

Case Caico, Rebecca

From: Welch, Dylan
Sent: Friday, September 8, 2023 9:46 AM
To: Pelow, Faye
Subject: NCP August Voucher Draft
Attachments: Report Review Copy - NCP - August '23.pdf

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

Report Review Copy 9-6-23 *Ben*

Bring Monroe Back - Monroe County ARPA Budget Proposal

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

Personnel Costs	List Each	7/17/2023 Voucher	8/15/2023 Voucher	9/15/2023 Voucher	10/17/2023
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)		\$ 10,112.67	\$ 11,937.12	(1)	
On-Site Vocational Trainers (Cameron, FTAC, SWAN)		\$ 22,845.02	\$ 5,123.74	(2)	
On-Site Social Workers (Cameron, FTAC, SWAN)		\$ 9,230.76	\$ 4,576.92	(3)	
Neighborhood Collaborative Project (NCP) Liaison (BTS)		\$ 6,250.00	\$ 6,250.00	(4)	
Full-Time Social Worker (MC2)		\$ 7,500.00	\$ 7,500.00	(5)	
Part-time Social Worker (MC2)		\$ 3,750.00	\$ 3,750.00	(6)	
NCP Local Researcher (OTG)		\$ 11,006.33	\$ 11,006.33	(7)	
Student Research Assistant (OTG)		\$ 1,485.71	\$ 1,485.71	(8)	
Communications Coordinator (OTG)			\$ 3,000.00	(9)	
Fringe Benefits					
Total Personnel Costs:		\$ 72,180.49	\$ 55,629.82	\$ -	\$ -
Other Than Personnel Services Costs		7/17/2023 Voucher	8/15/2023 Voucher	9/15/2023 Voucher	10/17/2023
Vocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 7,800.00			
Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 561.72	\$ 642.00	(10)	
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 849.54	\$ 661.08	(11)	
Facility Use / Operations Support: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 2,850.32	\$ 2,702.16	(12)	
Snacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 191.14			
Credibility Trust /Brand Value: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 3,690.02	\$ 4,884.71	(13)	
10% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 6,332.70	\$ 6,332.70	(14)	
Administrative Support: Support Services Partners (LABA, BMC, BSCSC)		\$ -	\$ 770.87	(15)	
Food Pantry Supplies (TPP)		\$ 326.52	\$ 4,852.45	(16)	
Per Diem Stipends for Peer Outreach Workers (AFC)			\$ 2,585.00	(17)	
Staff Mileage Reimbursement (BTS, C3)					
Contracted Services: NCP Client Wraparound Support Services (BTS)		\$ 6,200.32	\$ 30,700.09	(18)	
Contracted Services: Anchor Agency Social Worker Supervision (MC2)		\$ 2,200.00	\$ 2,200.00	(19)	
Research Supplies (OTG)					
NCP Marketing & Communications (OTG)					
Software and Subscriptions (OTG)		\$ 7,686.40	\$ 388.27	(20)	
Contracted Services: Project Lead / Community Consultant (C3)		\$ 7,800.00	\$ 7,800.00	(21)	
Contracted Services: Historian / Neighborhood Legacy (C3)		\$ 800.00	\$ 800.00	(22)	
Contracted Services: On-Site / Field Coordinator (C3)		\$ 600.00	\$ 600.00	(23)	
Contracted Services: Neighborhood Ambassadors (C3)					
RTS Bus Passes/Transportation Assistance					
Per Diem Stipends for Event Logistics Helpers (C3)					
Microsoft Surface Pro Packages - 5 (C3)					
Neighborhood/Community Engagement Conversations & Activities (C3)		\$ 3,529.82			
NCP Supplies & Materials (C3)			\$ 43.19	(24)	
10% de minimis indirect cost rate (BTS, MC2, OTG, C3)		\$ 6,498.14	\$ 6,068.33	(25)	
Fiscal Sponsor Administrative Cost Rate - 5% (CRC)					
Total Other Than Personnel Services Costs:		\$ 57,916.64	\$ 70,030.85	\$ -	\$ -
Total Project Cost:		\$ 130,097.13	\$ 125,660.67	\$ -	\$ -

See note.

Bring Monroe Back - Monroe County ARPA Budget Proposal

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

List Each	8/15/2023 Voucher	Voucher Explanation
Personnel Costs		
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)	\$ 1,137.72	SWAN: NCP Worker (shared role- Executive & Youth Director) salary expense for July 2023 = \$5177.85 (\$1291.84/\$386.06) FTAC: NCP Worker (N. Velazquez) salary expense for July 2023 = \$3,220.80 (\$1442.40 + \$1778.40) Cameron: NCP Worker (L. Hardin) salary expense for July 2023 = \$5,538.46
On-Site Vocational Trainers (Cameron, FTAC, SWAN)	\$ 6,223.74	FTAC: Est. Prep for Workforce Readiness (C. Rochet) salary expense for July 2023 = \$1961.54 (mid-month hire) Cameron: Onsite Trainers for Global Logistics (\$2081.10) and Barbering/Entrepreneur training (\$2081.10) = \$4160.20
On-Site Social Workers (Cameron, FTAC, SWAN)	\$ 4,576.92	FTAC: Onsite Case Manager salary expense for July 2023 = \$1884.52 (mid-month hire) Cameron: Onsite Social Worker salary expense for July 2023 = \$2892.30 (\$1346.15 * 2 pay periods)
Neighborhood Collaborative Project (NCP) Liaison (BTS)	\$ 7,500.00	BTS: Annual Budget allocation (62,500)/20 months * 1 month (July)
Full-Time Social Worker (MCZ)	\$ 7,500.00	MCZ: Annual Budget allocation (75,000)/ 10 months * 1 month (July)
Part-time Social Worker (MCZ)	\$ 3,750.00	MCZ: Annual Budget allocation (37,500)/ 10 months * 1 month (July)
NCP Local Researcher (OTG)	\$ 1,000.00	OTG: Remaining Budget (\$77,044.31)/ 7 months * 1 month (July)
Student Research Assistant (OTG)	\$ 1,000.00	OTG: Budget allocation (10,000)/ 7 months * 1 month (July)
Communications Coordinator (OTG)	\$ 1,000.00	OTG: Budget allocation (10,000)/ 6 months * 1 month (July)
Fringe Benefits		
Total Personnel Costs:	\$ 55,629.82	
Other Than Personnel Services Costs		
Vocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN)	\$ 642.00	SWAN: Monthly allocation for July 2023 = \$360.00 (\$3600/10months) FTAC: Actual expenses incurred for July 2023 = \$282.00
Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)	\$ 560.00	Cameron: Annual Budget allocation (\$3,500)/ 30 months * 1 month (July) = \$240 FTAC: Annual Budget allocation (\$2,400)/ 10 months * 1 month (July) = \$240 FTAC: Actual expenses for July 2023 = \$181.08
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)	\$ 2,700.16	Cameron: Annual Budget allocation (\$12,000)/ 10 months * 1 month (July) = \$1,200 Cameron: Annual Budget allocation (\$12,000)/ 10 months * 1 month (July) = \$1,200 SWAN: Remaining budget allocation (\$8,025.64)/ 7 months * 1 month (July) = \$1,146.52 FTAC: Actual expenses for July 2023 = \$355.84
Snacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)	\$ 4,204.71	Cameron: Annual Budget allocation (\$3,000)/ 30 months * 1 month (July) = \$1,000 SWAN: Annual Budget allocation (\$18,000)/ 10 months * 1 month (July) = \$1,800 FTAC: Actual expenses for July 2023 = \$1,204.71
Credibility Trust / Brand Value: Anchor Agencies (Cameron, FTAC, SWAN)	\$ 6,332.70	Cameron: Annual Budget allocation (\$21,109)/ 30 months * 1 month (July) = \$2,110.30 SWAN: Annual Budget allocation (\$21,109)/ 10 months * 1 month (July) = \$2,110.90 FTAC: Annual Budget allocation (\$21,109)/ 20 months * 1 month (July) = \$2,110.90
10% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN)	\$ 770.87	LABA: Supplies and refreshments for 7/14/2023 Lylel Avenue Garden Planting Event (see invoice detail)
Administrative Support: Support Services Partners (LABA, BMC, BSCSC)	\$ 4,527.45	TFP: Actual expenses incurred for July 2023 (see invoice detail); budget line item description revised to include general supplies not just shopping carts.
Food Pantry Supplies (TFP)	\$ 585.00	AFC: Reimbursement for Outreach Worker Pay: June: \$122.50 + July: \$457.50 (see each invoice details)
Per Diem Stipends for Peer Outreach Workers (AFC)	\$ 30,700.00	BTS: NCP referrals - 11 for food pantry service @ \$40/referral = \$440; 10 for rental assistance (\$25,487.31); 5 for emergency services/non-food items (\$4,622.78); 3 for clothing @ \$50/referral = \$150
Staff Mileage Reimbursement (BTS, C3)	\$ 2,200.00	MCZ: Annual Budget allocation (\$22,000)/ 10 months * 1 month (July)
Contracted Services: NCP Client Wraparound Support Services (BTS)	\$ 988.27	OTG: Zoom for Business (3 users)
Contracted Services: Anchor Agency Social Worker Supervision (MCZ)	\$ 7,800.00	C3: Annual Budget allocation (\$78,000)/ 10 months * 1 month (July)
Contracted Services: NCP Marketing & Communications (OTG)	\$ 600.00	C3: Preparation & organization; info gathering; post-reporting, debrief, follow-up, records management (16 hours = \$50/hr)
Contracted Services: Project Lead / Community Consultant (C3)	\$ 500.00	C3: Logistics print of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach materials and supplies, association events coordination, action items follow-up, etc. 126 hours = \$4.00/hr
Contracted Services: Historian / Neighborhood Legacy (C3)	\$ 500.00	C3: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc.
Contracted Services: On-Site / Field Coordinator (C3)	\$ 48.19	MCZ: Annual Budget allocation (\$13,450)/ 10 months * 1 month (July) = \$1,345.00 C3: Annual Budget allocation (\$19,624)/ 10 months * 1 month (July) = \$1,962.40 BTS: Annual Budget allocation (\$11,729)/ 10 months * 1 month (July) = \$1,172.90 OTG: Actual expense (see invoice detail) = \$158.03
Contracted Services: Neighborhood Ambassadors (C3)	\$ 2,200.00	
Contracted Services: Neighborhood Assistance	\$ 2,200.00	
BTS Bus Passes/Transportation Assistance	\$ 2,200.00	
Per Diem Stipends for Event Logistics Helpers (C3)	\$ 2,200.00	
Microsoft Surface Pro Packages = 5 (C3)	\$ 2,200.00	
Neighborhood/Community Engagement Conversations & Activities (C3)	\$ 48.19	
NCP Supplies & Materials (C3)	\$ 6,068.33	
10% de minimis indirect cost rate (BTS, MCZ, OTG, C3)	\$ 5,662.00	
Fiscal Sponsor Administrative Cost Rate - 5% (C3)	\$ 2,831.00	
Total Other Than Personnel Services Costs:	\$ 70,085.85	
Total Project Cost for July 2023	\$ 125,660.67	

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

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

** MBE & WBE Vendor

* WBE Vendor

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



INVOICE

DATE: August 7, 2023
 VOICE # 00004 July 1-July 31, 2023
 FOR: Neighborhood Collaborative Project (NCP) Anchor Agency Activities

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

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
Global Connections Enterprise - Sharale Gray: Global Logistics Program at Cameron: planning, curriculum development, information sessions, community outreach, technology set up, registration, and other services from July 1, 2023 - July 31, 2023 as documented by Global Connection Enterprise's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10 (2)
CEO KUTZ, LLC. - Derrick Singleton: Cameron Cuts Apprenticeship Program. planning, curriculum development, information sessions, community outreach, site planning, and teaching classes, and other services from July 1, 2023-July 31, 2023 as documented by CEO KUTZ, LLC's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10 (2)
Payroll Reimbursement for Community Engagement worker, Jonathan Hardin, planning with instructors, participate in information sessions and outreach, oversee workforce development program, maintain NW outreach schedule and data. Cameron Community payroll register documentation. (2 pay periods @ 1,769.23 per pay period)	NCP Worker	\$3,538.46 (1)
Payroll Reimbursement for Cameron's On-Site Social Worker: Felecia B. Merriam, LCSW. planning with instructors, participate in information sessions and outreach, developed platform for tracking student data, coordinate linkages to anticipated services, prepared resource and referral pocket cards for participants, acquired pre and post assessments designed to determine client needs, Cameron Community payroll register documentation. (2 pay periods @\$1346.15 per pay period)	Social Worker	\$2,692.30 (3)
Monthly allocation of Neighborhood Credibility / Trust Value for July 2023 (AA's brand identity / reputation)	Credibility Trust/Brand Value	\$1,800 (13)
Facility Use / Operation Support Monthly Allocation for July 2023	Facility Use/Operations Support	\$1,200 (12)
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$240 (11)
10% de minimis indirect cost rate: Monthly allocation for the month of July 2023		\$2,110.90 (14)
	BALANCE DUE	\$15,743.86

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

BEST WISHES FOR A FABULOUS DAY!

INVOICE



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

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

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

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
NCP Worker: shared role and responsibility between Executive Director & Youth Director positions Executive Director: interface for workforce development training, managing NCP Anchor Agency action plan, reporting, budget, NCP leadership mtgs / Youth Director: interface for neighborhood outreach activities, program development, building connections with NCP peers & other partners. Payroll salary expense for July 2023 = \$5177.86 (\$645.90 * 2 pay periods) + (\$1938.07 + 1947.99)	NCP Worker	\$ 5,177.86 ⁽¹⁾
Neighborhood Outreach Supplies: Monthly allocation for July 2023	Neighborhood Outreach Supplies	\$360.00 ⁽¹⁰⁾
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$ 240.00 ⁽¹¹⁾
Facility Use / Operations Supplement: monthly allocation of remaining unspent balance (July 2023)	Facility Use/Operations Support	\$ 1,146.52 ⁽¹²⁾
Neighborhood Credibility / Trust Value: Monthly allocation for July 2023	Credibility Trust/Brand Value	\$ 1,800.00 ⁽¹³⁾
10% de minimis indirect cost rate: Monthly allocation for July 2023	Indirect Cost	\$ 2,110.90 ⁽¹⁴⁾
	BALANCE DUE	\$ 10,835.28

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



821 North Clinton Avenue
 Rochester NY 14605
 585.563.7008

Invoice

Submitted on 08/2023

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

Description	Qty	Unit price	Total price
NCP Liason - Salary	NV		\$3,220.80 (1)
NCP Social worker	DV		\$1,884.62 (3)
NCP workforce development	CR		\$1,961.54 (2)
Family Dollar NCP Facilities			\$36.63 (12)
Costco -NCP POP-Up			\$282.00 (10)
NCP office supplies- Regional Distrib			\$181.08 (11)
Costco- NCP trust (client assistance)			\$39.10
Costco- NCP trust (client assistance)			\$42.98
Costco- NCP trust (client assistance)			\$198.62 (13)
Red Roof- NCP Trust (client assistance)			\$191.52
Bright Bubble-NCP Trust (client assistance)			\$31.50
Costco- NCP trust (client assistance)			\$215.99
NCP Trust-Vendor- Lizzette Agosto			\$515.00
Amazon - NCP Facilities (table & chairs)			\$226.68 (12)
Amazon - NCP Facilities (food cart)			\$92.33 (12)
PR Birth certificate NCP trust (client assistance)			\$50.00 (13)
10% de minimis indirect cost rate: Monthly allocation for July 2023			\$2,110.90 (14)

Notes:

Subtotal

\$11,281.29

Beyond the Sanctuary



INVOICE

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

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

Submitted to
 Jocelyn Basely
 Project Lead - NCP

DESCRIPTION	QUANTITY	UNIT COST	TOTAL
NCP Liason - weekly NCP planning meetings, process review, referral coordination, hired NCP Mgr		\$6,250.00	\$ 6,250.00 (4)
Wrap Around Support Servics - Food Pantry	11	\$40.00	\$ 440.00 (18)
Wrap Around Support Servics - Rental Assistance	10		\$ 25,487.31 (18)
Wrap Around Support Servics - Emergency Services	5		\$ 4,622.78 (18)
Wrap Around Support Servics - Clothing	3	\$50.00	\$ 150.00 (18)
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Monthly Allocation for 10% de minimis indirect cost rate			\$ 1,172.90 (25)
Remaining Balance	TOTAL	29	\$ 38,122.99

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

THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY



A Complex Care Management Agency

COLLABORATIVE

Voucher for Neighborhood Collaborative Project
July 2023

Date: 8/1/23

Month of Payment Due: July

Table with 4 columns: Description, July, Budget Amount, YTD Billed. Rows include Social Workers (MC Collaborative), Part-Time Social Worker, Supervision, Indirect Costs, Remaining Balance, and TOTAL DUE.

Total amount due for July = \$ 14,795.00

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



INVOICE

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

INVOICE DATE
 August 4, 2023

INVOICE NUMBER
 012

PROJECT TITLE
 Neighborhood Collaborative Project

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

INVOICE TIME PERIOD
 7/1/23-7/31/23

Description

Date	Description of Services Rendered/Purchases Made	Budget Category	Amount	Budget Amount	YTD Billed
			7	\$ 146,581.00	\$ 42,381.37
July	NCP Researcher	Salaries monthly allocation	\$ 11,006.33	\$ 78,000.00	\$ 22,968.35
July	NCP Research Assistant	Salaries monthly allocation	\$ 8,148.71	\$ 10,400.00	\$ 2,971.43
July	Communications Specialist	Salaries monthly allocation	\$ 9,300.00	\$ 18,000.00	\$ 3,000.00
7/21/2023	ZOOM for NCP staff	Software and Subscriptions	\$ 20,388.27	\$ 15,855.00	\$ 8,224.57
		Total Costs	\$ 15,880.31		
		Indirect Costs	\$ 21,588.03	\$ 13,326.00	\$ 3,852.86
		Remaining Balance		\$ 104,199.63	
		Total Amount Due	\$ 17,468.34		

Total

\$17,468.34

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

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

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

INVOICE

Lyell Avenue Business Association (LABA)

190 MURRAY ST STE 1
 ROCHESTER, NY 14606
 585-370-5148



DATE: 8/7/2023
INVOICE # 1
FOR: Jul-23

Submitted to
 Community Resource Collaborative
 Jocelyn Basley, Project Lead for Neighborhood Collaborative Project
 100 College Avenue, Suite 130
 ROCHESTER, NY 14607

Purchases to support the July 14th Lyell Avenue Garden Plant Day

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

DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Garden Tools: wheelbarrow, shovels, rakes, etc (details on receipt IMG_3159.jpg)			\$ 375.26
Flowers and plants (details on receipt IMG_3329.heic)			\$ 55.07
5.5 Cu ft. Smart Cart and refreshments (details on receipt IMG_3328.heic)			\$ 62.11
Gloves, seeds and markers (details on receipt IMG_3327.heic)			\$ 24.62
Hotdogs, buns, paint brushes & rollers, plastic covers, etc (details on receipt IMG_3157.jpg)			\$ 94.35
Bag of charcoal (details on receipt IMG_3156.jpg)			\$ 12.91
Paint (4 gallons) and 10pk of tray liners (details on receipt IMG_3155.jpg)			\$ 146.55
			\$ -
			\$ -
			\$ -
			\$ -
Total Reimbursement Request			\$ 770.87

15

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

THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY



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

Invoice
July 2023
Balance: \$4,852.45

Purchases

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

Total: \$4,852.45 (16)



Invoice

Headwater Foods, Inc.

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

Date 7/19/2023
Invoice # INV10455
Due Date 7/19/2023
Ship Date 7/20/2023
Expected Delivery Date 7/20/2023
Terms Due on Receipt
SO # Sales Order #SO13749
PO #
Sales Rep Goldfeder, Arthur
Signature

Bill To

Michael Durfee
The People's Pantry
555 Avenue D
Rochester NY
United States

Ship To

The People's Pantry
555 Avenue D
Rochester NY
United States

Table with 11 columns: Item, Item Internal ID, Stock, Units, Unit Price, Quantity, Catch Wt., Actual Wt., Description, Amount. Rows include Eggs, Large Chicken (180.00), Cooked Beans, Black NYS (75.00), Milk, 1 Percent White NYS Half Pint (0.00), Milk, Fat Free Chocolate NYS Half Pint (0.00), Milk, Skim NYS Half Pint (0.00), Apples, Braeburn, No. 1 IPM (0.00), Apples Empire, No. 1 ECO (0.00).

Total Amount Due 255.00 \$255.00

Please include Invoice reference number on all payments and correspondence to help avoid service delays.
Customer Invoices paid by credit card will be assessed an additional 3% process fee.

Give us feedback @ survey.walmart.com
Thank you! ID #: 75JWGLW01



WM Supercenter
555-787-1370 Mgr. MICHAEL
1990 BRANDY POINT DRIVE
WEBSTER NY 14580
ST# 01741 OP# 009047 TE# 47 TR# 04673

ITEMS SOLD 25
R# 8469 7639 7822 2442 0.85 3



GV 9200PLT	078742349340	12.28 X
KETCHUP 32OZ	013000006050 F	3.98 0
MUSTARD 20OZ	041500000310 F	2.72 0
PAN W/LID	070485125390	4.98 X
PAN W/LID	070485125390	4.98 X
PASAGNA PAN	070485389100	5.48 X
GV TOWEL	078742210800	6.14 X
GV TOWEL	078742210800	6.14 X
WHT RICE 2LB	073742352050 F	1.77 0
FUJI	078742086560	3.78 X
GV DRG PINTO	078742131620 F	1.16 0
GV DRG PINTO	078742131620 F	1.16 0
FB EXTRA VIR	041736010130 F	9.88 0
GV NSA BLKBN	078742061990 F	0.78 0
GV 500 FM NP	078742233410	3.32 X
CUTLERY	073742089400	7.36 X
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
HOI SAUCE	041331038590 F	2.28 0
SZNRP N MSG	038844007570 F	4.87 0
YLW ONION 3#	853120603000 F	4.28 H
BELL PEPPERS	057336000040 F	2.98 N
GV 1/2 WAIVER	078742279090 F	5.36 X
NY DEPOSIT	073742215640 F	2.00 H

SUBTOTAL 103.70
TAXI 3.0000 X 4.33
TOTAL 108.53
DEBIT TEND 108.53 (A)
CHANGE DUE 0.00

DECLINED TRANSACTION
DEBIT 4645 1
AID 0000000042203
TERMINAL # 26587800
DECLINED
07/11/23 14:53:52

DECLINED TRANSACTION
DEBIT 4645 1 REF # 319200000406
NETWORK ID 0001
AID 0000000042203
TC 40024E76882716E
TERMINAL # 26587800
07/11/23 14:54:26

EFF DEBIT PAY FOR PRIMARY
108.53 TOTAL PURCHASE
US DEBIT 3440 1 0 REF # 319200000406
NETWORK ID 0005 APPR CODE 095414
AID 00000000980340
TC 94866E711169A1B1
TERMINAL # 26587800
*Pin Verified
07/11/23 14:54:49



Become a

Regional Distributors, Inc.

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

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

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

**** INVOICE ****

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

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

Regional Distributors, Inc.

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

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

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

**** INVOICE ****

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

CUSTOMER#	CUSTOMER ORDER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
19320	PICKUP		LEA KANE	MICHELE L	IDMS-XM	PICK UP NOW	NET DUE ON INVOIC	07/19/23	07/19/23
ORDER QTY	SHIP QTY						Unit Price	TAX	Ext Prc
*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
* Merchant ID# :	250780140738	*****	*****	*****	*****	*****	*****	*****	*****
* Card Number :	5322XXXXXX4645	*****	*****	*****	*****	*****	*****	*****	*****
* Card Holder :	LINCOLN SPALDING	*****	*****	*****	*****	*****	*****	*****	*****
* Charge Amount:	\$254.77	*****	*****	*****	*****	*****	*****	*****	*****
* Signature :		*****	*****	*****	*****	*****	*****	*****	*****
* I agree to pay	above total amount according to card issuer agreement.	*****	*****	*****	*****	*****	*****	*****	*****
*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Amount paid today	# S1985190.002	*****	*****	*****	*****	*****	*****	*****	*****
** Reprint **	** Reprint **	*****	*****	*****	*****	*****	*****	*****	*****
PAID IN FULL									
(B) -254.77									
								Subtotal	0.00
								FREIGHT	0.00
								Sales Tax	0.00
								Amount Due	0.00

Invoice is due by 07/19/23.

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

Signature: _____



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

RECEIPT

ULINE FED ID#: 36-3684738

INVOICE #: 166247031

ORDER #: 3650419

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2021

SOLD TO: SW FOOD PROGRAM INC
PMB 350
620 PARK AVE
ROCHESTER NY 14607-2994

SHIP TO: SW FOOD PROGRAM INC
PMB 350
620 PARK AVE
ROCHESTER NY 14607-2994

Table with columns: CUSTOMER NO., PURCHASE ORDER NO., SHIP VIA, ORDER DATE, DATE SHIPPED, TERMS, INVOICE DATE, QTY ORDERED, U/M, BACK ORDERED, ITEM NUMBER, DESCRIPTION, UNIT PRICE, EXTENDED PRICE. Includes items like CHROME WIRE SHELVING UNIT, WIRE BASKET SHELVING, and UTILITY WAGON.

ORDER PLACED BY: LINCOLN SPAULDING
INTERNET PRO #: 533560827

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

(C)

(C)

NOTE:



The People's Pantry
 Michael Durfee
 555 Avenue D
 Rochester, NY 14621
 United States

STATEMENT

Statement Date: 7/31/2023

Agency ID: CAL003

Page: 1

Amount Remitted

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

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



400 WEST AVENUE, 3RD FLOOR
 ROCHESTER, NY 14611

Jerome H. Underwood
 President & CEO
 Brad Rye
 Board Chair

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

Date: 7/14/2023

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

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

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

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

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

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

Minority Vendor: Yes No

If separate check is required please check box

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

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

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

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required:

_____ Date _____

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

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

ACTION for a BETTER COMMUNITY

400 WEST AVENUE, 3RD FLOOR
ROCHESTER, NY 14611

Jerome H. Underwood
President & CEO
Brad Rye
Board Chair

Name
Address
Address Line 2
City, State, Zip

Date: 8/4/2023

Purchase Order Number
Subagreement Year 1
Invoice Period
Invoice #

	Budget	Prior		Current		Cumulative	
		YTD	Charges	Charges	YTD		
PERSONNEL/SALARY			\$0.00	\$0.00	\$0.00		\$0.00
FRINGE BENEFITS			\$0.00	\$0.00	\$0.00		\$0.00
EQUIPMENT							
OPERATING EXPENSES/ SUPPLIES	\$7,000.00						
TRAVEL							
ALL OTHER	\$20,000.00	\$127.50		\$457.50			\$585.00
TOTAL:	\$27,000.00	\$127.50	\$457.50	\$585.00	\$585.00	17	\$585.00

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Gwendolyn Crawford
 ATTN: _____
 ADDRESS: 69 Avery Street
 ADDRESS LINE 2 Apt. # 2
 CITY Rochester, NY 14612
 PHONE # _____
 Vendor Reference: _____
 Minority Vendor: Yes No

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

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

Send directly to Payee
 Send with attached *
 Return to requestor

If separate check is required please check box

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

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

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

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required:

 Date _____

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Frederick Parker
 ATTN: _____
 ADDRESS: 47 Elmhurst Street
 ADDRESS LINE 2: Apt. # 2
 CITY: Rochester, NY 14607
 PHONE #: _____
 Vendor Reference: _____

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

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

Send directly to Payee
 Send with attached *
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

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

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

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

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

Required Signatures

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

Signature: *Brooks Benton* Date: 8/04/22
 Requestor's Signature

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

Additional Signatures as required:

 Date: _____

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Samantha Wilson
 ATTN: _____
 ADDRESS: 123 Rauber Street
 ADDRESS LINE 2: _____
 CITY: Rochester, NY 14605
 PHONE #: _____
 Vendor Reference: _____

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

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

Minority Vendor: Yes No

If separate check is required please check box

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

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

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required:

_____ Date: _____

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

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

ACTION for a **BETTER COMMUNITY**



AFC PEER WORKER

NAME: Samantha Wilson

MONTH: July 2023

*Grey area for staff use only

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

50

CHECK DISBURSMENT REQUEST

Jeniffer
PAYEE'S NAME & ADDRESS
 NAME: Jennifer Wilson
 ATTN: _____
 ADDRESS: 123 Rauber Street
 ADDRESS LINE 2: _____
 CITY: Rochester, NY 14605
 PHONE #: _____
 Vendor Reference: _____
 Minority Vendor: Yes No

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

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

If separate check is required please check box

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

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

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

TO BE CHARGED:

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

Required Signatures

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

Signature: *Brooks Benton*
 Requestor's Signature

Date 8/04/23

Signature: *Michele Boyd*
 Program director/Deputy Director

Date 8/4/23

Additional Signatures as required:

_____ Date _____

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: David B. Whitaker, Jr.
 ATTN: _____
 ADDRESS: 500 South Avenue
 ADDRESS LINE 2: Apt. # 4-J
 CITY: Rochester, NY 14620
 PHONE #: _____
 Vendor Reference: _____
 Minority Vendor: Yes No

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

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

If separate check is required please check box

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

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

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

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required:

 Date _____

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Khalil Warren
 ATTN: _____
 ADDRESS: 80 Taylor Street
 ADDRESS LINE 2: _____
 CITY: Rochester, NY 14611
 PHONE #: _____
 Vendor Reference: _____

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

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

Send directly to Payee
 Send with attached *
 Return to requestor

Minority Vendor: Yes No

If separate check is required please check box

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

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

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

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required: _____ Date: _____

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

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

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Johnnie Waston
 ATTN: _____
 ADDRESS: 1165 East Ridge Road
 ADDRESS LINE 2 Apt. # 12
 CITY Rochester, NY 14621
 PHONE # _____
 Vendor Reference: _____
 Minority Vendor: Yes No

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

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

If separate check is required please check box

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

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

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required:

 Date _____

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

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

ACTION for a BETTER COMMUNITY

AFC PEER WORKER

~~8~~

NAME: Jahnae Weston

MONTH: July 2023

*Grey area for staff use only

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

cc



CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

NAME: Daneisha Owens
 ATTN: _____
 ADDRESS: 432 N. Clinton
 ADDRESS LINE 2: _____
 CITY: Rochester, NY 14605
 PHONE #: _____
 Vendor Reference: _____
 Minority Vendor: Yes No

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

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

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

If separate check is required please check box

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

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

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

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required:

_____ Date _____

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

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

INVOICE

DATE: August 4, 2023
 INVOICE # NCP 0005 7/1-31/2023
 FOR: Neighborhood Collaborative
 Project (NCP) Project Lead
 Activities



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

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

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

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

BEST WISHES FOR A FABULOUS DAY!

Welch, Dylan

From: Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>
Sent: Thursday, August 17, 2023 10:24 PM
To: Pelow, Faye; Welch, Dylan
Cc: Tina Paradiso
Subject: NCP August 2023 invoice Submission via ARPA portal
Attachments: Confirmation - NCP August 2023 Invoice Submission to ARPA.pdf

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

~~~~~

Faye & Dylan,

Please note NCP's August 2023 invoice and supporting documentation has been uploaded and submitted via the ARPA portal. This submission is a reimbursement request rather than a credit to our advance.

As always, thank you for your continued support and please let me know if you have any questions or concerns regarding this invoice submission.

Jocelyn Basley, Community Consultant  
Project Lead for the Neighborhood Collaborative Project (NCP)

Select Language ▼

Powered by  Google Translate

# Monroe County ARPA Portal

[Home Account](#) [Logout](#)

*You are logged in as Neighborhood Collaborative - Neighborhood Collaborative*

Record has been saved.

## Project: Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project - Neighborhood Collaborative Project (NCP)

[Back To Voucher Date List](#)

### Voucher Date: 8/15/2023

Submitted: 8/17/23 10:17PM. This form is read-only.

Use the button below to upload your budget spreadsheet.

[NCP's August 2023 Invoice for Reimbursement Submission.xlsx](#)

Use the button below to upload any supporting documentation.

- [C3's July 2023 Invoice for NCP.pdf](#)
- [AFC Invoice for July 2023 expenses.pdf](#)
- [AFC Invoice for June 2023 expenses.pdf](#)
- [TPP Invoice July 2023.pdf](#)
- [Revised OTG Invoice - July 2023.pdf](#)
- [MC Collaborative's July Invoice to NCP.pdf](#)
- [FTAC Revised NCP Invoice Aug \(For July\).pdf](#)
- [SWAN's Reimbursement Invoice Submission for August 2023.pdf](#)
- [Cameron's Reimbursement Invoice Submission July 2023 Expenses.pdf](#)
- [LABA Invoice for July 2023 expenses.pdf](#)
- [NCP BTS August 2023 Invoice.pdf](#)
- [NCP's Monthly Check Request Log - August 2023.pdf](#)
- [NCP's August 2023 Invoice Summary - Line Item Detail.xlsx](#)

A Voucher Total from Spreadsheet: **\$125,660.67**

B1 Year 1 Total Approved Budget: **\$1,544,553.00**

B2 Year 1 Funds Claimed/Credited to Date: **\$378,936.55 (C2 + D2)**

C1 Year 1 Advanced Funds: **\$386,138.25**

C2 Year 1 Advanced Funds Credited to Date: **\$248,839.42**

D1 Year 1 Reimbursable Budget: **\$1,158,414.75**

D2 Year 1 Reimbursable Budget Claimed to Date: **\$130,097.13**

**Amount to Credit** - Input the amount that you would like credited toward the initial advance payment from Monroe County (C1). This amount will need to be credited in full by December 31, 2023.

\$ 0.00 (will be added to C2)

**Amount to Claim** - Input the amount spent for this reporting period which you are seeking out of the reimbursable budget (D1).

\$ 125,660.67 (will be added to D2)

**The sum of "Amount to Credit" and "Amount to Claim" must equal the amount entered in your uploaded voucher spreadsheet (A).**

\$ 125,660.67 (will be added to B2)

Your Name

Jocelyn Basley

Your Title

Project Lead

**I confirm that I am a claimant, agent or representative and have the legal authority to claim the amount above for Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project. I certify and attest that this claim is just, true, and correct; and that the expenses described herein were incurred by Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project for purposes authorized under the ARPA Subaward Grant Agreement by and between County of Monroe and Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project.**

*For technical questions regarding this website contact [bringmonroeback@monroecounty.gov](mailto:bringmonroeback@monroecounty.gov).*

## Welch, Dylan

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**From:** Welch, Dylan  
**Sent:** Friday, August 18, 2023 9:52 AM  
**To:** 'Neighborhood Collaborative Project'; Pelow, Faye  
**Cc:** Tina Paradiso  
**Subject:** RE: NCP August 2023 invoice Submission via ARPA portal

Good Morning Jocelyn,

Thank you for uploading NCP's voucher! I can see that it came in to the portal. If I need clarification on anything I'll reach out to you.

Also, I saw the NCP website, it looks amazing! That calendar of events really came together nicely. 😊

Thank you again for all of your help and effort pulling these together, and I hope you have a wonderful weekend!

### **Dylan Welch**

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

**From:** Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>  
**Sent:** Thursday, August 17, 2023 10:24 PM  
**To:** Pelow, Faye <FayePelow@monroecounty.gov>; Welch, Dylan <dylanwelch@monroecounty.gov>  
**Cc:** Tina Paradiso <tinap@commresourcecollab.org>  
**Subject:** NCP August 2023 invoice Submission via ARPA portal

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

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Faye & Dylan,

Please note NCP's August 2023 invoice and supporting documentation has been uploaded and submitted via the ARPA portal. This submission is a reimbursement request rather than a credit to our advance.

As always, thank you for your continued support and please let me know if you have any questions or concerns regarding this invoice submission.

Jocelyn Basley, Community Consultant
Project Lead for the Neighborhood Collaborative Project (NCP)

CHECK DISBURSMENT REQUEST

PAYEE'S NAME & ADDRESS

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

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

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

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

Minority Vendor: Yes No

If separate check is required please check box

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

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

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

TO BE CHARGED:

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

Required Signatures

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

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

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

Additional Signatures as required:

 Date _____

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

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