ature:			Date: 05/28/2019	
		CSD A	CCOUN	TING USE	ONI	LY		
Payr	nent:			PCA#				
Appr	roved By:			Date:				

1	ractor: ed Way Bay Area			Number: 8111		Report Period: 5/1/19 - 6/30/19	Adjustment:
Kelly	ared by (Name/Title): Batson / VP, Program ations	E-mail Address: kbatson@uwba.or	g			phone: 808-4315	Fax Number: 415-808-4315
10 - 1	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fr	inge Benefits		12,904.33			
2.	Travel			.00			
3.	Equipment					.00	
4.	Supplies					1,624.10	
5.						.00	
6. Other Costs						2,698.65	
	Total						17,227.08
20 - 1	TOTAL COSTS						
1.	Total Costs						17,227.08
	Total						17,227.08
		CONTR	ACTOR'S	CERTIFI	CAT	ION	
Ager expe	eby certify under penalty ncy, Department, Board, enditures and activities m ect, and in accordance with alations or other statutes.	Commission, Office ade during this report the purpose, term	e or Institution	on, and that t	o the l ithin tl	pest of my knowle his document are	dge, the actual n all respects true,
	oorized Person (Print Nar ia Nguyen / SD Contract			ature:			Date: 07/17/2019
		CSD A	CCOUNT	ING USE	ON	LY	
Payr	ment:			PCA#			
Approved By:				Date:			
				<u> </u>			

	Contractor: United Way Bay Area		Contract Number: 18T-8111		Report Period: 5/1/19 - 5/31/19	Adjustment: 0	
Kelly	ared by (Name/Title): v Batson / VP, Program ations	E-mail Address: kbatson@uwba.or	g		phone: 808-4315	Fax Number: 415-808-4315	
10 - I	FREE TAX PREPARA	TION ASSISTANC	CE GRANT ACTIVIT	TIES		<u>'</u>	
1.	Salaries, Wages, and Fr	inge Benefits			7,516.79		
2.	Travel						
3.	Equipment			.00			
4.	Supplies				1,482.53		
5.	Subcontractor				30,000.00		
6.	Other Costs				2,801.87		
	Total					42,828.67	
20 - 7	TOTAL COSTS						
1.	Total Costs					42,828.67	
	Total					42,828.67	
		CONTR	ACTOR'S CERTIF	ICAT	ION		
Ager expe	beby certify under penalty ncy, Department, Board, enditures and activities meet, and in accordance with lations or other statutes.	Commission, Office ade during this report the purpose, term	e or Institution, and tha orting period contained	t to the l within t	best of my knowle his document are	edge, the actual in all respects true,	
	norized Person (Print Nar ia Nguyen / Senior Direc Co		Signature:			Date: 06/19/2019	
		CSD A	CCOUNTING US	E ON	LY	•	
Payn	ment:		PCA#				
Appı	roved By:		Date:				

	Contractor: United Ways of California		1	Number: 8114		Report Period: /1/19 - 4/30/19	. ,	Adjustment: 0
Max	ared by (Name/Title): Moy-Borgen / Income cam Manager	E-mail Address: mmoy-borgen@ur	nitedwaysca.	org		hone: 199-3734		umber: 088922
10 - 1	FREE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits		22,526.72				
2.	Travel			1,939.59				
3.	Equipment				.00			
4.	Supplies				.00			
5.	Subcontractor				35,192.24			
6.	Other Costs				30,074.48			
Total								89,733.03
20 - 7	TOTAL COSTS							
1.	Total Costs							89,733.03
	Total							89,733.03
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Ager exper	eby certify under penalty acy, Department, Board, (anditures and activities ma act, and in accordance with alations or other statutes.	Commission, Office ide during this repo	or Institution	n, and that to contained wi	the b thin th	est of my knowled is document are in	ige, the all resp	actual pects true,
Authorized Person (Print Name/Title): Nalleli Sandoval / Financial Stability Director								Date: 05/28/2019
		CSD A	CCOUNT	ING USE	ONI	Y		
Payment:				PCA#				
Approved By:				Date:				

	Contractor: United Ways of California		1	Number: ·8114		Report Period: 6/1/19 - 6/30/19		Adjustment: 0
Max	ared by (Name/Title): Moy-Borgen / Income ram Manager	E-mail Address: mmoy-borgen@ut	nitedwaysca.	org		ohone: 199-3734		Number: 908-8922
10 - I	FREE TAX PREPARA	TION ASSISTAN	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fri	inge Benefits	2			23,630.19		
2.	Travel		5,867.43		5,867.43			
3.	Equipment					.00		
4.	Supplies					.00		
5.	Subcontractor					33,406.84		
6.	Other Costs					74,811.20		
	Total							137,715.66
20 - TOTAL COSTS								
1.	Total Costs							137,715.66
	Total							137,715.66
		CONTRA	ACTOR'S	CERTIFIC	CATI	ON		
Agen exper	by certify under penalty by Cey, Department, Board, Cenditures and activities material act, and in accordance with lations or other statutes.	Commission, Office ide during this repo	or Institution	n, and that to contained wi	the b thin th	est of my knowled is document are in	dge, the	e actual spects true,
Authorized Person (Print Name/Title): Nalleli Sandoval / Financial Stability Director			Sionature					Date: 07/29/2019
		CSD A	CCOUNT	ING USE	ONI	LY		
Paym	nent:			PCA#				
Appr	oved By:		Date:					
L								

Contr Unite	actor: d Ways of California		l .	Number: 8114		Report Period: /1/19 - 5/31/19	Adjustment: 0
Wesle	red by (Name/Title): by Samms / copment Coordinator	E-mail Address: wsamms@unitedw	vaysca.org		Telephone: 214-773-8848		Fax Number: 877-908-8922
10 - F	REE TAX PREPARAT	TION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fri	nge Benefits				23,839.22	
2.	Travel				.00		
3.	Equipment					.00	
4.	Supplies					.00	
5.	Subcontractor				31,426.63		
6.						31,946.81	
	Total						87,212.66
20 - T	OTAL COSTS						
1.	Total Costs						87,212.66
	Total						87,212.66
		CONTRA	CTOR'S	CERTIFIC	CATI	ON	
Agen exper correc	by certify under penalty oby, Department, Board, Conditures and activities mater, and in accordance with lations or other statutes.	Commission, Office de during this repor	or Institutio	n, and that to contained wit	the b thin th	est of my knowled is document are in	ge, the actual all respects true,
			Signature;				Date: 06/27/2019
		CSD AC	CCOUNT	ING USE	ONL	ĽΥ	
Paym	ent:			PCA#			
Approved By:				Date:			

1 2 \		ion	18T-8109 4/		Report Period: /1/19 - 4/30/19	Adjustment: 0 Fax Number: 916-368-3029	
		E-mail Address: erin.manning@uw	vccr.org	Telephone: 916-368-3013			
10 -	FREE TAX PREPARA	ATION ASSISTANC	CE GRANT ACTIVIT	IES			
1.	1. Salaries, Wages, and Fringe Benefits			3,554.57			
2.	Travel				384.42		
3.	Equipment				497.39		
4.	Supplies				2,788.20		
5.	Subcontractor				13,448.44		
6.	Other Costs				2,274.03		
	Total					22,947.05	
20 -	TOTAL COSTS						
1.	Total Costs					22,947.05	
Total					22,947.0		
			ACTOR'S CERTIF				
Age exp	reby certify under penalt ency, Department, Board, enditures and activities n ect, and in accordance w ulations or other statutes	y of perjury that I am, Commission, Office nade during this repo	n the duly appointed, que or Institution, and that rting period contained v	alified, to the b	and acting officer best of my knowle his document are i	dge, the actual n all respects true,	
Age exp corr Reg	ency, Department, Board, enditures and activities n ect, and in accordance w	ry of perjury that I am, Commission, Office nade during this report the purpose, term the purpose, term the purpose.	n the duly appointed, que or Institution, and that rting period contained v	alified, to the b	and acting officer best of my knowle his document are i	dge, the actual n all respects true,	
Age exp corr Reg	ency, Department, Board, enditures and activities neect, and in accordance we ulations or other statutes thorized Person (Print Na	ry of perjury that I am, Commission, Office, nade during this report the purpose, term is.	n the duly appointed, que or Institution, and that rting period contained value and conditions of the	alified, to the b vithin the	and acting officer pest of my knowle nis document are i t referenced above	edge, the actual n all respects true, e, Federal and State Date:	
Age exposor Reg	ency, Department, Board, enditures and activities neect, and in accordance we ulations or other statutes thorized Person (Print Na	ry of perjury that I am, Commission, Office, nade during this report the purpose, term is.	n the duly appointed, que or Institution, and that rting period contained vas and conditions of the Signature:	alified, to the b vithin the	and acting officer pest of my knowle nis document are i t referenced above	edge, the actual n all respects true, e, Federal and State Date:	

	Contractor: United Way CA Capital Region		Contract Number: 18T-8109		Report Period: 5/1/19 - 6/30/19	Adjustment: 0	
Prepared by (Name/Title): Erin Manning / Finance Manager		E-mail Address: erin.manning@uw	vccr.org		phone: 368-3013	Fax Number: 916-368-3000	
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVI	TIES			
1.	Salaries, Wages, and Fri	inge Benefits			630.46		
2.	Travel				.00		
3.	Equipment				2,753.60		
4.	Supplies				16,016.02		
5.	Subcontractor				5,815.75		
6.	Other Costs				2,773.74		
	Total					27,989.57	
20 -	TOTAL COSTS						
1.	Total Costs					27,989.57	
	Total					27,989.57	
			ACTOR'S CERTI				
Age exp	ereby certify under penalty ency, Department, Board, benditures and activities ma rect, and in accordance wit gulations or other statutes.	of perjury that I an Commission, Officade during this repo	n the duly appointed, of e or Institution, and the orting period contained	ualified, at to the within t	and acting officer best of my knowle his document are	edge, the actual in all respects true,	
Age exp cor Reg	ency, Department, Board, openditures and activities mareet, and in accordance with	of perjury that I an Commission, Office ade during this report th the purpose, term	n the duly appointed, of e or Institution, and the orting period contained	ualified, at to the within t	and acting officer best of my knowle his document are	edge, the actual in all respects true,	
Age exp cor Reg	ency, Department, Board, openditures and activities material rect, and in accordance with gulations or other statutes. thorized Person (Print Nan	of perjury that I an Commission, Office ade during this report the purpose, term ne/Title):	n the duly appointed, of e or Institution, and the orting period contained as and conditions of the	ualified, at to the within t e contrac	and acting office best of my knowle his document are treferenced above	edge, the actual in all respects true, e, Federal and State Date:	
Age exp corr Reg	ency, Department, Board, openditures and activities material rect, and in accordance with gulations or other statutes. thorized Person (Print Nan	of perjury that I an Commission, Office ade during this report the purpose, term ne/Title):	n the duly appointed, of e or Institution, and the orting period contained as and conditions of the Signature.	ualified, at to the within t e contrac	and acting office best of my knowle his document are treferenced above	edge, the actual in all respects true, e, Federal and State Date:	

United Way CA Capital Region		on	Contract			(1/19 - 5/31/19	Adjustment: 0
Prepared by (Name/Title): E-mail Address: erin.manning@w Manager		eccr.org	Telephone: 916-368-3013			Fax Number: 916-368-3000	
10 - I	REE TAX PREPARA	TION ASSISTANC	CE GRANT	ACTIVITI	ES		
1.	Salaries, Wages, and Fr	inge Benefits				1,543.64	
2.	Travel					.00	
3.	Equipment					.00	
4.	Supplies					310.09	
5.	Subcontractor					41,856.81	
6.	Other Costs					4,808.16	
	Total						48,518.70
20 - T	TOTAL COSTS						
1.	Total Costs						48,518.70
	Total						48,518.70
		CONTRA	ACTOR'S	CERTIFI	CATI	ON	
Ager expe	eby certify under penalty acy, Department, Board, anditures and activities material, and in accordance with alations or other statutes.	Commission, Office ade during this repo	e or Institution	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 Nan		Signa	Signature:			Date:
Jennifer Macias / Chief Operating Officer							06/25/2019
		CSD A	CCOUNT	ING USE	ONI	ĽΥ	
Payment:				PCA#			
Approved By:				Date:			
				<u> </u>			

	Contractor: United Way Fresno & Madera Co		Contract Number: 18T-8112	Report Period: 4/1/19 - 4/30/19		Adjustment: 0	
Prepared by (Name/Title): E-mail Address: Suliana Juarez / IT Sjuarez@uwfm.or		g	Telephone: 559-243-3665		Fax Number: 5592888173		
10 -	FREE TAX PREPARA	TION ASSISTANC	CE GRANT ACTIVITI	ES			
1.	Salaries, Wages, and Fri	inge Benefits		10,164.40			
2.	Travel				400.61		
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor				13,812.06		
6.	Other Costs				3,680.11		
	Total					28,057.18	
20 -	TOTAL COSTS						
1.	Total Costs					28,057.18	
	Total					28,057.18	
		CONTRA	ACTOR'S CERTIFI	CATI	ON		
Age exp com	reby certify under penalty ency, Department, Board, enditures and activities ma ect, and in accordance with sulations or other statutes.	Commission, Office ade during this repor	e or Institution, and that t rting period contained w	o the b ithin th	est of my knowled his document are in	lge, the actual 1 all respects true,	
Aut	horized Person (Print Nan Lindsay Callahan / Presi		Signature:			Date: 05/30/2019	
		CSD A	CCOUNTING USE	ONI	LY		
Pay	ment:		PCA#	PCA#			
App	proved By:		Date:	Date:			
Ь—							

		ı Co	Contract Number: 18T-8112		Report Period: 5/1/19 - 6/30/19	Adjustment: 0
		E-mail Address: Sjuarez@uwfm.or	rg		phone: 243-3665	Fax Number: 5592288159
10 - 1	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVIT	TIES		
1.	Salaries, Wages, and Fr	inge Benefits			1,581.19	
2.	Travel				283.85	
3.	Equipment				.00	
4.	Supplies				.00	
5.	Subcontractor				10,000.00	
6.	Other Costs				4,467.82	
	Total					16,332.86
20 - 1	TOTAL COSTS					
1.	Total Costs					16,332.86
	Total					16,332.86
		CONTR	ACTOR'S CERTIF	ICAT	ION	
Ager expe	eby certify under penalty ncy, Department, Board, nditures and activities m ect, and in accordance with alations or other statutes.	Commission, Office ade during this report the purpose, term	e or Institution, and that orting period contained	t to the l within t	best of my knowle his document are	edge, the actual in all respects true,
	oorized Person (Print Nar Lindsay Callahan / Presi		Signature:			Date: 07/26/2019
		CSD A	CCOUNTING US	E ON	LY	
Payn	nent:		PCA#			
Appr	roved By:		Date:	Date:		

Contractor: United Way Fresno & Madera Co		Contract Number: 18T-8112			Adjustment: 0	
Prepared by (Name/Title): Suliana Juarez / IT Coordinator E-mail Address: Sjuarez@uwfm.c		9		ohone: 243-3665	Fax Number: 559-228-8159	
10 -	FREE TAX PREPARA	ATION ASSISTANC	CE GRANT ACTIVIT	IES		
1.	Salaries, Wages, and F	ringe Benefits			7,190.50	
2.	Travel				476.76	
3.	Equipment				.00	
4.	Supplies				.00	
5.	Subcontractor				.00	
6.	Other Costs				4,093.00	
	Total					11,760.26
20 -	TOTAL COSTS					
1.	Total Costs					11,760.26
	Total					11,760.26
		CONTRA	CTOR'S CERTIF	ICATI	ION	
Age exp	ereby certify under penaltency, Department, Board enditures and activities neet, and in accordance was allations or other statutes	, Commission, Office nade during this report the purpose, terms	or Institution, and that ting period contained v	to the b vithin th	pest of my knowle his document are i	dge, the actual n all respects true,
Aut	horized Person (Print Na	me/Title):	Signature:			Date:
	Lindsay Callahan / Pres	sident and CEO				06/28/2019
		CSD A	CCOUNTING US	E ONI	LY	
Pay	ment:		PCA#			
App	Approved By:					

Contractor: United Way of San Diego County		18T-8105			Adjustment: 0		
Prepared by (Name/Title): Torrey Albertazzi / Community Impact Liaison E-mail Address: talbertazzi@uwsd.		.org	Telephone: 858-636-4124		Fax Number: 858-492-2059		
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVIT	IES		•	
1.	Salaries, Wages, and Fi	inge Benefits			3,129.92		
2.	Travel				.00		
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor				66,129.41		
6.	Other Costs				6,925.93		
	Total					76,185.26	
20 -	TOTAL COSTS						
1.	Total Costs					76,185.26	
1.					76,185.26		
1.	Total					/0,185.20	
			ACTOR'S CERTIF			,	
I her Age expectorr	reby certify under penalty ncy, Department, Board, enditures and activities meet, and in accordance will ulations or other statutes.	of perjury that I an Commission, Office ade during this repo th the purpose, term	n the duly appointed, que or Institution, and that	alified, to the b	and acting officer best of my knowled his document are in	of the herein named edge, the actual n all respects true,	
I her Age expe corr Reg	reby certify under penalty ncy, Department, Board, enditures and activities m ect, and in accordance wi	of perjury that I an Commission, Office ade during this repo th the purpose, term	n the duly appointed, que or Institution, and that	alified, to the b	and acting officer best of my knowled his document are in	of the herein named edge, the actual n all respects true,	
I her Age expe corr Reg	reby certify under penalty ncy, Department, Board, enditures and activities m ect, and in accordance with ulations or other statutes.	of perjury that I an Commission, Office ade during this repo th the purpose, term me/Title): VP Finance	n the duly appointed, que or Institution, and that rting period contained us and conditions of the	alified, to the b vithin the	and acting officer pest of my knowle his document are i t referenced above	of the herein named edge, the actual n all respects true, e, Federal and State	
I her Age expe corr Reg Autl	reby certify under penalty ncy, Department, Board, enditures and activities m ect, and in accordance with ulations or other statutes.	of perjury that I an Commission, Office ade during this repo th the purpose, term me/Title): VP Finance	n the duly appointed, que or Institution, and that rting period contained was and conditions of the Signature:	alified, to the b vithin the	and acting officer pest of my knowle his document are i t referenced above	of the herein named edge, the actual n all respects true, e, Federal and State	

Contractor: United Way of San Diego County		Contract Number: 18T-8105		Report Period: 5/1/19 - 6/30/19	Adjustment:		
Prepared by (Name/Title): E-mail Address: talbertazzi@uwsd.		.org	Telephone: 858-636-4124		Fax Number: 858-492-2059		
10 -	FREE TAX PREPARA	TION ASSISTAN	CE GRANT ACTIVIT	TES			
1.	Salaries, Wages, and Fi	ringe Benefits			2,435.97		
2.	Travel				.00		
3.	Equipment				.00		
4.	Supplies				.00		
5.	Subcontractor				27,500.22		
6.	Other Costs				4,861.25		
	Total					34,797.44	
20 -	TOTAL COSTS						
1.	Total Costs					34,797.44	
1.					34,797.44		
1.	Total					01,777111	
			ACTOR'S CERTIF			,	
I her Age expectorr	reby certify under penalty ency, Department, Board, enditures and activities meet, and in accordance with ulations or other statutes.	of perjury that I an Commission, Office ade during this repo	n the duly appointed, que or Institution, and that	alified, to the b	and acting officer best of my knowled his document are in	of the herein named edge, the actual in all respects true,	
I her Age expe corr Reg	reby certify under penalty ency, Department, Board, enditures and activities m ect, and in accordance wi	of perjury that I an Commission, Office ade during this report the purpose, term me/Title):	n the duly appointed, que or Institution, and that	alified, to the b	and acting officer best of my knowled his document are in	of the herein named edge, the actual in all respects true,	
I her Age expe corr Reg	reby certify under penalty ency, Department, Board, enditures and activities m ect, and in accordance with ulations or other statutes.	of perjury that I an Commission, Office ade during this repo ith the purpose, term me/Title):	n the duly appointed, que or Institution, and that	alified, to the b vithin th contrac	and acting officer pest of my knowled his document are in treferenced above	of the herein named edge, the actual in all respects true, e, Federal and State Date:	
I her Age expo corr Reg Auti	reby certify under penalty ency, Department, Board, enditures and activities m ect, and in accordance with ulations or other statutes.	of perjury that I an Commission, Office ade during this repo ith the purpose, term me/Title):	n the duly appointed, que or Institution, and that orting period contained as and conditions of the	alified, to the b vithin th contrac	and acting officer pest of my knowled his document are in treferenced above	of the herein named edge, the actual in all respects true, e, Federal and State Date:	

	Contractor: United Way of San Diego County		Contract 18T-		Report Period: 5/1/19 - 5/31/19		Adjustment: 0
Prepared by (Name/Title): Torrey Albertazzi / Community Impact Liaison E-mail Address: talbertazzi@uwso		.org		Telephone: 858-636-4124		Fax Number: 858-492-2059	
10 -	FREE TAX PREPARA	CE GRANT	ACTIVITI	ES			
1.	Salaries, Wages, and Fr	inge Benefits			231.86		
2.	Travel					.00	
3.	Equipment					.00	
4.	Supplies					.00	
5.	Subcontractor					35,346.81	
6.	Other Costs					5,680.19	
	Total						41,258.86
20 -	TOTAL COSTS						
1.	Total Costs						41,258.86
	Total						41,258.86
		CONTRA	ACTOR'S	CERTIFI	CATI	ON	
Age exp	reby certify under penalty ency, Department, Board, enditures and activities m rect, and in accordance with ulations or other statutes.	Commission, Office ade during this report the purpose, term	e or Institution	n, and that to contained wi	the b	est of my knowle his document are i	dge, the actual n all respects true,
Aut	Authorized Person (Print Name/Title): Terri Johnson / VP Finance			ure			Date: 06/25/2019
		CSD A	CCOUNT	ING USE	ONI	LY	
Pay	Payment:			PCA#			
Арр	proved By:			Date:			
						·	·