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

Illinois Violence Prevention Authority
FY 11 Neighborhood Recovery Initiative
Reentry Fiscal Report Form

ORIGINAL

Agency: The Woodlawn Organization | Total Budget: $65,425 | SUB ID: 11-NRI019-RA
Address: 6040 S. Harper Avenue , Chicago, IL 60637
Submitted By: Kanika Muhammad
Phone: (773)749-9248 | Fax: (773) 752-5112
Lead Agency: The Woodlawn Organization

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

Quarterly Report	Due Date
Q1: Feb. 16 - May 15	May 31, 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	2nd Quarter	3rd Quarter	Total Spent	Unexpended
Personnel Services							
Salary	$27,747.00	$27,747.00	$8,749.00	$8,749.97	$ 5,958.29	$23,457.26	$4,289.74
Fringe Benefits	$7,950.00	$7,950.00	$2,506.58	$2,506.59	$ 1,584.91	$6,598.08	$1,351.92
Total Personal Services	$35,697.00	$35,697.00	$11,255.58	$11,256.56	$7,543.20	$30,055.34	$5,641.66
Contractual Services							
Rent/Occupancy/Utilities	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Contractual Employment	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Contractual Services	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Telephone/Telecommunications	$960.00	$960.00	$0.00	$0.00	$363.76	$363.76	$596.24
Postage/Shipping	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Training Costs	$1,535.00	$1,535.00	$0.00	$0.00	$403.85	$403.85	$1,131.15
Confrence Registration	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Equipment Rental/Lease	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Other:(Specify: weekly group sessions, clie	$21,978.00	$21,978.00	$0.00	$224.78	$214.97	$439.75	$21,538.25
Total Contractual Services	$24,473.00	$24,473.00	$0.00	$224.78	$982.58	$1,207.36	$23,265.64
Supplies							
Office	$1,845.00	$1,845.00	$0.00	$0.00	$844.04	$844.04	$1,000.96
Program	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00

Item	Contracted Budget	Last Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	Total Spent	Unexpended
Printing	$410.00	$410.00	$0.00	$0.00		$0.00	$410.00
Photocopying	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Other:(Specify:)	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Total Supplies	$2,255.00	$2,255.00	$0.00	$0.00	$844.04	$844.04	$1,410.96
Travel							
Staff	$545.00	$0.00	$0.00	$0.00	$12.04	$12.04	$532.96
Client	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Other:(Specify:)	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Total Travel	$545.00	$0.00	$0.00	$0.00	$12.04	$12.04	$532.96
Equipment							
Office Funiture	$1,350.00	$0.00	$0.00	$0.00		$0.00	$1,350.00
Computer/Electronic	$1,105.00	$0.00	$0.00	$0.00		$0.00	$1,105.00
Other:(Specify:)	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Total Equipment	$2,455.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,455.00
Total Operating Budget	$65,425.00	$62,425.00	$11,255.59	$11,481.34	$9,381.86	$32,118.78	$33,306.22

Personnel Expenses Detail Chart

Postion	Name	1st quarter		2nd quarter		3rd quarter		Total Spent
		salary	fringe	salary	fringe	salary	fringe	
Case Manager	J.Peace	$ 7,999.00	$ 2,291.71	$ 7,999.97	$ 2,291.71	$ 5,333.29	$ 1,418.66	$ 27,334.34
	W.Beard	$ 750.00	$ 214.88	$ 750.00	$ 214.88	$ 625.00	$ 166.25	$ 2,721.01
								$ -
								$ -
								$ -
								$ -
	TOTAL SPENT	$ 8,749.00	$ 2,506.59	$ 8,749.97	$ 2,506.59	$ 5,958.29	$ 1,584.91	$ 30,055.35

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.

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 revie, 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:_____
Title of Program Coordinator/Manager:_____
Signature of Program Coordinator/Manager: _____ Date:_____

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

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

Lead Agency Signatures

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

Name of Program Coordinator/Manager: Cheyenne Cochrane
Date: 12/22/11

Title of Program Coordinator/Manager: Program Coordinator
Signature of Program Coordinator/Manager: [redacted]

Name of Fiscal Manager: _____
Date:_____

Title of Fiscal Manager: _____
Signature of Fiscal Manager: _____

Name of Authorized Official: Georgette L. Greenlee (If other than above)
Date: 12/22/2011

Title of Authorized Official: Executive Director
Signature of Authorized Official: [redacted]

DAKI0063624