	A	B	C	D	E
1	_____ Coordinating Partner			Illinois Violence Prevention A	
2	_____ Providing Partner			FY 11 Neighborhood Recovery	
3	Check the appropriate box above.			School Based Counseling Fiscal	
4					
5	Agency: The Network Room			Total Budget: $19,250	
6	Address: 16145 LaSalle Street, South Holland, Il 60473				
7	Submitted By:				
8	Phone: (708) 333-7777		Fax:		(708) 333-7770
9	Lead Agency: Healthcare Consortium of Illinois				
10					
11	**Please note the following quarterly report periods and corresponding due dates:**				
12	**Quarterly Report** **Due Date**				
13	Q1: Jan. 16 - Feb. 15 Feb. 25, 2012			**HIGH**	
14	Q2: Feb. 16 - May. 15 May 25, 2012				
15	Q3: May 16 - June 30 July 20, 2012				
16					
17					
18	**Item**	**Contracted Budget**	**Last Approved Budget**	**1st Quarter**	**2nd Quarter**
19	**Personnel Services**				
20	Salary	$13,842.00		$ 979.22	$ 1,383.02
21	Fringe Benefits	$2,056.00		$ 145.41	$ 205.38
22	**Total Personal Services**	$15,898.00	$0.00	$1,124.63	$1,588.39
23					
24	**Contractual Services**				
25	Rent/Occupancy/Utilities	$0.00			
26	Contractual Employment	$0.00			
27	Professional Services	$792.00		$139.56	$66.19
28	Telephone/Telecommunications	$275.00		$50.00	$71.39
29	Postage/Shipping	$0.00			
30	Training Costs	$0.00			
31	Confrence Registration	$0.00			
32	Equipment Rental/Lease	$259.00			$258.33
33	Other:(Specify: Liability insurance)	$0.00			
34	**Total Contractual Services**	$1,326.00	$0.00	$189.56	$395.91
35					
36	**Supplies**				
37	Office	$385.00			$14.01
38	Program	$220.00			$53.38
39	Printing	$0.00			
40	Photocopying	$0.00			
41	Other:(Specify:)	$0.00			
42	**Total Supplies**	$605.00	$0.00	$0.00	$67.39
43					

	F	G	H	I	J	K	L
1	**Authority**						
2	**Initiative**						
3	**Report Form**						
4							
5		SUB ID: 11-NRI023-S2-Y2					
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18	**3rd Quarter**	**Total Spent**	**Unexpended**				
19							
20		$2,362.23	$11,479.77				
21		$350.79	$1,705.21				
22	$0.00	$2,713.02	$13,184.98				
23							
24							
25		$0.00	$0.00				
26		$0.00	$0.00				
27		$205.75	$586.25				
28		$121.39	$153.61				
29		$0.00	$0.00				
30		$0.00	$0.00				
31		$0.00	$0.00				
32		$258.33	$0.67				
33		$0.00	$0.00				
34	$0.00	$585.47	$740.53				
35							
36							
37		$14.01	$370.99				
38		$53.38	$166.62				
39		$0.00	$0.00				
40		$0.00	$0.00				
41		$0.00	$0.00				
42	$0.00	$67.39	$537.61				
43							

	A	B	C	D	E
44	**Travel**				
45	Staff	$782.00			
46	Client	$0.00			
47	Other:(Specify:)	$0.00			
48	**Total Travel**	$782.00	$0.00	$0.00	$0.00
49					
50	**Item**	**Contracted Budget**	**Last Approved Budget**	**1st Quarter**	**2nd Quarter**
51	**Equipment**				
52	Office Funiture	$0.00			
53	Computer/Electronic	$639.00		$620.00	
54	Other:(Specify:)	$0.00			
55	**Total Equipment**	$639.00	$0.00	$620.00	$0.00
56					
57	**Total Operating Budget**	**$19,250.00**	$0.00	$1,934.19	$2,051.69
58					
59	***Program and fiscal staff should work together to ensure the accuracy of these reports. IVPA requires signatures from the grant program coordinator/ma***				
60					
61	***I certify that all the information in this report is accurate.***				
62					
63	Name of Program Coordinator/Manager:_____				
64	Title of Program Coordinator/Manager:_____				
65	Signature of Program Coordinator/Manager: _____				
66					
67	Name of Fiscal Manager: _____				
68	Title of Fiscal Manager: _____				
69	Signature of Fiscal Manager: _____				
70					
71	Name of Authorized Official:_____(If other than above)				
72	Title of Authorized Official:_____				
73	Signature of Authorized Official:_____				
74	**Lead Agency Signatures**				
75	***I certify that all the information in this report is accurate.***				
76	Name of Program Coordinator/Manager:_____				
77	Title of Program Coordinator/Manager:_____				
78	Signature of Program Coordinator/Manager: _____				
79					
80	Name of Fiscal Manager: _____				
81	Title of Fiscal Manager: _____				
82	Signature of Fiscal Manager: _____				
83					
84	Name of Authorized Official:_____(If other than above)				

	F	G	H	I	J	K	L
44							
45		$0.00	$782.00				
46		$0.00	$0.00				
47		$0.00	$0.00				
48	$0.00	$0.00	$782.00				
49							
50	**3rd Quarter**	**Total Spent**	**Unexpended**				
51							
52		$0.00	$0.00				
53		$620.00	$19.00				
54		$0.00	$0.00				
55	$0.00	$620.00	$19.00				
56							
57	$0.00	$3,985.88	$15,264.12				
58							
59	*nager, the fiscal manager and the*						
60							
61							
62							
63							
64							
65	Date:_____						
66							
67							
68							
69	Date:_____						
70							
71							
72							
73	Date:_____						
74							
75							
76							
77	Date:_____						
78							
79							
80							
81	Date:_____						
82							
83							
84							

	A	B	C	D	E
85	Title of Authorized Official:_____				
86	Signature of Authorized Official:_____				
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

	F	G	H	I	J	K	L
85	Date:_____						
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

Cell: D27
Comment: jlyles:
OK. Debits from Paxchex for Payroll Services-Harris Bank

Cell: E27
Comment: jlyles:
For checks payable to G. Carter 2/24,4/20 & 5/4. These are debits on Harris Bank stmts

Cell: D28
Comment: jlyles:
Check # 1290 2/9/12=$168.57

Cell: E28
Comment: jlyles:
Debit 3/5/12-Harris Bank for $214.59

Cell: E32
Comment: jlyles:
OK Marlin Business Bank. Checks # 1304,1314,1316

Cell: E37
Comment: jlyles:
OK Debit Harris Bank 4/9/12 = $188.03

Cell: E38
Comment: jlyles:
McDonald's Gift cards $37.60 plus receipt for $15.78

Cell: D53
Comment: jlyles:
OK Debit 2/17/12 Harris Bank

	A	B	C	D
1	**Illinois Violence Prevention Authority**			
2	**FY 11 Neighborhood Recovery Initiative**			
3	**School Based Counseling Personnel Expenses Report Form**			
4				
5				
6				
7	Postion	Name	1st quarter	
8			salary	fringe
9	Clinician	Georgette Carter	$ 979.22	$ 145.41
10				
11				
12				
13				
14				
15		TOTAL SPENT	$ 979.22	$ 145.41
16				
17	Quarterly and Year End totals must equal the salary and fringe quarterly and year end totals shown on the 1st page of the Fiscal Report.			
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				Page 4

	E	F	G	H	I
1					
2					
3					
4					
5					
6					
7	2nd quarter		3rd quarter		Total Spent
8	salary	fringe	salary	fringe	
9	$ 1,383.02	$ 205.38			$ 2,713.02
10					$ -
11					$ -
12					$ -
13					$ -
14					$ -
15	$ 1,383.02	$ 205.38	$ -	$ -	$ 2,713.02
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1														
2													Percent	
3	**Payroll**		**Amount**	**Rate**	**Total**		**IVPA**		**Amount**		Benefits		of Time	
4	**Date**		**Per P/R**	**Per Hr.**	**Hours**		**Rate**		**Per IVPA**				Worked	
5														
6													80 hrs PP	
7														
8														
9	1/27/2012		$1,912.50	$85.00	22.50		$20.19		$454.28				28.13%	
10														
11	2/10/2012		$2,210.00	$85.00	26.00		$20.19		$524.94				32.50%	
12														
13	2/24/2012		$1,700.00	$85.00	20.00		$20.19		$403.80				25.00%	
14														
15	3/9/2012		$1,190.00	$85.00	14.00		$20.19		$282.66				17.50%	
16														
17	4/20/2012		$1,572.50	$85.00	18.50		$20.19		$373.52				23.13%	
18														
19	5/4/2012		$1,360.00	$85.00	16.00		$20.19		$323.04				20.00%	
20									**Contract Termed**					
21	5/20/2012												**24.38%**	
22														
23	6/3/2012												**24.38%**	
24														
25	6/17/2012												**24.38%**	
26														
27			$9,945.00		117.00				$2,362.23		$ 350.79		**24.38%**	
28														
29	Anticipated Hours through 5/4/12						480.00							
30														
31	Actual Hours Worked through 5/4/12						117.00							
32														
33	Percentage of Actual/Anticipated						24.38%							
34														
35														
36														
37					Gross Totals									
38														
39					**117.00**		**20.19**		**$2,362.23**		**$350.79**			
40														
41					Overpayment per 1st Qtr Report									
42														
43														
44									$2,713.02		Total Personnel			
45														

	O	P	Q	R	S
1					
2	Contracted		Amount		
3	Amount		Due		
4	Per Pay Period				
5					
6					
7					
8					
9	$ 1,007.73		$ 283.42		
10					
11	$ 1,007.73		$ 327.51		
12					
13	$ 1,007.73		$ 251.93		
14					
15	$ 1,007.73		$ 176.35		
16					
17	$ 1,007.73		$ 233.04		
18					
19	$ 1,007.73		$ 201.55		$ 1,473.81
20			$ -		
21	$ 1,007.73		$ 245.68		
22			$ -		
23	$ 1,007.73		$ 245.68		
24			$ -		
25	$ 1,007.73		$ 245.68		
26					
27	$ 9,069.57		$ 2,210.86		
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44			$ 1,692.67		
45					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
46									$ (2,362.23)		Total Salary-IVPA			
47									$ (350.79)		Total Benefits			
48														
49									**$ -**					
50														
51														
52														
53														
54														
55														
56	**Annualized Salary**				**$ 176,800.00**									
57														
58	**$85.00 x 2,080 = $ 176,800.00**				**6.27%**		$11,085.00/$176,800.00							

	O	P	Q	R	S
46			$ (1,473.81)		
47			$ (218.86)		
48					
49			**$ -**		
50					
51					
52					
53					
54					
55					
56					
57					
58					

	A	B	C	D	E	F
1						
2						
3						
4						
5						**Illinois Violence I**
6						**Sub-Grantee R**
7						
8						
9		Date Request Sent:				
10						
11		Agency:		The Network Room		
12		Address:		16145 LaSalle Street, South Holland, Il 60473		
13		Requested By:				
14		Phone:		(708) 333-7777		
15						
16						
17				**Check here if R1**		
18						
19			**Exact Amount Previously Reallocated:**			
20			**Amount Reallocated (Do NOT include current request, only include previous reallocations)**			
21						
22						
23						
24						
25						
26			**Exact Requested REALLOCATION Amount:**			
27			**Item**			
28			**Personnel Services**			
29			Salaries			
30			Benefits			
31			**Subtotal Personnel**			
32			**Contractual Services**			
33			Rent/Occupancy/Utilities			
34			Contractual Employment			
35			Professional Services			
36			Telephone and/or Telecommunications			
37			Postage/Shipping			

	G	H	I	J	K	L	M	N	O
1									
2									
3									
4									
5	**revention Authority**								
6	**eallocation Form**								
7									
8									
9		Date Request Received:							
10									
11				Grant Number:		11-NRI023-S2-Y2			
12									
13		Title:							
14	Fax:	(708) 333-7770			Email:	alnurridin@hcionline.org			
15									
16									
17				**Check here if R2**					
18									
19									
20	**Date Reallocated**				**If needed, was IVPA approval**				
21									
22									
23									
24									
25									
26					**$0.00**				
27	**Contract Budget**		**Amount Changed +/-**			**Revised Budget**			
28									
29		$13,842.00		$0.00		$13,842.00			
30		$2,056.00		$0.00		$2,056.00			
31		$15,898.00		$0.00		$15,898.00			
32									
33		$0.00		$0.00		$0.00			
34		$0.00		$0.00		$0.00			
35		$792.00		$0.00		$0.00			
36		$275.00		$0.00		$275.00			
37		$0.00		$0.00		$0.00			

	A	B	C	D	E	F
38			Training Costs			
39			Conference Registration			
40			Equipment Rental/ Lease			
41			Other:			
42			**Subtotal Contractual**			
43			**Supplies**			
44			Office			
45			Program			
46			Printing			
47			Photocopying			
48			Other:			
49			**Subtotal Supplies**			
50			**Travel**			
51			Staff			
52			Client			
53			Other:			
54			**Subtotal Travel**			
55			**Equipment**			
56			Office Furniture			
57			Computer/Electric Equipment			
58			Other:			
59			**Subtotal Equipment**			
60			**Total Contract Budget**			
61						
62			Please provide a brief **explanation/justification of each line item reallocation.**			
63						
64						**Su**
65						
66				**Request Prepared By:**		
67						
68						
69						
70						
71						
72						
73						
74				**Request Approved By:**		
75						

	G	H	I	J	K	L	M	N	O
38		$0.00			$0.00			$0.00	
39		$0.00			$0.00			$0.00	
40		$259.00			$0.00			$259.00	
41		$0.00			$0.00			$0.00	
42		$1,326.00			$0.00			$1,326.00	
43									
44		$385.00			$0.00			$385.00	
45		$220.00			$0.00			$220.00	
46		$0.00			$0.00			$0.00	
47		$0.00			$0.00			$0.00	
48		$0.00			$0.00			$0.00	
49		$605.00			$0.00			$605.00	
50									
51		$782.00			$0.00			$782.00	
52		$0.00			$0.00			$0.00	
53		$0.00			$0.00			$0.00	
54		$782.00			$0.00			$782.00	
55									
56		$0.00			$0.00			$0.00	
57		$639.00			$0.00			$639.00	
58		$0.00			$0.00			$0.00	
59		$639.00			$0.00			$639.00	
60		$19,250.00			$0.00			$19,250.00	
61	**Fringe Benefits**								
62									
63									
64	**bcontractor Request**								
65									
66									
67	Printed Name & Title								
68	(Program Coordinator or Fiscal Contract Manager)								
69									
70	Signature								
71									
72	Date								
73									
74									
75	Printed Name & Title								

	A	B	C	D	E	F
76						
77						
78						
79						
80						
81						**For I**
82						
83						
84						
85						
86						
87				**Date Request Complete _____**		
88						
89				**Request Approved: _____**		**R**
90						
91						
92				**Date: _____**		**Response**
93						
94						
95						
96				Grant Program Manager		Date
97						
98						
99						
100						
101				Fiscal/Contracts Manager		Date
102						
103						
104						
105						
106				Fiscal Director		Date
107						
108						
109						
110						
111				Director		Date
112						
113						
114						
115						

	G	H	I	J	K	L	M	N	O
76	(Authorized Official)								
77									
78	Signature								
79									
80	Date								
81	**Lead Agency Use Only**								
82									
83									
84									
85									
86									
87									
88									
89	**equest Denied:** _____								
90									
91									
92	**Letter Faxed:** _____								
93									
94									
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99									
100									
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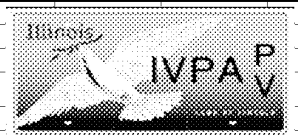

Illinois Violence Prevention Authority

Reallocation of Grant Funds

Policy

During the fiscal year, each grantee is permitted to reallocate an aggregate total of either $1,000 or 2% of the grant budget,
In addition, any reallocation that creates a new line item within the budget must be submitted to IVPA checking the R2 box and

Procedures

A. Reallocations totaling less than $1,000 or 2% of the total budget (whichever is greater) to EXISTING

Reallocations that are less than either $1,000 or 2% of the total budget do not require prior approval from Lead

- Check the "R1" box on the reallocation form

B. Reallocations totaling NO MORE than $1,000 or 2% of the total budget (whichever is greater) that

- Check the "R2" box on the reallocation form
- Reallocations must be approved by IVPA staff in advance if grant recipients are requesting to move
- Reallocations must be requested in writing on IVPA Reallocation form with box R2 checked.
- Reallocation requests must be approved by Lead Agency prior to reallocating or spending the funds.
- Because grantees were awarded funding based upon the activities described in their proposal,
- If Lead Agency approves the Reallocation Request, the reallocation changes must appear in the
- Written approval or denial of the reallocation request will be faxed within 3 weeks of the submission
- A detailed justification/explanation must be included with the reallocation request. (See Section D)

C. Reallocations EXCEEDING $1,000 or 2% of the Total Budget (whichever is greater)

- Approval of reallocations must be requested from IVPA in writing if:
- The requested reallocation amount or aggregate amount would move more than $1,000 or 2% of the
- **Reallocations must be approved by Lead Agency prior to spending grant funds.** Please indicate on the
- If Lead Agency approves the Reallocation Request, these reallocation changes should appear in the budget
- A copy of the signed and approved Budget Reallocation Request Form must be attached to your next quarterly
- Written approval or denial of the reallocation request will be faxed within 3 weeks of the submission of a
- A detailed justification/explanation must be included with the reallocation request. (See Section D)

D. Reallocation Explanation/Justification Instructions

In the “Request Explanation/Justification” section, provide detailed information for each line item reallocation so

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
50			1. An explanation of how the newly-allocated expenditures are consistent with the program description provided in												
51			2. An explanation of how the activities originally proposed will be executed despite the decrease in one or more												
52			3. An exact explanation of the overall dollar amount of each request, the line item it will be removed from, and the												
53			4. A description of the services/items that are being purchased and the calculation of the estimated costs. For example, if an												
54			5. Equipment Costs												