

# Casa of the Fox Cities Inc.

## Payroll summary by employee report

From Apr 01, 2022 to Jun 30, 2022 for all employees from all locations

Item	Total	Lee Marissa
<b>Hours - total</b>	<b>5065.92</b>	<b>561</b>
Hours - Vac	151.5	18.5
Hours - Regular	3216.42	533.5
Hours - Cell Phone Stipend	0	0
Hours - Holiday	72	8
Hours - VOCA Mileage	0	
Hours - OT	8.75	1
Hours - Sal	1617.25	
Hours - Mileage Reimbursemen	0	0
Hours - Misc Reimb - Office	0	0
Hours - Back Pay	0	0
<b>Gross pay - total</b>	<b>\$ 126,016.34</b>	<b>\$ 12,555.80</b>
Gross pay - Vac	\$ 3,260.09	\$ 410.89
Gross pay - Regular	\$ 67,950.50	\$ 11,849.03
Gross pay - Cell Phone Stipend	\$ 646.24	\$ 80.78
Gross pay - Holiday	\$ 1,776.25	\$ 177.68
Gross pay - VOCA Mileage	\$ 101.80	
Gross pay - OT	\$ 266.15	\$ 33.32
Gross pay - Sal	\$ 50,477.32	
Gross pay - Mileage Reimbursemen	\$ 491.07	\$ 4.10
Gross pay - Misc Reimb - Office	\$ 83.45	\$ 0.00
Gross pay - Back Pay	\$ 963.47	\$ 0.00
<b>Pretax deductions - total</b>	<b>-\$ 10,345.55</b>	<b>-\$ 568.00</b>
Pretax deductions - Cancer (pre-tax)	-\$ 267.12	
Pretax deductions - HOSP (Pretax)	-\$ 89.04	
Pretax deductions - Accident (pre-tax)	-\$ 542.22	
Pretax deductions - POP EE (pre-tax)	-\$ 5,199.88	-\$ 197.40
Pretax deductions - Simple IRA Co. Match	\$ 0.00	
Pretax deductions - Simple IRA Emp.	-\$ 4,126.75	-\$ 370.60

Pretax deductions - Vision Insurance (pre-tax)			
<b>Adjusted gross</b>	<b>\$ 115,670.79</b>	<b>\$ 11,987.80</b>	
<b>Other pay - total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
<b>Employee taxes &amp; deductions - total</b>	<b>-\$ 22,302.56</b>	<b>-\$ 2,759.77</b>	
<b>Employee taxes - total</b>	<b>-\$ 21,274.78</b>	<b>-\$ 2,759.77</b>	
Employee taxes - FIT	-\$ 7,408.91	-\$ 1,312.18	
Employee taxes - SS	-\$ 7,385.50	-\$ 765.96	
Employee taxes - Med	-\$ 1,727.26	-\$ 179.14	
Employee taxes - WI Income Tax	-\$ 4,753.11	-\$ 502.49	
<b>Employee Aftertax deductions - total</b>	<b>-\$ 1,027.78</b>		
Employee Aftertax deductions - Life Insurance (taxable)	-\$ 40.08		
Employee Aftertax deductions - Short Term Dis (taxable)	-\$ 885.36		
Employee Aftertax deductions - United Way	-\$ 102.34		
<b>Net pay</b>	<b>\$ 93,368.23</b>	<b>\$ 9,228.03</b>	
<b>Employer taxes &amp; contributions - total</b>	<b>\$ 13,082.32</b>	<b>\$ 1,338.94</b>	
<b>Employer taxes - total</b>	<b>\$ 9,508.69</b>	<b>\$ 968.34</b>	
Employer taxes - FUTA	\$ 75.51		
Employer taxes - SS	\$ 7,385.50	\$ 765.96	
Employer taxes - Med	\$ 1,727.26	\$ 179.14	
Employer taxes - WI SUI	\$ 320.42	\$ 23.24	
<b>Company contributions - total</b>	<b>\$ 3,573.63</b>	<b>\$ 370.60</b>	
Company contributions - Simple IRA Co. Match	\$ 2,832.26	\$ 370.60	
Company contributions - Simple IRA Emp.	\$ 741.37		
<b>Total payroll cost</b>	<b>\$ 139,098.66</b>	<b>\$ 13,894.74</b>	

Health Insurance 733.11





## Payment Options

Please submit payment for Total Amount Due as shown. Please choose one of the following payment options:

- **E-payment:** Make a one-time or recurring payment by going to [www.CgCares.org/Pay](http://www.CgCares.org/Pay) and selecting "Pay My Premium". This allows you to pay by credit/debit or Electronic Funds Transfer (EFT) from a checking or savings account.

- **By Check:** Please make check payable to Common Ground Healthcare Cooperative, include your member ID number on your check and mail your check and the coupon (remittance stub) to: CGHC, Box 78553, Milwaukee, WI 53278-8553. Please do not write "paid in full" on your check, or the check will be delayed in processing.

- **Credit/Debit Card:** Please complete the back of the coupon (remittance stub) and mail to: CGHC, Box 78553, Milwaukee, WI 53278-8553. This will be a one-time payment only.

- **Recurring Payments Note:** If you have set up recurring payments online or via EFT, please review this invoice for accuracy. If all is correct, do nothing further at this time. Payment will be withdrawn automatically. You are responsible for ensuring your payment was successful.

*If you have made your premium payments for the full year of coverage, please continue to check your invoice for any additional changes, especially if you have a tax credit (APTC) which can change throughout the year.*

## Thank you for choosing Common Ground Healthcare Cooperative.

If you have any questions about your billing statement, please contact the sales team at 855-494-2667 or via email at [sales@commongroundhealthcare.org](mailto:sales@commongroundhealthcare.org).

Please complete this section only if you wish to make a one-time payment by credit/debit card and have not made another form of payment.

MasterCard     Visa     Discover

Expiration Date   /

Signature \_\_\_\_\_

I hereby authorize Common Ground Healthcare Cooperative to deduct the premium amount from the card listed above.

Summary of Current Premium Billing for:  
CASA of the Fox Cities  
WIFXS800914-00

MEMBER ID	NAME	DATE	RATE	ADJUSTMENTS
2442613597	Dawn Golik	4/1/2022	\$1,689.14	
2442613598	Krista Krueger	3/1/2022		(\$361.35)
2442613599	Whitney Moschinski	4/1/2022	\$1,614.60	
2442613600	Kandace Stuyvenberg	4/1/2022	\$305.46	
2442618106	Marissa Lee	4/1/2022	\$305.46	
2442625966	Keith McCray	4/1/2022	\$828.99	
2442626692	Emma Harper	4/1/2022	\$758.73	

Past Due Amount \$0.00

Current Month's Premium \$5,502.38

Total Adjustments (\$361.35)

**TOTAL AMOUNT DUE: \$5,141.03**

$305.46 \times .80 = 244.37$  *amounts paid*



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*If you have made your premium payments for the full year of coverage, please continue to check your invoice for any additional changes, especially if you have a tax credit (APTC) which can change throughout the year.*

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MasterCard    Visa    Discover

Expiration Date  /  M / Y    Y

Signature \_\_\_\_\_

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Summary of Current Premium Billing for:  
CASA of the Fox Cities  
WIFXS800914-00

MEMBER ID	NAME	DATE	RATE	ADJUSTMENTS
2442613597	Dawn Gottlieb	5/1/2022	\$1,089.17	
2442613599	Whitney Mostinski	5/1/2022	\$1,614.50	
2442613600	Kandace Stuyvenberg	5/1/2022	\$305.46	
2442618106	Marissa Lee	5/1/2022	\$305.46	
2442625966	Keith Miceay	5/1/2022	\$828.99	
2442626692	Jenna Harper	4/1/2022		(\$758.73)

Past Due Amount \$0.00

Current Month's Premium \$4,743.65

Total Adjustments (\$758.73)

**TOTAL AMOUNT DUE: \$3,984.92**

$305.46 \times 80 = 244.37$  employer paid



Group Name: CASA of the Fox Cities  
 Group Number: WIFXS800914-00  
 Invoice Number: 1387915  
 Invoice Date: 5/2/2022  
 Coverage Period: 06/01/2022 - 06/30/2022  
 AMOUNT DUE: \$4,743.65

AMOUNT PAID

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

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

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

<p><b>AMOUNT DUE:</b> \$4,743.65</p> <p>Adjustments \$0.00          Current Monthly Premium \$4,743.65          Past Due Amount \$0.00</p> <p><i>*Premium payments made within 7 days may not be reflected on your statement</i>          Payment Received - Thank you \$3,984.92          Prior Balance \$3,984.92</p> <p>INVOICE</p>	<p><b>IMPORTANT MESSAGES</b></p> <p>Thank you for being a member of Common Ground Healthcare Cooperative! Looking for an easy way to pay your monthly premium? Visit <a href="http://CGCares.org/Pay">CGCares.org/Pay</a> and login to your <a href="http://My Premium portal">My Premium portal</a> to make a one-time payment or set up recurring payments. For other payment options, please see the reverse side of this page.</p>										
	<p><b>ACCOUNT DETAILS</b></p> <table border="1"> <tr> <td>Group Number</td> <td>WIFXS800914-00</td> </tr> <tr> <td>Invoice Date</td> <td>5/2/2022</td> </tr> <tr> <td>Invoice Number</td> <td>1387915</td> </tr> <tr> <td>Group Name</td> <td>CASA of the Fox Cities</td> </tr> <tr> <td>Payment Due By</td> <td>5/25/2022</td> </tr> </table>		Group Number	WIFXS800914-00	Invoice Date	5/2/2022	Invoice Number	1387915	Group Name	CASA of the Fox Cities	Payment Due By
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Invoice Date	5/2/2022										
Invoice Number	1387915										
Group Name	CASA of the Fox Cities										
Payment Due By	5/25/2022										

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

Coverage Period: 06/01/2022 - 06/30/2022  
 Please Pay By: 5/25/2022  
 Total Amount Due: \$4,743.65

Return Service Requested

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



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2442613600	Kandace Stuyvenberg	6/1/2022	\$905.10	
2442618106	Marissa Lee	6/1/2022	\$305.46	
2442625960	Keith Mickey	6/1/2022	\$828.09	

Past Due Amount \$0.00  
 Current Month's Premium \$4,743.65  
 Total Adjustments \$0.00

**TOTAL AMOUNT DUE:**

**\$4,743.65**

$\$305.46 \times .80 = \$244.37$  employer's paid

3 months = \$733.11





WISCONSIN DEPARTMENT of JUSTICE

MAIN MENU USER MANAGEMENT FUNDING ANNOUNCEMENT PROJECT MANAGEMENT WORK

Welcome: Mrs. Dawn M. Gohlke. System will time out at: 2:53:30 PM. Remaining time: 29:27 Log Off

Grant ID: 16731 Project Title: VOCA: Court Appointed Special Advocates 2021-2022 Applicant: CASA of the Fox Cities Phase Budget: \$100,000.00

Report Start: 4/1/2022 Report End: 4/30/2022 Project Period: 10/1/2021 To 9/30/2022

FISCAL REPORT

Table with columns: Financial Information, Budget, Expenditures To Date, Current Period, New Expenditures To Date. Rows include Federal, Cash Match (New Approp.), In-Kind Match, and Total.

Table with columns: Budget Categories, Budget, Expenditures To Date, Current Period, New Expenditures To Date, Budget, Cash Match (New Approp.), In-Kind Match, Federal, Current Period, Cash Match (New Approp.), In-Kind Match, Federal, Remaining, Cash Match (New Approp.), In-Kind Match. Rows include Personnel, Volunteer Advocate Coordinator, Administrative Assistant, Volunteer Advocate Coordinator, Volunteer Advocate Coordinator, Volunteer Engagement & Training Specialist, Volunteer Advocate Coordinator, Recruitment & Training Specialist, Program Director, Volunteer Advocate Coordinator, Employee Benefits.



	(New Approp.)	(New Approp.)	(New Approp.)	(New Approp.)
Volunteer Advocate Coordinator (Alyssa Anderson)	729.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Amy Burbado Martinez)	773.00	0.00	0.00	0.00
Administrative Assistant (Kerandace Stuyvesberg)	1,567.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Keith A. McGraw)	2,864.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Kristin Krueger)	1,336.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Leah Thielen)	0.00	0.00	0.00	0.00
Volunteer Employment & Training Specialist (Leah Thielen)	574.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Marissa Lee)	2,000.00	0.00	0.00	0.00
Executive Director (Mrs. Dawn M. Gohlke)	1,792.00	0.00	0.00	0.00
Recruitment & Training Specialist (Mrs. Jill Hennemann)	407.00	0.00	0.00	0.00
Program Director (Mrs. Whitney Mosinski)	2,795.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Sabina Tapp)	4,999.00	0.00	0.00	0.00
<b>Employee Benefits Total</b>	<b>16,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Staff Development	0.00	0.00	0.00	0.00
Travel (Including Training)	716.00	316.00	25.00	341.00
Equipment	0.00	0.00	0.00	0.00
Supplies & Operating Expenses	26,669.00	16,755.00	2,664.00	19,419.00
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
<b>Total</b>	<b>100,000.00</b>	<b>51,238.00</b>	<b>8,352.00</b>	<b>59,590.00</b>

(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

**Project Income:** 0.00

• Kandace: Administrative Assistant worked 41.42 VOCA Allowable hours she is being reimbursed at 37% of her total allowable amount. (41.42 hrs. x \$17.00 @ 37% = \$261) • Keith: Volunteer Advocate Coordinator worked 121.5 VOCA Allowable hours he is being reimbursed at 50% of her total allowable amount. (121.5 hrs. x \$21.63 @ 37% = \$972) • Alyssa: Volunteer Advocate Coordinator worked 71.67 VOCA Allowable hours he is being reimbursed at 37% of her total allowable amount. (71.67 hrs. x \$21.63 @ 37% = \$574) • Amy: Volunteer Advocate Coordinator worked 120.33 VOCA Allowable hours he is being reimbursed at 37% of her total allowable amount. (120.33 hrs. x \$21.63 @ 37% = \$963) • Whitney: Program Director no longer has personnel 37% of her total allowable amount. (120.33 hrs. x \$21.63 @ 37% = \$963) • Leah: Volunteer Employment & Training Specialist worked 147 VOCA Allowable Hours she is being reimbursed at 37% of her total allowable amount. (147 hrs. x \$22.21 @ 37% = \$1208) • Executive Director (Dawn) worked 17.5 VOCA Allowable hours she is being reimbursed at 37% of her total allowable amount. (19.75 hrs. x \$36.73 @ 37% = \$238) • Travel o Kandace @ .51 = \$0 o Dawn 0 miles @ .51 = \$0 o Marissa 0 miles @ .51 = \$0 o Whitney 0 miles @ .51 = \$0 o Leah 14 miles @ .51 = \$7 o Keith 0 miles @ .51 = \$0 o Alyssa 35.6 miles @ .51 = \$18 • Copier Service for March = \$359.72 @ 63% = \$227 • Internet & Phone for March = \$154.98 @ 63% = \$98 • Office Supplies for March = \$0 @ 63% = \$0 • Postage for March = \$58 @ 100% = \$58 • Rent for March = \$3620.38 @ 63% = \$2,281

Attachment Name	Attachment Description	Date
Delete	(click attachment name to view it) (click attachment to maintain it)	
Apr. Emp. Hrs.pdf	Apr. Emp. Hrs	5/24/2022
Apr. Mileage.pdf	Apr. Emp. Mileage	5/24/2022

**Certifications**

<i>Mrs. Dawn M. Gohlke</i>	<i>Mr. Derek R. Fiestadt</i>
Project Director: Mrs. Dawn M. Gohlke	Financial Officer: Mr. Derek R. Fiestadt
<input type="button" value="Certify Report"/>	<input type="button" value="Certify Report"/>

Please send technical comments and questions to [Egrants@doj.state.wi.us](mailto:Egrants@doj.state.wi.us).  
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Unauthorized Access Prohibited.

The Department of Justice is subject to Wisconsin Statutes related to public records. Applicants should presume that all information contained in the Egrants application is subject to release upon request, unless the information is exempt from disclosure by law. In order to help ensure that exempt information is not inadvertently disclosed to the public, the Department of Justice strongly encourages applicants not to include information that is exempt from disclosure by law in an application, unless specifically requested.





WISCONSIN DEPARTMENT of JUSTICE

MAIN MENU MANAGEMENT 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

Report Start: 5/1/2022 Report End: 5/31/2022 Project Period: 10/1/2021 To 9/30/2022  
 This Report only covers the period

FISCAL REPORT

Final Report: \* No  
 Report Status: Submitted  
 Approval Status: Approved  
 Last Submitted Date: 7/6/2022  
 Status Updated By: Tanya D. Herranz

Financial Information	Budget	Expenditures To Date	Current Period	New Expenditures To Date
Federal	100,000.00	59,590.00	8,393.00	67,983.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00	0.00
<b>Total Σ</b>	<b>100,000.00</b>	<b>59,590.00</b>	<b>8,393.00</b>	<b>67,983.00</b>

Budget Categories	Budget	Expenditures To Date	Current Period	New Expenditures To Date
<input checked="" type="checkbox"/> Personnel	56,615.00	29,372.00	5,470.00	34,842.00

	Budget			Current Period			Remaining
	Federal	Cash Match (New Approp.)	In-Kind Match	Cash Match (New Approp.)	In-Kind Match	Federal	
Volunteer Advocate Coordinator (Alyse Anderson)	5,410.00	0.00	0.00	0.00	0.00	1,080.00	4,330.00
Volunteer Advocate Coordinator (Amy Hurtado Martinez)	4,522.00	0.00	0.00	0.00	0.00	991.00	3,531.00
Administrative Assistant (Kandace Stuyvenberg)	1,789.00	0.00	0.00	0.00	0.00	164.00	1,625.00
Volunteer Advocate Coordinator (Keith A. McCray)	4,916.00	0.00	0.00	0.00	0.00	959.00	3,957.00
Volunteer Advocate Coordinator (Krista Krueger)	4,522.00	0.00	0.00	0.00	0.00	0.00	4,522.00
Volunteer Advocate Coordinator (Leah Thibodeau)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Volunteer Engagement & Training Specialist (Leah Thibodeau)	6,257.00	0.00	0.00	0.00	0.00	999.00	5,258.00
Volunteer Advocate Coordinator (Marissa Lee)	7,077.00	0.00	0.00	0.00	0.00	1,211.00	5,866.00
Executive Director (Mrs. Dawn M. Gohlke)	7,076.00	0.00	0.00	0.00	0.00	302.00	6,774.00
Recruitment & Training Specialist (Mrs. Jill Hennemann)	720.00	0.00	0.00	0.00	0.00	0.00	720.00
Program Director (Mrs. Whitney Mescinski)	12,415.00	0.00	0.00	0.00	0.00	0.00	12,415.00
Volunteer Advocate Coordinator (Selena Trejo)	2,261.00	0.00	0.00	0.00	0.00	0.00	2,261.00
<b>Personnel Total</b>	<b>56,615.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,470.00</b>	<b>51,145.00</b>
<b>Employee Benefits</b>	<b>16,000.00</b>	<b>10,458.00</b>	<b>2,393.00</b>	<b>0.00</b>	<b>0.00</b>	<b>12,851.00</b>	<b>3,149.00</b>

Budget			Current Period			Remaining		
Federal	Cash Match	In-Kind Match	Cash Match	In-Kind Match	Federal	Cash Match	In-Kind Match	In-Kind Match
21,773.00	0.00	0.00	0.00	0.00	21,773.00	0.00	0.00	0.00



	(New Approp.)	(New Approp.)	(New Approp.)	(New Approp.)
Volunteer Advocate Coordinator (Alyssa Anderson)	709.00	0.00	123.00	0.00
Volunteer Advocate Coordinator (Amy Hurtado Martinez)	773.00	0.00	135.00	0.00
Administrative Assistant (Kandace Shuyverberg)	1,567.00	0.00	122.00	0.00
Volunteer Advocate Coordinator (Keith A. McCray)	2,864.00	0.00	613.00	0.00
Volunteer Advocate Coordinator (Krisla Krueger)	1,835.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Leah Thibodeau)	0.00	0.00	128.00	0.00
Volunteer Engagement & Training Specialist (Leah Thibodeau)	574.00	0.00	0.00	0.00
Volunteer Advocate Coordinator (Marissa Lee)	2,000.00	0.00	339.00	0.00
Executive Director (Mrs. Dawn M. Gohlke)	1,722.00	0.00	128.00	0.00
Recruitment & Training Specialist (Mrs. Jill Hennemann)	1,077.00	0.00	0.00	0.00
Program Director (Mrs. Whitney-Mosinski)	2,795.00	0.00	795.00	0.00
Volunteer Advocate Coordinator (Selena Treib)	1,033.00	0.00	0.00	0.00
<b>Employee Benefits Total</b>	<b>16,000.00</b>	<b>0.00</b>	<b>2,393.00</b>	<b>0.00</b>
Staff Development	0.00	0.00	0.00	0.00
Travel (Including Training)	716.00	341.00	65.00	406.00
Equipment	0.00	0.00	0.00	0.00
Supplies & Operating Expenses	26,669.00	19,419.00	465.00	19,884.00
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
<b>Total Σ</b>	<b>100,000.00</b>	<b>59,590.00</b>	<b>8,393.00</b>	<b>67,983.00</b>

(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:** Kandace: Administrative Assistant worked 44.04 VOCA Allowable hours she is being reimbursed at 36% of her total allowable amount. (44.04 hrs. x \$17.00 @ 36% = \$104) • Leah: Volunteer Engagement & Training Specialist worked 123.75 VOCA Allowable Hours she is being reimbursed at 36% of her total allowable amount. (123.75 hrs. x \$22.21 @ 36% = \$989) • Marissa: Volunteer Engagement & Training Specialist worked 151.42 VOCA Allowable Hours she is being reimbursed at 36% of her total allowable amount. (151.42 hrs. x \$22.21 @ 36% = \$1211) • Executive Director (Dawn) worked 22.05 VOCA Allowable hours she is being reimbursed at 36% of her total allowable amount. (22.05 hrs. x \$38.03 @ 36% = \$302) • Keith: Volunteer Advocate Coordinator worked 109.5 VOCA Allowable hours he is being reimbursed at 36% of his total allowable amount. (109.55 hrs. x \$21.63 @ 36% = \$989) • Alyssa: Volunteer Advocate Coordinator worked 138.75 VOCA Allowable hours she is being reimbursed at 36% of her total allowable amount. (138.75 hrs. x \$21.63 @ 36% = \$1080) • Amy: Volunteer Advocate Coordinator worked 119.5 VOCA Allowable hours she is being reimbursed at 36% of her total allowable amount. (119.5 hrs. x \$21.63 @ 36% = \$931) • Whitney: Program Director no longer has personnel wages/feet to reimburse from • Travel o Kandace 0 miles @ .51 = \$0 o Dawn 25 miles @ .51 = \$13 o Marissa 7 miles @ .51 = \$4 o Whitney 0 miles @ .51 = \$0 o Leah 0 miles @ .51 = \$0 o Keith 0 miles @ .51 = \$0 o Alyssa 94 miles @ .51 = \$48 • Copier Service for May = \$260.22 @ 63% = \$164 • Internet & Phone for May = \$154.98 @ 63% = \$98 • Office Supplies for May = \$101.77 @ 63% = \$64 • Postage for May = \$139.20 @ 100% = \$139

Add Attachment		
Attachment Name	Attachment Description	Date
<a href="#">May Emp. Hrs..pdf</a>	May Emp. Hrs	6/30/2022
<a href="#">May Mileage.pdf</a>	May Mileage	6/30/2022

**Certifications**

<i>Mrs. Dawn M. Gohlke</i>	<i>Mr. Derek R Fiestadt</i>
Project Director: Mrs. Dawn M. Gohlke	Financial Officer: Mr. Derek R Fiestadt
<a href="#">Certify Report</a>	<a href="#">Certify Report</a>

<a href="#">Problem Description</a>	<a href="#">Due Date</a>	<a href="#">Status</a>
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