Casa of the Fox Cities Inc.

Payroll summary by employee report

From Jan 01, 2022 to Mar 31, 2022 for all employees from all locations

Name	Hours - total	Hours - Regular	Hours - Vac	Hours - Holiday	Hours - OT	Gross pay - total	Employer taxes - total	Company contributions - Simple IRA Co. Match	Total payroll cost
Lee, Marissa	483	433.25	14.75	32	3	$ 10,625.27	$ 865.20	$ 312.71	$ 11,803.18

Insurance Total Jan. 1, 2022 – March 31, 2022 = $ 733.11

COMMON GROUND HEALTHCARE COOPERATIVE
120 Bishop's Way, Suite 150
Brookfield, WI 53005

Return Service Requested

Coverage Period: 01/01/2022 - 01/31/2022
Please Pay By: 12/25/2021
Total Amount Due: $4,608.03

CASA OF THE FOX CITIES
1500 N CASALOMA DR, SUITE #200
APPLETON, WI 54913

ACCOUNT DETAILS

Invoice Date	Invoice Number	Coverage Period
12/17/2021	1056282	01/01/2022 - 01/31/2022
Group Number	**Group Name**	**Payment Due By**
WIFXS800914-00	CASA of the Fox Cities	12/25/2021

INVOICE

Current	
Prior Balance	$0.00
Payment Received - Thank you	$0.00
Premium payments made within 7 days may not be reflected on your statement	
Past Due Amount	$0.00
Current Monthly Premium	$4,608.03
Adjustments	**$0.00**
AMOUNT DUE:	**$4,608.03**

IMPORTANT MESSAGES

Thank you for being a member of Common Ground Healthcare Cooperative. This is your initial invoice. Please pay your amount due by the invoice due date or within 10 days of the invoice date.

Looking for an easy way to pay your monthly premium? Visit CGCares.org/Pay and login to your Pay My Premium portal to make a one-time payment or set up recurring payments.

For other payment options, Please see the reverse side of this page.

IMPORTANT: Please keep the upper portion for your records, and detach the coupon below to be mailed back with your form of payment.

- -

Please note member number on your check. Detach and return this portion with your payment.

Group Name	**CASA of the Fox Cities**
Group Number	**WIFXS800914-00**
Invoice Number	**1056282**
Invoice Date	**12/17/2021**
Coverage Period	**01/01/2022 - 01/31/2022**
AMOUNT DUE	**$4,608.03**

Make checks payable to Common Ground Healthcare Cooperative and mail to:
Common Ground Healthcare Cooperative
Box 78553
Milwaukee, WI 53278-8553

AMOUNT PAID $ ☐☐,☐☐☐.☐☐

0WIFXS800914-0000000000000000000004608030

Summary of Current Premium Billing for:

CASA of the Fox Cities WIFXS800914-00

MEMBER ID	NAME	DATE	RATE	ADJUSTMENTS
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
2442618106	Marissa Lee	1/1/2022	$305.46	

Past Due Amount	$0.00
Current Month's Premium	$4,608.03
Total Adjustments	$0.00
TOTAL AMOUNT DUE:	**$4,608.03**

Employer = 80% Employee = 20%

$ 244.37 $ 61.09

COMMON GROUND HEALTHCARE COOPERATIVE
120 Bishop's Way, Suite 150
Brookfield, WI 53005

Return Service Requested

Coverage Period: 02/01/2022 - 02/28/2022
Please Pay By: 1/25/2022
Total Amount Due: $4,608.03

CASA OF THE FOX CITIES
1500 N CASALOMA DR, SUITE #200
APPLETON, WI 54913

ACCOUNT DETAILS

Invoice Date	Invoice Number	Coverage Period
1/3/2022	1116826	02/01/2022 - 02/28/2022
Group Number	**Group Name**	**Payment Due By**
WIFXS800914-00	CASA of the Fox Cities	1/25/2022

INVOICE

Current	
Prior Balance	$4,608.03
Payment Received - Thank you	$4,608.03
Premium payments made within 7 days may not be reflected on your statement	
Past Due Amount	$0.00
Current Monthly Premium	$4,608.03
Adjustments	**$0.00**
AMOUNT DUE:	**$4,608.03**

IMPORTANT MESSAGES

Thank you for being a member of Common Ground Healthcare Cooperative!

Looking for an easy way to pay your monthly premium? Visit CGCares.org/Pay and login to your Pay My Premium portal to make a one-time payment or set up recurring payments.

For other payment options, Please see the reverse side of this page.

IMPORTANT: Please keep the upper portion for your records, and detach the coupon below to be mailed back with your form of payment.

Please note member number on your check. Detach and return this portion with your payment.

Group Name	**CASA of the Fox Cities**
Group Number	**WIFXS800914-00**
Invoice Number	**1116826**
Invoice Date	**1/3/2022**
Coverage Period	**02/01/2022 - 02/28/2022**
AMOUNT DUE	**$4,608.03**

Make checks payable to Common Ground Healthcare Cooperative and mail to:
Common Ground Healthcare Cooperative
Box 78553
Milwaukee, WI 53278-8553

AMOUNT PAID $ ☐☐,☐☐☐.☐☐

0WIFXS800914-0000000000000000000004608030

Summary of Current Premium Billing for:

CASA of the Fox Cities WIFXS800914-00

MEMBER ID	NAME	DATE	RATE	ADJUSTMENTS
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
2442618106	Marissa Lee	2/1/2022	$305.46	

Past Due Amount	$0.00
Current Month's Premium	$4,608.03
Total Adjustments	$0.00
TOTAL AMOUNT DUE:	**$4,608.03**

Employer = 80%
$244.37

Employer = 20%
$61.09

COMMON GROUND HEALTHCARE COOPERATIVE
120 Bishop's Way, Suite 150
Brookfield, WI 53005

Return Service Requested

Coverage Period: 03/01/2022 - 03/31/2022
Please Pay By: 2/25/2022
Total Amount Due: $6,290.44

CASA OF THE FOX CITIES
1500 N CASALOMA DR, SUITE #200
APPLETON, WI 54913

ACCOUNT DETAILS

Invoice Date	Invoice Number	Coverage Period
2/4/2022	1284193	03/01/2022 - 03/31/2022
Group Number	**Group Name**	**Payment Due By**
WIFXS800914-00	CASA of the Fox Cities	2/25/2022

INVOICE

Current	
Prior Balance	$4,608.03
Payment Received - Thank you	$4,608.03
Premium payments made within 7 days may not be reflected on your statement	
Past Due Amount	$0.00
Current Monthly Premium	$5,863.73
Adjustments	**$426.71**
AMOUNT DUE:	**$6,290.44**

IMPORTANT MESSAGES

Thank you for being a member of Common Ground Healthcare Cooperative!

Looking for an easy way to pay your monthly premium? Visit CGCares.org/Pay and login to your Pay My Premium portal to make a one-time payment or set up recurring payments.

For other payment options, Please see the reverse side of this page.

IMPORTANT: Please keep the upper portion for your records, and detach the coupon below to be mailed back with your form of payment.

Please note member number on your check. Detach and return this portion with your payment.

Group Name	**CASA of the Fox Cities**
Group Number	**WIFXS800914-00**
Invoice Number	**1284193**
Invoice Date	**2/4/2022**
Coverage Period	**03/01/2022 - 03/31/2022**
AMOUNT DUE	**$6,290.44**

Make checks payable to Common Ground Healthcare Cooperative and mail to:
Common Ground Healthcare Cooperative
Box 78553
Milwaukee, WI 53278-8553

AMOUNT PAID $ ☐☐,☐☐☐.☐☐

0WIFXS800914-0000000000000000000006290449

Summary of Current Premium Billing for:

CASA of the Fox Cities WIFXS800914-00

MEMBER ID	NAME	DATE	RATE	ADJUSTMENTS
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]
2442618106	Marissa Lee	3/1/2022	$305.46	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]

Past Due Amount	$0.00
Current Month's Premium	$5,863.73
Total Adjustments	$426.71
TOTAL AMOUNT DUE:	**$6,290.44**

Employer = 80% $244.37

Employee = 20% $61.09

WISCONSIN DEPARTMENT of JUSTICE

MAIN MENU | USER MANAGEMENT | FUNDING ANNOUNCEMENT | PROJECT MANAGEMENT | WORK MANAGER

Project **Monitoring** Fiscal Details

Grant ID: 16731 **Project Title:** VOCA: Court Appointed Special Advocates 2021-2022 **Applicant Agency:** CASA of the Fox Cities

Total Budget: $100,000.00 **Phase Budget:** $100,000.00

This Report only covers the period

Report Start: 1/1/2022 **Report End:** 1/31/2022 **Project Period:** 10/1/2021 To 9/30/2022

FISCAL REPORT

Final Report: *No
Report Status: Submitted **Last Submitted Date:** 3/30/2022
Approval Status: Approved **Status Updated By:** Justin M Wartzenluft

Financial Information	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Federal	100,000.00	26,576.00	8,009.00	34,585.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00	0.00
Total Σ	100,000.00	26,576.00	8,009.00	34,585.00

Budget Categories (Expand All)	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Personnel	56,615.00	12,466.00	4,037.00	16,503.00

Personnel	Budget Federal	Budget Cash Match (New Approp.)	Budget In-Kind Match	Current Period Federal	Current Period Cash Match (New Approp.)	Current Period In-Kind Match	Remaining Federal	Remaining Cash Match (New Approp.)	Remaining In-Kind Match
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
Volunteer Advocate Coordinator (Marissa Lee)	7,077.00	0.00	0.00	1,036.00	0.00	0.00	3,745.00	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
Personnel Total	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00

Employee Benefits	Budget Federal	Budget Cash Match (New Approp.)	Budget In-Kind Match	Current Period Federal	Current Period Cash Match (New Approp.)	Current Period In-Kind Match	Remaining Federal	Remaining Cash Match (New Approp.)	Remaining In-Kind Match
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
Volunteer Advocate Coordinator (Marissa Lee)	2,000.00	0.00	0.00	319.00	0.00	0.00	1,140.00	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
[redacted]	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00
Employee Benefits Total	[redacted]	0.00	0.00	[redacted]	0.00	0.00	[redacted]	0.00	0.00

Travel (Including Training)	[redacted]	283.00	30.00	313.00
Equipment	0.00	0.00	0.00	0.00
Supplies & Operating Expenses	20,185.00	8,170.00	2,981.00	11,151.00
Consultants/Contractual	0.00	0.00	0.00	0.00
Indirect	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
Total Σ	100,000.00	26,576.00	8,009.00	34,585.00

Project Income:
(Program Income earned and expended should represent the amount for this reporting period not the cumulative amount.)

Project Income Earned: 0.00 **Project Income Expended:** 0.00

Remarks: •Administrative Assistant worked 36.33 VOCA Allowable hours she is being reimbursed at 20% of her total allowable amount. (36.33 hrs. x $17.00 @ 33.6% = $208) • Volunteer Advocate Coordinator (Krista) worked 116.25 VOCA Allowable hours she is being reimbursed at 20% of her total allowable amount. (116.25 hrs. x $21.63 @ 33.55% = $1,061) • Leah: NA still under a NCASA Mentoring Grant reimbursement for wages • Volunteer Advocate Coordinator (Marissa) worked 139.08 VOCA Allowable hours she is being reimbursed at 20% of her total allowable amount. (139.08 hrs. x $22.21 @ 33.55% = $1,036) • Executive Director (Dawn) worked 22.05 VOCA Allowable hours she is being reimbursed at 20% of her total allowable amount. (22.05 hrs. x $36.73 @ 33.55% = $272) • Program Director (Whitney) worked 164.55 VOCA Allowable hours she is being reimbursed at 20% of her total allowable amount. (164.55 hrs. x $26.44 @ 33.55% = $1,460) • Travel o Kandace 0 miles @ .51 = $0 o Dawn 0 miles @ .51 = $0 o Krista 0 miles @ .51 = $0 o Marissa 0 miles @ .51 = $0 o Jill 0 miles at .51 = $0 o Whitney 0 miles @ .51 = $0 o Leah 58 miles @ .51 = $30 o Selena 0 miles @.51 = $0 • Copier Service for January = $118.68 @ 63% = $75 • Internet & Phone for January = $140.23 @ 63% = $88 • Office Supplies for January = $520.80 @ 63% = $326 • Postage for January Court Reports = $208.88 @100% = $208 • Rent for January = $3620.38 @ 63% = $2,281

Add Attachment

	Attachment Name (click attachment name to view it)	Attachment Description (click description to maintain it)	Date
Delete	Jan. Emp. Hrs..pdf	January Employee Hrs	3/4/2022
Delete	Jan. Mileage.pdf	January Mileage	3/4/2022

Certifications

Mrs. Dawn M. Gohlke — Project Director: Mrs. Dawn M. Gohlke — Certify Report

Mr. Derek R Fiestadt — Financial Officer: Mr. Derek R Fiestadt — Certify Report

Problem Description	Due Date	Status

Save as Draft | Submit | Revise | Delete | Cancel

Please send technical comments and questions to Egrants@doj.state.wi.us.

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WISCONSIN DEPARTMENT of JUSTICE

Project **Monitoring** Fiscal Details

Grant ID: 16731 **Project Title:** VOCA: Court Appointed Special Advocates 2021-2022 **Applicant Agency:** CASA of the Fox Cities

Total Budget: $100,000.00 **Phase Budget:** $100,000.00

This Report only covers the period

Report Start: 2/1/2022 **Report End:** 2/28/2022 **Project Period:** 10/1/2021 To 9/30/2022

FISCAL REPORT

Final Report: *No
Report Status: Submitted **Last Submitted Date:** 4/4/2022
Approval Status: Pending **Status Updated By:** Mrs. Dawn M. Gohlke

Financial Information	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Federal	100,000.00	34,585.00	8,349.00	42,934.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00	0.00
Total Σ	100,000.00	34,585.00	8,349.00	42,934.00

Budget Categories (Expand All)	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Personnel	56,615.00	16,503.00	4,377.00	20,880.00

Personnel	Budget			Current Period			Remaining		
	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Volunteer Advocate Coordinator (Marissa Lee)	7,077.00	0.00	0.00	1,160.00	0.00	0.00	2,585.00	0.00	0.00
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Personnel Total	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Employee Benefits	Budget			Current Period			Remaining		
	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Volunteer Advocate Coordinator (Marissa Lee)	2,000.00	0.00	0.00	333.00	0.00	0.00	807.00	0.00	0.00
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Employee Benefits Total	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Travel (Including Training)	3,100.00	313.00	3.00	316.00
Equipment	0.00	0.00	0.00	0.00
Supplies & Operating Expenses	20,185.00	11,151.00	2,991.00	14,142.00
Consultants/Contractual	0.00	0.00	0.00	0.00
Indirect	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
Total Σ	100,000.00	34,585.00	8,349.00	42,934.00

Project Income:
(Program Income earned and expended should represent the amount for this reporting period not the cumulative amount.)

Project Income Earned: 0.00 **Project Income Expended:** 0.00

Remarks: [redacted] Volunteer Advocate Coordinator (Marissa) worked 130.52 VOCA Allowable hours she is being reimbursed at 40% of her total allowable amount. (130.52 hrs. x $22.21 @ 40% = $1,160) [redacted]

Add Attachment

	Attachment Name (click attachment name to view it)	Attachment Description (click description to maintain it)	Date
Delete	Feb. Emp. Hrs..pdf	Feb. Emp. Hrs.	3/31/2022
Delete	Feb. Mileage.pdf	Feb. Mileage	3/31/2022

Certifications

Mrs. Dawn M. Gohlke

Project Director: Mrs. Dawn M. Gohlke

Certify Report

Mr. Derek R Fiestadt

Financial Officer: Mr. Derek R Fiestadt

Certify Report

Problem Description	Due Date	Status

Save as Draft | Submit | Revise | Delete | Cancel

Please send technical comments and questions to Egrants@doj.state.wi.us.

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WISCONSIN DEPARTMENT of JUSTICE

MAIN MENU | USER MANAGEMENT | FUNDING ANNOUNCEMENT | PROJECT MANAGEMENT | WORK MANAGER

Project **Monitoring** Fiscal Details

Grant ID: 16731 **Project Title:** VOCA: Court Appointed Special Advocates 2021-2022 **Applicant Agency:** CASA of the Fox Cities

Total Budget: $100,000.00 **Phase Budget:** $100,000.00

This Report only covers the period

Report Start: 3/1/2022 **Report End:** 3/31/2022 **Project Period:** 10/1/2021 To 9/30/2022

FISCAL REPORT

Final Report: *No
Report Status: Draft
Approval Status: Pending

Last Submitted Date:
Status Updated By: Mrs. Dawn M. Gohlke

Financial Information	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Federal	100,000.00	42,934.00	8,304.00	51,238.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00	0.00
Total Σ	100,000.00	42,934.00	8,304.00	51,238.00

Budget Categories (Expand All)	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Personnel	56,615.00	20,880.00	4,276.00	25,156.00

Personnel	Budget			Current Period			Remaining		
	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match
Recruitment & Training Specialist ((To Be Determined))	6,357.00	0.00	0.00	0.00	0.00	0.00	6,357.00	0.00	0.00
Administrative Assistant (Kandace Stuyvenberg)	7,077.00	0.00	0.00	373.00	0.00	0.00	6,119.00	0.00	0.00
Volunteer Advocate Coordinator (Keith A. McCray)	4,816.00	0.00	0.00	1,520.00	0.00	0.00	3,296.00	0.00	0.00
Volunteer Advocate Coordinator (Krista Krueger)	7,077.00	0.00	0.00	0.00	0.00	0.00	2,555.00	0.00	0.00
Volunteer Advocate Coordinator (Leah Thibodeau)	7,077.00	0.00	0.00	0.00	0.00	0.00	7,077.00	0.00	0.00
Volunteer Advocate Coordinator (Marissa Lee)	7,077.00	0.00	0.00	1,726.00	0.00	0.00	859.00	0.00	0.00
Executive Director (Mrs. Dawn M. Gohlke)	7,076.00	0.00	0.00	557.00	0.00	0.00	5,196.00	0.00	0.00
Recruitment & Training Specialist (Mrs. Jill Hannemann)	720.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Program Director (Mrs. Whitney Moscinski)	7,077.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Selena Trejo)	2,261.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Personnel Total	56,615.00	0.00	0.00	4,276.00	0.00	0.00	31,459.00	0.00	0.00

Employee Benefits	Budget			Current Period			Remaining		
	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match	Federal	Cash Match (New Approp.)	In-Kind Match
Recruitment & Training Specialist ((To Be Determined))	1,893.00	0.00	0.00	0.00	0.00	0.00	1,893.00	0.00	0.00
Administrative Assistant (Kandace Stuyvenberg)	2,000.00	0.00	0.00	152.00	0.00	0.00	1,182.00	0.00	0.00
Volunteer Advocate Coordinator (Keith A. McCray)	967.00	0.00	0.00	688.00	0.00	0.00	279.00	0.00	0.00
Volunteer Advocate Coordinator (Krista Krueger)	2,000.00	0.00	0.00	0.00	0.00	0.00	164.00	0.00	0.00
Volunteer Advocate Coordinator (Leah Thibodeau)	2,000.00	0.00	0.00	0.00	0.00	0.00	1,962.00	0.00	0.00
Volunteer Advocate Coordinator (Marissa Lee)	2,000.00	0.00	0.00	397.00	0.00	0.00	410.00	0.00	0.00
Executive Director (Mrs. Dawn M. Gohlke)	2,000.00	0.00	0.00	178.00	0.00	0.00	1,098.00	0.00	0.00
Recruitment & Training Specialist (Mrs. Jill Hannemann)	107.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Program Director (Mrs. Whitney Moscinski)	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Selena Trejo)	1,033.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Benefits Total	16,000.00	0.00	0.00	1,415.00	0.00	0.00	6,989.00	0.00	0.00

Travel (Including Training)	3,100.00	316.00	0.00	316.00
Equipment	0.00	0.00	0.00	0.00
Supplies & Operating Expenses	20,185.00	14,142.00	2,613.00	16,755.00
Consultants/Contractual	0.00	0.00	0.00	0.00
Indirect	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
Total Σ	100,000.00	42,934.00	8,304.00	51,238.00

Project Income:
(Program Income earned and expended should represent the amount for this reporting period not the cumulative amount.)

Project Income Earned: 0.00 **Project Income Expended:** 0.00

Remarks: • Administrative Assistant worked 43.83 VOCA Allowable hours she is being reimbursed at 50% of her total

Add Attachment

	Attachment Name (click attachment name to view it)	Attachment Description (click description to maintain it)	Date
Delete	Mar. Emp. Hrs..pdf	Mar. Employee Hours	4/10/2022

Certifications

Mrs. Dawn M. Gohlke

Project Director: Mrs. Dawn M. Gohlke

Certify Report

Financial Officer: Mr. Derek R Fiestadt

Certify Report

Problem Description	Due Date	Status

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