X Coordinating Partner
_____ Providing Partner
Check the appropriate box above.

Illinois Violence Prevention Authority
FY 11 Neighborhood Recovery Initiative
Mentoring Plus Jobs Fiscal Report Form

Agency: Village of Maywood | Total Budget: $380,000 | SUB ID: 11-NRI020-MA
Address: 40 W. Madison 2nd Floor, Maywood, IL 60153
Submitted By: LaSondra Banks
Phone: 708-450-6307 | Fax: (708) 865-8376
Lead Agency: Village of Maywood

Please note the following quarterly report periods and corresponding due dates:

Quarterly Report	Due Date
Q1: Feb. 16 - May 15	May 25, 2011
Q2: May 16 - Aug 15	Aug 25, 2011
Q3: Aug 16 - Nov. 15	Dec 5, 2011

Item	Contracted Budget	Last Approved Budget	1st Quarter Revised	2nd Quarter Revised	3rd Quarter	Total Spent	Unexpended
Personnel Services							
Salary	$278,847.00	$279,652.00	$9,867.00	$109,401.55	$95,029.34	$214,297.89	$65,354.11
Fringe Benefits	$35,515.00	$35,615.00	$1,519.00	$14,030.00	$12,341.81	$27,890.81	$7,724.19
Total Personal Services	$314,362.00	$315,267.00	$11,386.00	$123,431.55	$107,371.15	$242,188.70	$73,078.30
Contractual Services							
Rent/Occupancy/Utilities	$8,163.00	$8,163.00	$2,721.00	$2,721.00	$2,721.00	$8,163.00	$0.00
Contractual Employment	$0.00	$0.00				$0.00	$0.00
Contractual Services	$1,800.00	$1,800.00	$900.00	$900.00		$1,800.00	$0.00
Telephone/Telecommunications	$1,200.00	$1,200.00	$334.94	$402.25	$402.25	$1,139.44	$60.56
Postage/Shipping	$0.00	$0.00				$0.00	$0.00
Training Costs	$6,750.00	$6,750.00	$164.00	$1,260.00	$2,870.00	$4,294.00	$2,456.00
Confrence Registration	$0.00	$0.00				$0.00	$0.00
Equipment Rental/Lease	$0.00	$0.00				$0.00	$0.00
Other:(Specify:)	$0.00	$0.00				$0.00	$0.00
Total Contractual Services	$17,913.00	$17,913.00	$4,119.94	$5,283.25	$5,993.25	$15,396.44	$2,516.56
Supplies							
Office	$1,096.00	$1,096.00	$118.55	$258.49	$350.00	$727.04	$368.96

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Program	$0.00	$0.00				$0.00	$0.00
Printing	$9,469.00	$9,469.00	$762.53	$3,700.00	$2,000.00	$6,462.53	$3,006.47
Photocopying	$0.00	$0.00				$0.00	$0.00
Other:(Specify: Uniforms and food)	$5,218.00	$5,218.00	$1,911.19			$1,911.19	$3,306.81
Total Supplies	$15,783.00	$15,783.00	$2,792.27	$3,958.49	$2,350.00	$9,100.76	$6,682.24
Travel							
Staff	$25,368.00	$24,463.00	$263.00	$386.00	$935.00	$1,584.00	$22,879.00
Client	$0.00	$0.00				$0.00	$0.00
Other:(Specify:)	$0.00	$0.00				$0.00	$0.00
Total Travel	$25,368.00	$24,463.00	$263.00	$386.00	$935.00	$1,584.00	$22,879.00
Item	**Contracted Budget**	**Last Approved Budget**	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**Total Spent**	**Unexpended**
Equipment							
Office Funiture	$1,700.00	$1,700.00	$1,492.00			$1,492.00	$208.00
Computer/Electronic	$4,874.00	$4,874.00	$4,874.00			$4,874.00	$0.00
Other:(Specify:)	$0.00	$0.00				$0.00	$0.00
Total Equipment	$6,574.00	$6,574.00	$6,366.00	$0.00	$0.00	$6,366.00	$208.00
Total Operating Budget	**$380,000.00**	$380,000.00	$24,927.21	$133,059.29	$116,649.40	$274,635.90	$105,364.10

Personnel Expenses Detail Chart

Postion	No. of Positions filled	1st quarter		2nd quarter		3rd quarter		Total Spent
		salary	fringe	salary	fringe	salary	fringe	
Admin Coordinator	1	$3,600	$447	$9,229	$1,146	$7,275	$903.55	22600.55
Lead Coordinators	3	$3,000	$372	$10,500	$1,304	$8,900	$1,104.38	25180.38
Adult CATs Coordinator/Mentors	16			$23,115.29	$2,870	$18,992.90	$2,358.92	47337.11
Accounts Payable Administrator	1	$1,932	$414	$2,979.11	$638	$3,141.34	$673	9777.45
Youth CATS Members	80			$61,627.77	$7,654	$54,693.32	$6,867.96	130843.05
Payroll Administrator	1	$1,335.00	$286	$1,950.38	$418	$2,026.78	$434	6450.16
TOTAL SPENT		9867	1519	109401.55	14030	95029.34	12341.81	242188.7

Quarterly and Year End totals must equal the salary and fringe quarterly and year end totals shown on the 1st Fiscal Report Page

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Program and fiscal staff should work together to ensure the accuracy of these reports. IVPA requires signatures from the grant program coordinator/manager, the fiscal manager and the authorized official as indicated below.IVPA also requires that the Lead Agency review, approve and sign the sub-grantee report as indicated below.
I certify that all the information in this report is accurate.

Sub-Grantee Signatures

Name of Program Coordinator/Manager: LaSondra Banks
Title of Program Coordinator/Manag[redacted]
Signature of Program Coordinator/M[redacted] Date: 12/9/11

Name of Fiscal Manager: Sandra Wilson
Title of Fiscal Manager: Contracts Manager
Signature of Fiscal Manager: [redacted] Date: 12/9/11

Name of Authorized Official: William Barl[redacted]above)
Title of Authorized Official: Village Manag[redacted]
Signature of Authorized Official: [redacted] Date: 12/9/11

Lead Agency Signatures

I certify that all the information in this report is accurate.

Name of Program Coordinator/Manager:_____
Title of Program Coordinator/Manager:_____ Date:_____
Signature of Program Coordinator/Manager: _____

Name of Fiscal Manager: _____
Title of Fiscal Manager: _____ Date:_____
Signature of Fiscal Manager: _____

Name of Authorized Official:_____(If other than above)
Title of Authorized Official:_____ Date:_____
Signature of Authorized Official:_____

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