

## Welch, Dylan

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**From:** Welch, Dylan  
**Sent:** Friday, September 8, 2023 9:46 AM  
**To:** Pelow, Faye  
**Subject:** NCP August Voucher Draft  
**Attachments:** Report Review Copy - NCP - August '23.pdf

**Dylan Welch**  
*Planning and Development Assistant*  
Monroe County Department of Planning & Development  
50 West Main Street, Suite 1150  
Rochester, NY 14614  
(585)753-2043 - Office  
(860)840-1085 - Mobile

Report Review Copy 9-6-23 *Ben*

## Bring Monroe Back - Monroe County ARPA Budget Proposal

Organization Name: Neighborhood Collaborative Project (NCP) /  
Community Resource Collaborative

Personnel Costs	List Each	7/17/2023 Voucher	8/15/2023 Voucher	9/15/2023 Voucher	10/17/2023
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)		\$ 10,112.67	\$ 11,937.12	(1)	
On-Site Vocational Trainers (Cameron, FTAC, SWAN)		\$ 22,845.02	\$ 6,123.74	(2)	
On-Site Social Workers (Cameron, FTAC, SWAN)		\$ 9,230.76	\$ 4,576.92	(3)	
Neighborhood Collaborative Project (NCP) Liaison (BTS)		\$ 6,250.00	\$ 6,250.00	(4)	
Full-Time Social Worker (MC2)		\$ 7,500.00	\$ 7,500.00	(5)	
Part-time Social Worker (MC2)		\$ 3,750.00	\$ 3,750.00	(6)	
NCP Local Researcher (OTG)		\$ 11,006.33	\$ 11,006.33	(7)	
Student Research Assistant (OTG)		\$ 1,485.71	\$ 1,485.71	(8)	
Communications Coordinator (OTG)			\$ 3,000.00	(9)	
<b>Fringe Benefits</b>					
<b>Total Personnel Costs:</b>		\$ 72,180.49	\$ 55,629.82	\$ -	\$ -
<b>Other Than Personnel Services Costs</b>					
Vocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 7,800.00			
Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 561.72	\$ 642.00	(10)	
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 849.54	\$ 661.08	(11)	
Facility Use / Operations Support: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 2,850.32	\$ 2,702.16	(12)	
Snacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 191.04			
Credibility Trust /Brand Value: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 3,690.02	\$ 4,884.71	(13)	
10% de minimis indirect cost rate: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 6,332.70	\$ 6,332.70	(14)	
Administrative Support: Support Services Partners (LABA, BMC, BSCSC)			\$ 770.87	(15)	See note.
Food Pantry Supplies (PPP)		\$ 326.52	\$ 4,852.45	(16)	
Per Diem Stipends for Peer Outreach Workers (AFC)			\$ 585.00	(17)	
Staff Mileage Reimbursement (BTS, C3)					
Contracted Services: NCP Client Wraparound Support Services (BTS)		\$ 6,200.32	\$ 30,700.09	(18)	
Contracted Services: Anchor Agency Social Worker Supervision (MC2)		\$ 2,200.00	\$ 2,200.00	(19)	
Research Supplies (OTG)					
NCP Marketing & Communications (OTG)					
Software and Subscriptions (OTG)		\$ 7,686.40	\$ 388.27	(20)	
Contracted Services: Project Lead / Community Consultant (C3)		\$ 7,800.00	\$ 7,800.00	(21)	
Contracted Services: Historian / Neighborhood Legacy (C3)		\$ 800.00	\$ 800.00	(22)	
Contracted Services: On-Site / Field Coordinator (C3)		\$ 600.00	\$ 600.00	(23)	
Contracted Services: Neighborhood Ambassadors (C3)					
RTS Bus Passes/Transportation Assistance					
Per Diem Stipends for Event Logistics Helpers (C3)					
Microsoft Surface Pro Packages - 5 (C3)					
Neighborhood/Community Engagement Conversations & Activities (C3)		\$ 3,529.82			
NCP Supplies & Materials (C3)			\$ 43.19	(24)	
10% de minimis indirect cost rate (BTS, MC2, OTG, C3)		\$ 6,498.14	\$ 6,068.53	(25)	
Fiscal Sponsor Administrative Cost Rate - 5% (CRC)					
<b>Total Other Than Personnel Services Costs:</b>		\$ 57,916.64	\$ 70,030.85	\$ -	\$ -
<b>Total Project Cost:</b>		\$ 130,097.13	\$ 125,660.67	\$ -	\$ -



# Bring Monroe Back - Monroe County ARPA Budget Proposal

Organization Name: Neighborhood Collaborative Project (NCP) / Community Resource Collaborative	List Each	8/15/2023 Voucher	Voucher Explanation
<b>Personnel Costs</b>			
Neighborhood Collaborative Project (NCP) Workers (Cameron, FTAC, SWAN)		\$ 11,937.42	SWAN: NCP Worker (shared role- Executive & Youth Director) salary expense for July 2023 = \$5,177.86 FTAC: NCP Worker (N. Velayuth) salary expense for July 2023 = \$3,720.80 (\$1442.40 + \$1778.40) Cameron: NCP Worker (L. Harlin) salary expense for July 2023 = \$3,038.76
On-Site Vocational Trainers (Cameron, FTAC, SWAN)		\$ 6,423.74	Cameron: Onsite Trainers for Global Logistics (\$2081.10) and Barbering/Entrepreneur training (\$2081.10) = \$4362.20
On-Site Social Workers (Cameron, FTAC, SWAN)		\$ 4,576.50	FTAC: Onsite Case Manager salary expense for July 2023 = \$1894.62 (mid-month hire) Cameron: Onsite Social Worker salary expense for July 2023 = \$2681.88 (\$1946.15 * 2 pay periods)
Neighborhood Collaborative Project (NCP) Liaison (BTS)		\$ 7,500.00	BTS: Annual Budget allocation (\$2,500)/10 months * 1 month (July)
Full-Time Social Worker (MC2)		\$ 7,500.00	MC2: Annual Budget allocation (\$7,500)/ 10 months * 1 month (July)
Part-time Social Worker (MC2)		\$ 2,500.00	MC2: Annual Budget allocation (\$2,500)/ 10 months * 1 month (July)
NCP Local Researcher (OTG)		\$ 1,000.00	OTG: Remaining Budget (\$7,043.13)/ 7 months * 1 month (July)
Student Research Assistant (OTG)		\$ 1,000.00	OTG: Budget allocation (10,400)/ 7 months * 1 month (July)
Communications Coordinator (OTG)		\$ 1,000.00	OTG: Budget allocation (14,000)/ 6 months * 1 month (July)
<b>Fringe Benefits</b>			
<b>Total Personnel Costs:</b>		\$ 55,619.82	
<b>Other Than Personnel Services Costs</b>			
Vocational Training Stipends: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 6,411.00	SWAN: Monthly allocation for July 2023 = \$360.00 (\$3600/10months) FTAC: Actual expenses incurred for July 2023 = \$282.00
Neighborhood Outreach Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 60.00	Cameron: Annual Budget allocation (\$2400)/ 10 months * 1 month (July) = \$240 SWAN: Annual Budget allocation (\$2400)/ 10 months * 1 month (July) = \$240 FTAC: Actual expenses for July 2023 = \$180.08
Office Supply Supplement: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 7,022.16	Cameron: Annual Budget allocation (\$12,000)/ 10 months * 1 month (July) = \$1200 SWAN: Remaining budget allocation (\$8,025.64)/ 7 months * 1 month (July) = \$1146.52 FTAC: Actual expenses for July 2023 = \$555.64
Snacks, Swag/Incentive Supplies: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 4,284.71	Cameron: Annual Budget allocation (\$38,000)/ 10 months * 1 month (July) = \$3800 SWAN: Annual Budget allocation (\$18,000)/ 10 months * 1 month (July) = \$1800 FTAC: Actual expenses for July 2023 = \$1284.71
Credibility Trust / Brand Value: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 1,932.70	Cameron: Annual Budget allocation (\$21,109)/ 10 months * 1 month (July) = \$2,110.90 SWAN: Annual Budget allocation (\$21,109)/ 10 months * 1 month (July) = \$2,110.90 FTAC: Annual Budget allocation (\$21,109)/ 10 months * 1 month (July) = \$2,110.90
10% de minimis indirect cost rates: Anchor Agencies (Cameron, FTAC, SWAN)		\$ 770.87	LABA: Supplies and refreshments for 7/14/2023 Uplift Avenue Garden Planting Event (see invoice detail)
Administrative Support: Support Services Partners (LABA, BMC, BSCSC)		\$ 4,352.45	PPP: Actual expenses incurred for July 2023 (see invoice detail); budget line item description revised to include general supplies not just shopping carts.
Food Pantry Supplies (PPP)		\$ 4,352.45	AFC: Reimbursement for Outreach Worker Pay, Jan: \$127.50 + July: \$457.50 (see each invoice detail)
Per Diem Stipends for Peer Outreach Workers (AFC)		\$ 30,700.00	BTS: NCP referral - 11 for food pantry service @ \$40/referral = \$440; 10 for rental assistance (\$25,487.31); \$ for emergency services/ non-food items (\$4,822.78); 3 for clothing @ \$50/referral = \$150
Staff Mileage Reimbursement (BTS, C3)		\$ 2,200.00	MC2: Annual Budget allocation (\$22,000)/ 10 months * 1 month (July)
Contracted Services: NCP Client Wraparound Support Services (BTS)		\$ 7,800.00	OTG: Zoom for Business (3 users)
Contracted Services: Anchor Agency Social Worker Supervision (MC2)		\$ 8,000.00	C3: Annual Budget allocation (\$8,000)/ 10 months * 1 month (July)
Research Supplies (OTG)		\$ 600.00	C3: Preparation & organization; info gathering; post-reporting; debrief, follow-up, records management (16 hours * \$50/hr)
NCP Marketing & Communications (OTG)		\$ 2,000.00	C3: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach, masterlist, and monthly acquisition. email coordination, action item follow-up, air, 17a buses.
Software and Subscriptions (OTG)		\$ 2,000.00	
Contracted Services: Project Lead / Community Consultant (C3)		\$ 2,000.00	
Contracted Services: Historian / Neighborhood Legacy (C3)		\$ 2,000.00	
Contracted Services: On-Site / Field Coordinator (C3)		\$ 2,000.00	
Contracted Services: Neighborhood Ambassadors (C3)		\$ 2,000.00	
RTS Bus Passes/Transportation Assistance		\$ 2,000.00	
Per Diem Stipends for Event Logistics Helpers (C3)		\$ 2,000.00	
Microsoft Surface Pro Packages - 5 (C3)		\$ 2,000.00	
Neighborhood/Community Engagement Conversations & Activities (C3)		\$ 2,000.00	
NCP Supplies & Materials (C3)		\$ 2,000.00	C3: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc. MC2: Annual Budget allocation (\$13,450)/ 10 months * 1 month (July) = \$1345.00 C3: Annual Budget allocation (\$15,624)/ 10 months * 1 month (July) = \$1,562.40 BTS: Annual Budget allocation (\$11,723)/ 10 months * 1 month (July) = \$1,172.90 OTG: Actual expenses (see invoice detail) = \$1588.03
10% de minimis indirect cost rate (BTS, MC2, OTG, C3)		\$ 70,030.85	
Fiscal Sponsor Administrative Cost Rate - 5% (CRIC)		\$ 125,660.67	
<b>Total Other Than Personnel Services Costs:</b>		\$ 70,030.85	
<b>Total Project Cost for July 2023</b>		\$ 1,25,660.67	



**NCP's Monthly Check Request Log - Monroe County Invoice Submission**  
**Month: August 2023**

NCP Partner Agency	Total Budget Allocation	Prior Balance	Reimbursement Amount Requested	Current Balance	Check Number	Check Date
ABC Action Front Center	\$ 27,000.00	\$ 27,000.00	\$ 585.00	\$ 26,415.00		
Baden St Counseling Center	\$ 27,000.00	\$ 27,000.00	\$ -	\$ 27,000.00		
Barakah Muslim Charities	\$ 27,000.00	\$ 22,000.00	\$ -	\$ 22,000.00		
Beyond the Sanctuary	\$ 129,015.00	\$ 107,008.88	\$ 38,122.99	\$ 68,885.89		
Cameron Community	\$ 232,197.00	\$ 176,126.96	\$ 15,743.86	\$ 160,383.10		
C3 Consultancy Services **	\$ 215,866.00	\$ 171,886.58	\$ 11,205.59	\$ 160,680.99		
Father Tracy Advocacy Center	\$ 232,197.00	\$ 201,345.74	\$ 11,281.29	\$ 190,064.45		
Lyell Avenue Business Assoc.	\$ 27,000.00	\$ 27,000.00	\$ 770.87	\$ 26,229.13		
MC Collaborative	\$ 147,950.00	\$ 88,770.00	\$ 14,795.00	\$ 73,975.00		
On the Ground Research*	\$ 146,581.00	\$ 121,667.98	\$ 17,468.34	\$ 104,199.64		
SWAN at Montgomery Center	\$ 232,197.00	\$ 164,136.83	\$ 10,835.28	\$ 153,301.55		
The Peoples' Pantry	\$ 27,000.00	\$ 26,673.48	\$ 4,852.45	\$ 21,821.03		
Community Resource Collaborative	\$ 73,550.00	\$ -	\$ -	\$ -		
		<b>Total Disbursed</b>	<b>\$ 125,660.67</b>			

\*\* MBE & WBE Vendor  
\* WBE Vendor

Cameron Community - Olivia Kassoum-Amadou, Executive Director  
 48 Cameron St  
 Rochester, NY 14606  
 Phone: 585-254-2697 ext. 101 Email: olivia@cameronministries.org



**INVOICE**

DATE: August 7, 2023  
 VOICE # 00004 July 1-July 31, 2023  
 FOR: Neighborhood Collaborative Project (NCP) Anchor Agency Activities

Bill To:  
 Tina Paradiso, Executive Director  
 Community Resource Collaborative  
 100 College Avenue, Suite 130  
 Rochester, NY 14607  
 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
Global Connections Enterprise - Sharale Gray: Global Logistics Program at Cameron: planning, curriculum development, information sessions, community outreach, technology set up, registration, and other services from July 1, 2023 - July 31, 2023 as documented by Global Connection Enterprise's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10 (2)
CEO KUTZ, LLC. - Derrick Singleton: Cameron Cuts Apprenticeship Program. planning, curriculum development, information sessions, community outreach, site planning, and teaching classes, and other services from July 1, 2023-July 31, 2023 as documented by CEO KUTZ, LLC's Invoice 00004 (21 days @\$99.10 per day)	Workforce Development/Training	\$2,081.10 (2)
Payroll Reimbursement for Community Engagement worker, Jonathan Hardin, planning with instructors, participate in information sessions and outreach, oversee workforce development program, maintain NW outreach schedule and data. Cameron Community payroll register documentation. (2 pay periods @ 1,769.23 per pay period)	NCP Worker	\$3,538.46 (1)
Payroll Reimbursement for Cameron's On-Site Social Worker: Felecia B. Merriam, LCSW. planning with instructors, participate in information sessions and outreach, developed platform for tracking student data, coordinate linkages to anticipated services, prepared resource and referral pocket cards for participants, acquired pre and post assessments designed to determine client needs, Cameron Community payroll register documentation. (2 pay periods @\$1346.15 per pay period)	Social Worker	\$2,692.30 (3)
Monthly allocation of Neighborhood Credibility / Trust Value for July 2023 (AA's brand identity / reputation)	Credibility Trust/Brand Value	\$1,800 (13)
Facility Use / Operation Support Monthly Allocation for July 2023	Facility Use/Operations Support	\$1,200 (12)
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$240 (11)
10% de minimis Indirect cost rate: Monthly allocation for the month of July 2023		\$2,110.90 (14)
	<b>BALANCE DUE</b>	<b>\$15,743.86</b>

Questions or concerns regarding this invoice can be submitted via email to olivia@cameronministries.org or by 585-254-2697 ext. 101

BEST WISHES FOR A FABULOUS DAY!

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# INVOICE



**Patricia Jackson, Executive Director**  
**SWAN at Montgomery Neighborhood Center**  
 10 Cady Street  
 Rochester, NY 14608  
 Phone: 585-436-3090 Email: [pjackson@swanonline.org](mailto:pjackson@swanonline.org)

**DATE:** August 14, 2023  
**INVOICE #** NCP 004 7/1-31/2023  
**FOR:** Neighborhood Collaborative Project (NCP) Anchor Agency Activities

**Bill To:**  
 Tina Paradiso, Executive Director  
 Community Resource Collaborative  
 100 College Avenue, Suite 130  
 Rochester, NY 14607  
 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
NCP Worker: shared role and responsibility between Executive Director & Youth Director positions Executive Director: interface for workforce development training, managing NCP Anchor Agency action plan, reporting, budget, NCP leadership mtgs / Youth Director: interface for neighborhood outreach activities, program development, building connections with NCP peers & other partners. Payroll salary expense for July 2023 = \$5177.86 (\$645.90 * 2 pay periods) + (\$1938.07 + 1947.99)	NCP Worker	\$ 5,177.86 <sup>(1)</sup>
Neighborhood Outreach Supplies: Monthly allocation for July 2023	Neighborhood Outreach Supplies	\$360.00 <sup>(10)</sup>
Office Supplies Supplement: Monthly allocation for July 2023	Office Supplies	\$ 240.00 <sup>(11)</sup>
Facility Use / Operations Supplement: monthly allocation of remaining unspent balance (July 2023)	Facility Use/Operations Support	\$ 1,146.52 <sup>(12)</sup>
Neighborhood Credibility / Trust Value: Monthly allocation for July 2023	Credibility Trust/Brand Value	\$ 1,800.00 <sup>(13)</sup>
10% de minimis indirect cost rate: Monthly allocation for July 2023	Indirect Cost	\$ 2,110.90 <sup>(14)</sup>
	<b>BALANCE DUE</b>	<b>\$ 10,835.28</b>

Questions or concerns regarding this invoice can be submitted via email to [pjackson@swanonline.org](mailto:pjackson@swanonline.org) or by 585-436-3090



821 North Clinton Avenue  
 Rochester NY 14605  
 585.563.7008

# Invoice

Submitted on 08/2023

<b>Invoice for</b>	<b>Payable to</b>	<b>Invoice #</b>
	The Father Tracy Advocacy Center	230701
<b>Company name</b>	<b>Project</b>	<b>Due date</b>
<b>Street address</b>	NCP-Anchor Agency	8/11/23
<b>City, State, Zip</b>		

Description	Qty	Unit price	Total price
NCP Liason - Salary	NV		\$3,220.80 (1)
NCP Social worker	DV		\$1,884.62 (3)
NCP workforce development	CR		\$1,981.54 (2)
Family Dollar NCP Facilities			\$36.63 (12)
Costco -NCP POP-Up			\$282.00 (10)
NCP office supplies- Regional Distrib			\$181.08 (11)
Costco- NCP trust (client assistance)			\$39.10
Costco- NCP trust (client assistance)			\$42.98
Costco- NCP trust (client assistance)			\$198.62 (13)
Costco- NCP trust (client assistance)			\$191.52
Red Roof- NCP Trust (client assistance)			\$31.50
Bright Bubble-NCP Trust (client assistance)			\$215.99
Costco- NCP trust (client assistance)			\$515.00
NCP Trust-Vendor- Lizzette Agosto			\$226.68 (12)
Amazon - NCP Facilities (table & chairs)			\$92.33 (12)
Amazon - NCP Facilities (food cart)			\$50.00 (13)
PR Birth certificate NCP trust (client assistance)			\$2,110.80 (14)
10% de minimis indirect cost rate: Monthly allocation for July 2023			

Notes:

Subtotal

**\$11,281.29**







A Complex Care Management Agency

COLLABORATIVE

Voucher for Neighborhood Collaborative Project
July 2023

Date: 8/1/23

Month of Payment Due: July

Table with 4 columns: Description, July, Budget Amount, YTD Billed. Rows include Social Workers (MC Collaborative), Part-Time Social Worker, Supervision, Indirect Costs, Remaining Balance, and TOTAL DUE.

Total amount due for July = \$ 14,795.00

Please remit payment to:
MC Collaborative
PO BOX 18030
Rochester, NY 14618

MC COLLABORATIVE
PO Box 18030
Rochester, NY 14618

Andy Carey 585.802.3816 acarey@mccollaborative.org • Chris McKinley 585.802.3561 cmckinley@mccollaborative.org



# INVOICE

**CONTRACTOR**

On The Ground Research, LLC  
 400 Andrews St  
 Suite 220  
 Rochester, NY, 14604  
 Phone: 585-683-3638  
 Email: [janelle@onthegroundny.com](mailto:janelle@onthegroundny.com)

**INVOICE DATE**

August 4, 2023

**INVOICE NUMBER**

012

**PROJECT TITLE**

Neighborhood Collaborative Project

**TO**

Tina Paradiso, Executive Director  
 Community Resource Collaborative  
 100 College Ave, Suite 130  
 Rochester, NY 14607  
 Phone: 888-444-1060

**INVOICE TIME PERIOD**

7/1/23-7/31/23

**Description**

Date	Description of Services Rendered/Purchases Made	Budget Category	Amount	Budget Amount	YTD Billed
			7	\$ 146,581.00	\$ 42,381.37
July	NCP Researcher	Salaries monthly allocation	\$ 11,006.33	\$ 78,000.00	\$ 22,968.35
July	NCP Research Assistant	Salaries monthly allocation	\$ 8,148.71	\$ 10,400.00	\$ 2,971.43
July	Communications Specialist	Salaries monthly allocation	\$ 9,300.00	\$ 18,000.00	\$ 3,000.00
7/21/2023	ZOOM for NCP staff	Software and Subscriptions	\$ 388.27	\$ 15,855.00	\$ 8,224.57
		Total Costs	\$ 15,880.31		
		Indirect Costs	\$ 1,588.03	\$ 13,326.00	\$ 3,852.86
		Remaining Balance		\$ 104,199.63	
		Total Amount Due	\$ 17,468.34		

*Total*

**\$17,468.34**

Please make all checks payable to On The Ground Research, LLC

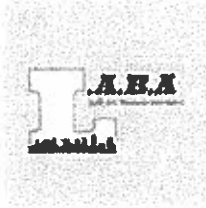
If you have any questions concerning this invoice, contact:  
 Janelle Duda-Banwar

T. (585) 683-3638 or Email: [janelle@onthegroundny.com](mailto:janelle@onthegroundny.com)

# INVOICE

*Lyell Avenue Business Association (LABA)*

190 MURRAY ST STE 1  
ROCHESTER, NY 14606  
585-370-5148



DATE: 8/7/2023  
INVOICE # 1  
FOR: Jul-23

**Submitted to**  
Community Resource Collaborative  
Jocelyn Basley, Project Lead for Neighborhood Collaborative Project  
100 College Avenue, Suite 130  
ROCHESTER, NY 14607

**Purchases to support the July 14th Lyell Avenue Garden Plant Day**

25 participants  
(youth, neighbors and community members)

DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Garden Tools: wheelbarrow, shovels, rakes, etc (details on receipt IMG_3159.jpg)			\$ 375.26
Flowers and plants (details on receipt IMG_3329.heic)			\$ 55.07
5.5 Cu ft. Smart Cart and refreshments (details on receipt IMG_3328.heic)			\$ 62.11
Gloves, seeds and markers (details on receipt IMG_3327.heic)			\$ 24.62
Hotdogs, buns, paint brushes & rollers, plastic covers, etc (details on receipt IMG_3157.jpg)			\$ 94.35
Bag of charcoal (details on receipt IMG_3156.jpg)			\$ 12.91
Paint (4 gallons) and 10pk of tray liners (details on receipt IMG_3155.jpg)			\$ 146.55
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Reimbursement Request</b>			<b>\$ 770.87</b>

15

Make all checks payable to Lyell Avenue Business Association  
If you have any questions concerning this invoice, Contact Lydia Rivera (585) 524-7072 or email at roccityroadsideassistance@gmail.com

**THANK YOU FOR TRUSTING US TO CARE FOR OUR COMMUNITY**



**The People's Pantry**  
555 Avenue D  
Rochester, NY 14621

**Invoice**

July 2023

Balance: \$4,852.45

**Purchases**

Headwater Food Hub	Eggs, Beans	\$255
Walmart	Pop up lunch at FTAC, buns, rice, aluminum trays, supplies	\$108.53 (A)
Regional Distributors	Bags for packing food	\$254.77 (B)
Uline	Shelving and equipment for the pantry	\$1,469.42 (C)
Foodlink	July invoices for food supplies	\$2,764.73 (D)

Total: \$4,852.45 (16)





**Invoice**

**Headwater Foods, Inc.**  
 6318 Ontario Center Road  
 Ontario NY 14519  
 United States  
 (585) 565-4840  
 www.headwaterfoodhub.com

**Date** 7/19/2023  
**Invoice #** INV10455  
**Due Date** 7/19/2023  
**Ship Date** 7/20/2023  
**Expected Delivery Date** 7/20/2023  
**Terms** Due on Receipt  
**SO #** Sales Order #SO13749  
**PO #**  
**Sales Rep** Goldfeder, Arthur  
**Signature**

**Bill To**  
 Michael Durfee  
 The People's Pantry  
 555 Avenue D  
 Rochester NY  
 United States

**Ship To**  
 The People's Pantry  
 555 Avenue D  
 Rochester NY  
 United States

Item	Item Internal ID	Sto...	Units	Unit Price	Quantity	Cart Wt	Actual Wt	Description	Amnt
Eggs, Large Chicken	126,813		30Doz	90.00	2				180.00
Cooked Beans, Black NYS	140,556		12x15.5oz	15.00	5				75.00
Milk, 1 Percent White NYS Half Pint	138,250		70xHalfPint	0.00	2				0.00
Milk, Fat Free Chocolate NYS Half Pint	138,251		70xHalfPint	0.00	2				0.00
Milk, Skim NYS Half Pint	138,252		70xHalfPint	0.00	2				0.00
Apples, Braeburn, No. 1 IPM	30,398		Bu	0.00	3				0.00
Apples Empire, No. 1 ECO	141,877		Bu (traypk)	0.00	1				0.00

**Total Amount Due** 255.00  
 \$255.00

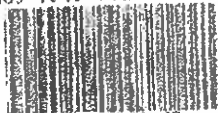
Please include Invoice reference number on all payments and correspondence to help avoid service delays.  
 Customer Invoices paid by credit card will be assessed an additional 3% process fee.

Give us feedback @ survey.walmart.com  
Thank you! ID # 75JWZGLW01



WM Supercenter  
555-757-1370 Mgr. MICHAEL  
1990 BRAND POINT DRIVE  
WEBSTER NY 14580  
ST# 01744 OP# 009047 TE# 47 TI# 04073

# ITEMS SOLD 25  
LN# 8469 7639 7822 2442 0785 3



GV 9200PLT	078742349340	12.28 X
KETCHUP 32OZ	013000006050 F	3.98 0
MUSTARD 20OZ	041500000310 F	2.72 0
PAN W/LID	070485125390	4.98 X
PAN W/LID	070485125390	4.98 X
LASAGNA PAN	070485389100	5.48 X
GV TOWEL	078742210800	6.14 X
L.V. TOWEL	078742210800	6.14 X
WHI RICE 2LB	078742352050 F	1.77 0
FOTL	078742086560	3.78 X
GV DRG PINTO	078742131620 F	1.16 0
GV DRG PINTO	078742131620 F	1.16 0
FB EXTRA VIR	041736010130 F	9.88 0
GV NSA-BLKRH	078742061990 F	0.78 0
GV 500 MM NP	078742233410	3.32 X
CUTLERY	078742089400	7.36 X
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
GV HD BUNS	078742097280 F	1.38 0
HOT SAUCE	041331038590 F	2.28 0
SZNRP N.MSG	034844007570 F	4.87 0
YLW ONION 3#	853120603000 F	4.28 H
BELL PEPPERS	057836000040 F	2.98 H
GV .5L WATER	078742279090 F	5.36 X
NY DEPOSIT	073742215630 I	2.00 H

SUBTOTAL 103.70  
TAX1 3.0000 % 4.23  
TOTAL 108.53  
DEBIT TEND 108.53 (A)  
CHANGE DUE 0.00

DECLINED TRANSACTION  
DEBIT 4645 1  
AID A000000042203  
TERMINAL # 26587800  
07/11/23 14:53:52

DECLINED TRANSACTION  
DEBIT 4645 1 REF # 319200000406  
NETWORK ID. 000L  
AID A000000042203  
TC 40023F78882715B  
TERMINAL # 26587800  
07/11/23 14:54:26

EFF DEBIT PAY TO PRIMARY  
108.53 TOTAL PURCHASE  
US DEBIT 3440 1 0 REF # 319200366502  
NETWORK ID. 0005 APPR CODE 005414  
AID A0000000980340  
TC 948F6E711B69A1B1  
TERMINAL # 26587800  
\*Pin Verified  
07/11/23 14:54:49



Become a

# Regional Distributors, Inc.

1281 MT READ BLVD  
 ROCHESTER, NY 14606  
 585 458-3300 Fax 585 458-3314

BILL TO:  
 SW FOOD PROGRAM INC  
 555 AVENUE D  
 ROCHESTER, NY 14621

SHIP TO:  
 SW FOOD PROGRAM INC  
 555 AVENUE D  
 ROCHESTER, NY 14621  
 585-325-4950

**\*\* INVOICE \*\***

INVOICE DATE	INVOICE NUMBER
07/19/23	S1985190.001
REMIT TO: REGIONAL DISTRIBUTORS, INC PO BOX 60859 ROCHESTER, NY 14606	PAGE NO 1

CUSTOMER#	CUSTOMER ORDER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
L9320	PICKUP		LEA KANE	MICHELE L	IDMS-XM	PICK UP NOW	NET DUE ON INVOIC	07/19/23	07/19/23
ORDER QTY	SHIP QTY	DESCRIPTION		PART NO	7M	Unit Price	Ext Prc		
3CS	3CS	***** Shipping Instructions ***** ***** *****PROCESS CREDIT CARD***** ***** ***** DELIVER BETWEEN 9AM-1PM ***** ***** CALL 729-5601 ***** *****		33985	N	22.930	68.79		
2bn	2bn	11-10093 IPS 1/6 WHITE THANK YOU BAG 11.5X6.5X21 RED PRINT 1000/CASE GS57NP5C (80076) 57# PAPER GROCERY BAG 1/6 BBL 12X7X17 500/BUNDLE		352	N	92.988	185.98		
*** Continued on Next Page ***									

# Regional Distributors, Inc.

1281 MT READ BLVD  
 ROCHESTER, NY 14606  
 585 458-3300 Fax 585 458-3314

BILL TO:  
 SW FOOD PROGRAM INC  
 555 AVENUE D  
 ROCHESTER, NY 14621

SHIP TO:  
 SW FOOD PROGRAM INC  
 555 AVENUE D  
 ROCHESTER, NY 14621  
 585-325-4950

**\*\* INVOICE \*\***

INVOICE DATE	INVOICE NUMBER
07/19/23	S1985190.001
REMIT TO:	PAGE NO
REGIONAL DISTRIBUTORS, INC	2
PO BOX 60859	
ROCHESTER, NY 14606	

CUSTOMER#	CUSTOMER ORDER NUMBER	RELEASE NUMBER	ORDERED BY	SALESPERSON	CSR	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
19320			LEA RANE	MICHELE L	IDMS-XM	PICK UP NOW	NET DUE ON INVOIC	07/19/23	07/19/23
ORDER QTY	SHIP QTY		DESCRIPTION		PART NO	TAX	Unit Price	Ext Prc	
*****	*****	*****	***** Credit Card Information *****		*****	*****	*****	*****	
* Merchant ID# :	250780140738		Time/Date: 12:23:01 20 JUL 2023						
* Card Number :	5322XXXXXX4645		Card Type: MC Exp.: 0526						
* Card Holder :	LINCOLN SPALDING		Auth Code: 695017						
* Charge Amount:	\$254.77		Charge Date: 07/20/2023						
* Signature :			PAID IN FULL						
* I agree to pay	above total amount		according to card issuer agreement.						
*****	*****	*****	*****						
Amount paid today	# S1985190.002								(B) -254.77
** Reprint **	** Reprint **	** Reprint **							
Subtotal									0.00
FREIGHT									0.00
Sales Tax									0.00
Amount Due									0.00

Invoice is due by 07/19/23.

All claims for shortage or errors must be made at once, Returns require written authorization and are subject to handling charges. Special orders are non-returnable. Past due invoices may be subject to 1.5% late charge

Signature: \_\_\_\_\_



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

**RECEIPT**

ULINE FED ID#: 36-3684738

INVOICE #: 166247031

ORDER #: 3650419

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2021

**SOLD TO:** SW FOOD PROGRAM INC  
PMB 350  
620 PARK AVE  
ROCHESTER NY 14607-2994

**SHIP TO:** SW FOOD PROGRAM INC  
PMB 350  
620 PARK AVE  
ROCHESTER NY 14607-2994

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
20916883		LINCOLN		A DUIE PYLE	07/21/23	07/21/23	MASTERCARD	07/21/23
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
3	KT		H-10712-63	CHROME WIRE SHELVING UNIT - 42 X 24 X 63"		199.00	597.00	
1	KT		H-10712-63A	CHROME WIRE SHELVING ADD-ON UNIT - 42 X 24 X 63"		189.00	189.00	
1	KT		H-6218	WIRE BASKET SHELVING - 48 X 24 X 63"		325.00	325.00	
12	EA		S-24137G	VENTILATED STACK AND NEST CONTAINER - 20 X 13 X 6", GREEN		16.00	192.00	
1	EA		S-21433BLU	UTILITY WAGON - BLUE THIS ITEM AT NO CHARGE		.00	.00	
				CHARGED TO MASTERCARD ENDING IN 4645 \$1,469.42				

ORDER PLACED BY: LINCOLN SPAULDING  
INTERNET PRO #: 533560827

SUB-TOTAL 1,303.00	SALES TAX .00	SHIPPING/HANDLING 166.42	AMOUNT DUE PAID IN FULL
-----------------------	------------------	-----------------------------	----------------------------

(C)

(C)

NOTE:





The People's Pantry  
 Michael Durfee  
 555 Avenue D  
 Rochester, NY 14621  
 United States

## STATEMENT

Statement Date: 7/31/2023

Agency ID: CAL003

Page: 1

Amount Remitted

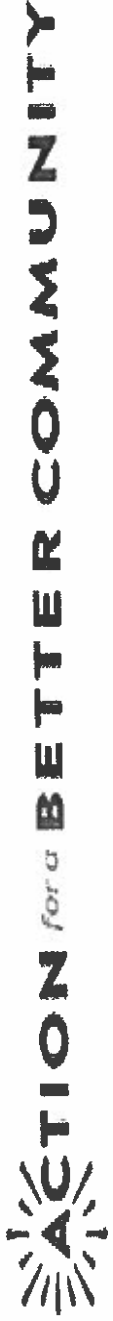
---

Document	Date	Description	Transaction	Debits	Credits	Balance
AO-00075-1	7/13/2023	Order AO-00075	Invoice	431.87		431.87
AO-00256-1	7/20/2023	Order AO-00256	Invoice	85.50		517.37
AO-00268-1	7/27/2023	Order AO-00268	Invoice	2,247.36		2,764.73
<b>Grant No.</b>		<b>Description</b>				<b>Balance</b>
GRT00007		HPNAP Purchased LOC 2024 1				1,911.00

Statement Balance      2,764.73      0.00      **(D) 2,764.73**

**Statement Aging:**

Days old:	Current	31 - 60 Days	61 - 90 Days	Over 90 Days
Aged amounts:	2,764.73	0.00	0.00	0.00



Jerome H. Underwood  
 President & CEO  
 Brad Rye  
 Board Chair

400 WEST AVENUE, 3RD FLOOR  
 ROCHESTER, NY 14611

Community Resource Collaborative  
 100 College Ave  
 Suite 130  
 Rochester, NY 14626

Date: 7/14/2023

Purchase Order Number  
 Subagreement Year 1  
 Invoice Period Jun-23  
 Invoice # AFC1

	Budget	Prior YTD	Current Charges	Cumulative	
				YTD	YTD
PERSONNEL/SALARY			\$0.00		\$0.00
FRINGE BENEFITS			\$0.00		\$0.00
EQUIPMENT			\$0.00		\$0.00
OPERATING EXPENSES/SUPPLIES	\$7,000.00		\$0.00		\$0.00
TRAVEL			\$127.50		\$127.50
ALL OTHER	\$20,000.00				
<b>TOTAL:</b>	<b>\$27,000.00</b>	<b>\$0.00</b>	<b>\$127.50</b>		<b>\$127.50</b>

**CERTIFICATION:** I certify that this report, schedule, and the expenses for which payment is requested are true, correct and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.

# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**

NAME: Patricia Terziani  
 ATTN: \_\_\_\_\_  
 ADDRESS: 690 S. Goodman Street  
 ADDRESS LINE 2: \_\_\_\_\_  
 CITY: Rochester, NY 14620  
 PHONE #: \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:** \* **Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.**

Send directly to Payee   
 Send with attached \*   
 Return to requestor

Minority Vendor: Yes  No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for June 1, 2023 - June 30, 2023

Outreach, education and other program assistance activities.

**TO BE CHARGED:**

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$127.50</u>
<b>TOTAL</b>		<b>\$ <u>127.50</u></b>

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature:   
 Requestor's Signature

Date 7/12/23

Signature:   
 Program director/Deputy Director

Date 7/12/23

Additional Signatures as required:

\_\_\_\_\_ Date \_\_\_\_\_

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____





400 WEST AVENUE, 3RD FLOOR  
ROCHESTER, NY 14611

Jerome H. Underwood  
President & CEO  
Brad Rye  
Board Chair

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Date: 8/4/2023

Purchase Order Number \_\_\_\_\_  
Subagreement Year 1 \_\_\_\_\_  
Invoice Period Jul-23  
Invoice # AFC2

	Budget	Prior		Current		Cumulative	
		YTD		Charges	YTD		YTD
PERSONNEL/SALARY				\$0.00	\$0.00		\$0.00
FRINGE BENEFITS				\$0.00	\$0.00		\$0.00
EQUIPMENT				\$0.00	\$0.00		\$0.00
OPERATING EXPENSES/SUPPLIES	\$7,000.00			\$0.00	\$0.00		\$0.00
TRAVEL				\$0.00	\$0.00		\$0.00
ALL OTHER	\$20,000.00	\$127.50		\$457.50	\$0.00		\$585.00
<b>TOTAL:</b>	<b>\$27,000.00</b>	<b>\$127.50</b>		<b>\$457.50</b>			<b>\$585.00</b>

CERTIFICATION: I certify that this report, schedule, and the expenses for which payment is requested are true, correct and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project.

SIGNATORY: Michele Boyd 585-262-4330 x3101 08/04/23  
(Date)





# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**

NAME: Frederick Parker  
 ATTN: \_\_\_\_\_  
 ADDRESS: 47 Elmhurst Street  
 ADDRESS LINE 2: Apt. # 2  
 CITY: Rochester, NY 14607  
 PHONE #: \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_  
 Minority Vendor: Yes  No

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:**  *Send directly to Payee*  *Send with attached \**  *Return to requestor*

\* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

**TO BE CHARGED:**

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$ 37.50</u>
<b>TOTAL</b>		<b><u>\$ 37.50</u></b>

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Brooks Benton* Date: 8/04/23  
 Requestor's Signature

Signature: *Michele Boyd* Date: 8/4/23  
 Program director/Deputy Director

Additional Signatures as required:

\_\_\_\_\_  
 Date \_\_\_\_\_

**All highlighted fields must be filled in or request will be returned.**

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____



# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**

NAME: Samantha Wilson  
 ATTN: \_\_\_\_\_  
 ADDRESS: 123 Rauber Street  
 ADDRESS LINE 2: \_\_\_\_\_  
 CITY: Rochester, NY 14605  
 PHONE #: \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:**  
 Send directly to Payee   
 Send with attached \*   
 Return to requestor

\* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

Minority Vendor: Yes  No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

**TO BE CHARGED:**

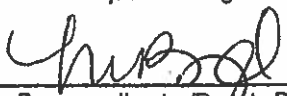
G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$37.50</u>
<b>TOTAL</b>		<b>\$ <u>37.50</u></b>

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature:   
 Requestor's Signature

Date 8/04/23

Signature:   
 Program director/Deputy Director

Date 8/4/23

Additional Signatures as required:

\_\_\_\_\_  
 Date \_\_\_\_\_

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____







# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**  
*Jennifer*  
 NAME: Jennifer Wilson  
 ATTN: \_\_\_\_\_  
 ADDRESS: 123 Rauber Street  
 ADDRESS LINE 2: \_\_\_\_\_  
 CITY: Rochester, NY 14605  
 PHONE #: \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_  
 Minority Vendor: Yes  No

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:**  
 Send directly to Payee  **\* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If**  
 Send with attached \*  **no, the check will be sent directly to the payee.**  
 Return to requestor

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.  
 Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023  
Outreach, education and other program assistance activities.

**TO BE CHARGED:**

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$37.50</u>
<b>TOTAL</b>		<b>\$ 37.50</b>

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Paula* Date 8/04/23  
 Requestor's Signature

Signature: *[Signature]* Date 8/4/23  
 Program director/Deputy Director

Additional Signatures as required: \_\_\_\_\_ Date \_\_\_\_\_

**All highlighted fields must be filled in or request will be returned.**

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____



# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**

NAME: David B. Whitaker, Jr.  
 ATTN: \_\_\_\_\_  
 ADDRESS: 500 South Avenue  
 ADDRESS LINE 2 Apt. # 4-J  
 CITY Rochester, NY 14620  
 PHONE # \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:**  
 Send directly to Payee   
 Send with attached \*   
 Return to requestor

\* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

Minority Vendor: Yes  No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023  
Outreach, education and other program assistance activities.

**TO BE CHARGED:**

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HPCoC)</u>	_____
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$30.00</u>
<b>TOTAL</b>		<b>\$ 30.00</b>

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature:   
 Requestor's Signature

Date 8/04/23

Signature:   
 Program director/Deputy Director

Date 8/04/23

Additional Signatures as required:

\_\_\_\_\_ Date \_\_\_\_\_

**All highlighted fields must be filled in or request will be returned.**

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____



# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**

NAME: Khalil Warren  
 ATTN: \_\_\_\_\_  
 ADDRESS: 80 Taylor Street  
 ADDRESS LINE 2: \_\_\_\_\_  
 CITY: Rochester, NY 14611  
 PHONE #: \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_  
 Minority Vendor: Yes  No

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:**  
 Send directly to Payee   
 Send with attached \*   
 Return to requestor

\* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023

Outreach, education and other program assistance activities.

**TO BE CHARGED:**

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>72700</u>	<u>232400 (NCP)</u>	<u>\$ 30.00</u>
<b>TOTAL</b>		<b><u>\$ 30.00</u></b>

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature:  Date: 8/04/23  
 Requestor's Signature

Signature:  Date: 8/4/23  
 Program director/Deputy Director

Additional Signatures as required:

\_\_\_\_\_ Date \_\_\_\_\_

**All highlighted fields must be filled in or request will be returned.**

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____







# ACTION for a BETTER COMMUNITY

AFC PEER WORKER



NAME: Jahnae Weston

MONTH: July 2023

\*Grey area for staff use only

DATE	TIME IN	TIME OUT	ACTIVITY	MANAGER APPROVAL	Total hours	\$/hr	Total due
7-27-23	11:00	2:00	PET/ NCP GWT REACH Training	BB			

cc

# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**

NAME: Daneisha Owens  
 ATTN: \_\_\_\_\_  
 ADDRESS: 432 N. Clinton  
 ADDRESS LINE 2: \_\_\_\_\_  
 CITY: Rochester, NY 14605  
 PHONE #: \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_  
 Minority Vendor: Yes  No

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:** \* Note: Any paperwork to be sent with check must be in an attached addressed envelope. If no, the check will be sent directly to the payee.

Send directly to Payee   
 Send with attached \*   
 Return to requestor

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023  
Outreach, education and other program assistance activities.

**TO BE CHARGED:**

G/L Code	Program Element Code	\$ Amount
<u>72700</u>	<u>212300 (MSA)</u>	_____
<u>72700</u>	<u>202023 (HIPCoC)</u>	_____
<u>32324</u>	<u>232400 (NCP)</u>	<u>\$ 30.00</u>
<b>TOTAL</b>		<b>\$ 30.00</b>

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature: *Brooks Benton* Date 8/04/23  
 Requestor's Signature

Signature: *Michele Boyd* Date 8/4/23  
 Program director/Deputy Director

Additional Signatures as required:

\_\_\_\_\_ Date \_\_\_\_\_

All highlighted fields must be filled in or request will be returned.

Finance Use Only	
Vendor #	_____
Batch #	Voucher # _____
Audited By:	_____
Date:	_____



# INVOICE

**C3 Consultancy Services, LLC EIN: 88-3537378**  
 74 Dr. Samuel McCree Way  
 Rochester, NY 14608  
 Phone: 585-563-5148 Email: jrbasley@c3consultancy.org



**DATE:** August 4, 2023  
**INVOICE #** NCP 0005 7/1-31/2023  
**FOR:** Neighborhood Collaborative  
 Project (NCP) Project Lead  
 Activities

**Bill To:**  
 Tina Paradiso, Executive Director  
 Community Resource Collaborative  
 100 College Avenue, Suite 130  
 Rochester, NY 14607  
 Phone: 888-444-1060

DESCRIPTION OF SERVICES RENDERED / PURCHASES MADE	BUDGET CATEGORY	AMOUNT
Project coordination and management services for NCP that include but not limited to meeting planning & organization, communication and action item follow-up with County program officer and fiscal sponsor, action item monitoring and problem resolution; consultation, planning and support services with/on behalf of the NCP anchor and supporting partner agencies.	Contracted Services	\$ (21) 7,800.00
Project Historian / Neighborhood Legacy Coordination: preparation & organization; info gathering; post-reporting, debrief, follow-up, records management (16 hours * \$50/hr)	Contracted Services	\$ (22) 800.00
On-Site / Field Coordinator: Logistics point of contact and liaison for Anchor and partner agencies NCP support staff, neighborhood outreach materials and supplies acquisition, event coordination, action item follow-up, etc. (24 hours * \$25/hr)	Contracted Services	\$ (23) 600.00
Office Supplies: Case of printer paper for meeting agendas, minutes, handouts, flyers, etc.	Supplies	\$ (24) 43.19
Monthly allocation of 1.0% de minimis indirect cost rate	Indirect Costs	\$ (25) 1,962.40
	<b>BALANCE DUE</b>	<b>\$ 11,205.59</b>

Questions or concerns regarding this invoice can be submitted via email to jrbasley@c3consultancy.org or by phone 585-563-5148

BEST WISHES FOR A FABULOUS DAY!

## Welch, Dylan

---

**From:** Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>  
**Sent:** Wednesday, September 13, 2023 6:13 PM  
**To:** Welch, Dylan  
**Subject:** Re: ARPA - Reminder to Submit Vouchers Friday, September 15th, 2023

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

~~~~~

Appreciate your efforts and enjoy your time off! 😊

On Wed, Sep 13, 2023, 6:05 PM Welch, Dylan <dylanwelch@monroecounty.gov> wrote:

This message was sent securely using Zix

Hi Jocelyn,

Ah I know! I apologize for the delay. I'm doing my best to get the process moving along. I can say, barring any unforeseen hiccups, it will go out by next week.

I'm hoping the process will be improved this next voucher as well.

Thanks again for your patience. I'll be out of the office tomorrow and Friday, so if you have any immediate questions, please reach out to Faye.

Otherwise, I hope you have a great rest of your week and I'll see you on Monday!

**Dylan Welch**

*Planning and Development Assistant*

Monroe County Department of Planning & Development

50 West Main Street, Suite 1150

Rochester, NY 14614



(585)753-2043 - Office

(860)840-1085 - Mobile

**From:** Neighborhood Collaborative Project <[neighborhoodcollaborative@gmail.com](mailto:neighborhoodcollaborative@gmail.com)>  
**Sent:** Wednesday, September 13, 2023 5:46 PM  
**To:** Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>  
**Subject:** Re: ARPA - Reminder to Submit Vouchers Friday, September 15th, 2023

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~~~~~

FYI, we're still waiting for our August voucher reimbursement payment. Hopefully it will be deposited any day now! 😊

On Wed, Sep 13, 2023, 4:05 PM Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)> wrote:

This message was sent securely using Zix

Dear ARPA Grant Recipients,

I hope everyone has been well, and I hope everyone is enjoying the cooler weather, the start of school, and the start of football!

I'm reaching out today with a reminder that September Vouchers and MWBE reports are due this Friday, September 15<sup>th</sup> by the end of business. This time around, high risk and medium risk recipients are required to submit vouchering. For low risk recipients, vouchering this month is optional. However, everyone is required to submit MWBE reporting. If you haven't spent anything on MWBE, please still complete the form. You may submit '0' for each category.

As a quick reminder; vouchers can be submitted on the ARPA Portal by selecting "Upload Budget Spreadsheets For Vouchers", then selecting 9/15/23. MWBE reports can be found and submitted on ContractHQ by selecting "Measures" then "MWBE Measures" among the top tabs. If you're confused about either of these processes, I've attached instructions in this e-mail to help out.



If you run into any issues or have any concerns, please do not hesitate to reach out. I can be reached at this e-mail or either my office or cell phone listed below. Otherwise, I hope you all have a great rest of your week!

**Dylan Welch**

*Planning and Development Assistant*

Monroe County Department of Planning & Development

50 West Main Street, Suite 1150

Rochester, NY 14614

(585)753-2434 - Office

(860)840-1085 - Mobile

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**Welch, Dylan**

---

**From:** Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>  
**Sent:** Friday, August 18, 2023 7:11 PM  
**To:** Pelow, Faye; Welch, Dylan; Tina Paradiso  
**Subject:** Need to Change Bank Information for CRC in County's Payment System

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

~~~~~

Good evening Faye and Dylan,

I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks! 😊

As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions. They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st.

So what steps must be taken to update the County's payment system so that our August invoice payment will not be delayed? Please share any necessary forms and/or actions within ContractHQ that must be completed.

As always, thank you in advance for your assistance and we look forward to receiving your response.

*Stay safe and be well . . . Best wishes for a fabulous day!*  
*Jocelyn Basley, Community Consultant*  
**Project Lead for the Neighborhood Collaborative Project (NCP)**

## Welch, Dylan

---

**From:** Neighborhood Collaborative Project <neighborhoodcollaborative@gmail.com>  
**Sent:** Tuesday, August 22, 2023 3:13 PM  
**To:** Pelow, Faye  
**Cc:** Tina Paradiso; Welch, Dylan  
**Subject:** Re: Need to Change Bank Information for CRC in County's Payment System

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~~~~~  
Thanks Faye, we will complete and return as soon as possible.

On Tue, Aug 22, 2023 at 3:08 PM Pelow, Faye <[FayePelow@monroecounty.gov](mailto:FayePelow@monroecounty.gov)> wrote:

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Hi Jocelyn,

Attached is the ACH Form- you can check the box at the box indicating that you are changing financial information and then email the form to [MCVendorReg@monroecounty.gov](mailto:MCVendorReg@monroecounty.gov). Please CC Dylan and myself so we can also help to keep track of it for you in case there are any issues.

I hope this helps! Thanks!

**Dr. Faye Pelow**

*Community Development Initiatives Manager*

Monroe County Department of Planning & Development

50 West Main Street, Suite 1150

Rochester, NY 14614

(585)753-2033 - Office

(585)233-2030 - Mobile

**From:** Neighborhood Collaborative Project <[neighborhoodcollaborative@gmail.com](mailto:neighborhoodcollaborative@gmail.com)>  
**Sent:** Friday, August 18, 2023 7:11 PM

To: Pelow, Faye <[FayePelow@monroecounty.gov](mailto:FayePelow@monroecounty.gov)>; Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>; Tina Paradiso <[tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org)>

Subject: Need to Change Bank Information for CRC in County's Payment System

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Good evening Faye and Dylan,

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**Project Lead for the Neighborhood Collaborative Project (NCP)**

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## Welch, Dylan

---

**From:** Pelow, Faye  
**Sent:** Tuesday, August 22, 2023 4:49 PM  
**To:** MCVendorReq  
**Cc:** Jocelyn Basley; Tina Paradiso; Welch, Dylan  
**Subject:** FW: Need to Change Bank Information for CRC in County's Payment System  
**Attachments:** ACH Form.docx; IMG\_20230822\_0001.jpg

Good Afternoon,

Please see the attached completed ACH Form for Community Resource Collaborative- they would like to change their financial information.

If any additional information is needed, please reach out to Tina or Jocelyn (CC'd on this email). Dylan and I are also happy to assist.

Thank you!

**Dr. Faye Pelow**  
*Community Development Initiatives Manager*  
Monroe County Department of Planning & Development  
50 West Main Street, Suite 1150  
Rochester, NY 14614  
(585)753-2033 - Office  
(585)233-2030 - Mobile

**From:** tinap@commresourcecollab.org <tinap@commresourcecollab.org>  
**Sent:** Tuesday, August 22, 2023 3:48 PM  
**To:** Pelow, Faye <FayePelow@monroecounty.gov>; 'Neighborhood Collaborative Project' <neighborhoodcollaborative@gmail.com>; Welch, Dylan <dylanwelch@monroecounty.gov>  
**Subject:** RE: Need to Change Bank Information for CRC in County's Payment System

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~~~~~  
Faye:  
Thank you for the quick response. Please see attached form and voided check.

Have a great day!  
Tina

Tina Paradiso  
Executive Director  
888-444-1060 (o)  
585-491-3301 (c)



**From:** Pelow, Faye <[FayePelow@monroecounty.gov](mailto:FayePelow@monroecounty.gov)>  
**Sent:** Tuesday, August 22, 2023 3:08 PM  
**To:** Neighborhood Collaborative Project <[neighborhoodcollaborative@gmail.com](mailto:neighborhoodcollaborative@gmail.com)>; Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>; Tina Paradiso <[tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org)>  
**Subject:** RE: Need to Change Bank Information for CRC in County's Payment System

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Hi Jocelyn,

Attached is the ACH Form- you can check the box at the box indicating that you are changing financial information and then email the form to [MCVendorReq@monroecounty.gov](mailto:MCVendorReq@monroecounty.gov). Please CC Dylan and myself so we can also help to keep track of it for you in case there are any issues.

I hope this helps! Thanks!

**Dr. Faye Pelow**  
*Community Development Initiatives Manager*  
Monroe County Department of Planning & Development  
50 West Main Street, Suite 1150  
Rochester, NY 14614  
(585)753-2033 - Office  
(585)233-2030 - Mobile

**From:** Neighborhood Collaborative Project <[neighborhoodcollaborative@gmail.com](mailto:neighborhoodcollaborative@gmail.com)>  
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**To:** Pelow, Faye <[FayePelow@monroecounty.gov](mailto:FayePelow@monroecounty.gov)>; Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>; Tina Paradiso <[tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org)>  
**Subject:** Need to Change Bank Information for CRC in County's Payment System

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~~~~~  
Good evening Faye and Dylan,

I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks! 😊

As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions.



They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st.

So what steps must be taken to update the County's payment system so that our August invoice payment will not be delayed? Please share any necessary forms and/or actions within ContractHQ that must be completed.

As always, thank you in advance for your assistance and we look forward to receiving your response.

*Stay safe and be well . . . Best wishes for a fabulous day!*

*Jocelyn Basley, Community Consultant*

**Project Lead for the Neighborhood Collaborative Project (NCP)**

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# Office of the Controller

Monroe County, New York

Adam J. Bello  
County Executive

Jennifer Cesario  
Controller

## Vendor ACH Payment Enrollment Form

Please check one of the following: \_\_\_\_\_ New  Change

### PAYEE / COMPANY INFORMATION

Vendor Name Community Resource Collaborative Inc.  
Mailing Address 100 College Avenue, Suite 130  
Rochester, NY 14607  
Contact Name Tina Paradiso  
Phone Number 888-444-1060  
Email Address tinap@commresourcecollab.org  
Vendor # (bottom of check stub) 11127279

### FINANCIAL INSTITUTION INFORMATION

Bank Name: ESL Federal Credit Union  
Account Type:  Checking  Savings  
Routing Number: 222371863  
Account Number: 1384958789  
Email for Payment Notification: Tina Paradiso  
Authorizing Agent Name: Tina Paradiso

Signature:  Date: 8.22.2023

**\*\*Attach a voided check or letter from Bank with account information**

These can be fax to (585) 753-1133, e-mailed to [MCVendorReq@monroecounty.gov](mailto:MCVendorReq@monroecounty.gov) or mailed to the address below. Thank you

39 West Main Street • Room 402 • Rochester, New York 14614  
(585) 753-1157 • fax: (585) 753-1196 • [www.monroecounty.gov](http://www.monroecounty.gov) • email: [mcfinance@monroecounty.gov](mailto:mcfinance@monroecounty.gov)

## Delaney, Caroline

---

**From:** MCVendorReq  
**Sent:** Thursday, August 24, 2023 3:29 PM  
**To:** Pelow, Faye  
**Subject:** RE: Need to Change Bank Information for CRC in County's Payment System

The vendor has been updated.

---

**From:** Pelow, Faye <FayePelow@monroecounty.gov>  
**Sent:** Tuesday, August 22, 2023 4:49 PM  
**To:** MCVendorReq <MCVendorReq@monroecounty.gov>  
**Cc:** Jocelyn Basley <jrbasley@gmail.com>; Tina Paradiso <tinap@commresourcecollab.org>; Welch, Dylan <dylanwelch@monroecounty.gov>  
**Subject:** FW: Need to Change Bank Information for CRC in County's Payment System

Good Afternoon,

Please see the attached completed ACH Form for Community Resource Collaborative- they would like to change their financial information.

If any additional information is needed, please reach out to Tina or Jocelyn (CC'd on this email). Dylan and I are also happy to assist.

Thank you!

**Dr. Faye Pelow**

*Community Development Initiatives Manager*  
Monroe County Department of Planning & Development  
50 West Main Street, Suite 1150  
Rochester, NY 14614  
(585)753-2033 - Office  
(585)233-2030 - Mobile

**From:** [tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org) <[tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org)>  
**Sent:** Tuesday, August 22, 2023 3:48 PM  
**To:** Pelow, Faye <[FayePelow@monroecounty.gov](mailto:FayePelow@monroecounty.gov)>; 'Neighborhood Collaborative Project' <[neighborhoodcollaborative@gmail.com](mailto:neighborhoodcollaborative@gmail.com)>; Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>  
**Subject:** RE: Need to Change Bank Information for CRC in County's Payment System

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~~~~~

Faye:  
Thank you for the quick response. Please see attached form and voided check.

I know you probably won't see this email until Monday morning but I wanted to send it before I forget and it falls through the cracks! 😊

As you know, Community Resource Collaborative serves as the grantee and fiscal agent for the Neighborhood Collaborative Project and they have informed us that they are in the process of changing financial institutions. They will not make this change until AFTER our pending ACH deposit for NCP's July invoice occurs on August 21st.

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As always, thank you in advance for your assistance and we look forward to receiving your response.

*Stay safe and be well . . . Best wishes for a fabulous day!*

*Jocelyn Basley, Community Consultant*

**Project Lead for the Neighborhood Collaborative Project (NCP)**

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## Welch, Dylan

---

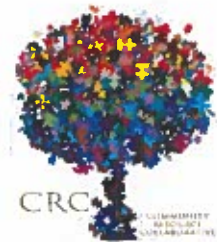
**From:** tinap@commresourcecollab.org  
**Sent:** Friday, August 25, 2023 9:17 AM  
**To:** Pelow, Faye; 'Jocelyn Basley'  
**Cc:** Welch, Dylan  
**Subject:** RE: Need to Change Bank Information for CRC in County's Payment System

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~~~~~  
Thank you, Faye!

Have a great weekend!  
Tina

Tina Paradiso  
Executive Director  
888-444-1060 (o)  
585-491-3301 (c)



---

**From:** Pelow, Faye <FayePelow@monroecounty.gov>  
**Sent:** Friday, August 25, 2023 8:51 AM  
**To:** Jocelyn Basley <jrbasley@gmail.com>; Tina Paradiso <tinap@commresourcecollab.org>  
**Cc:** Welch, Dylan <dylanwelch@monroecounty.gov>  
**Subject:** FW: Need to Change Bank Information for CRC in County's Payment System

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FYI- it looks like they have updated your financial information! Let us know if anything else is needed.

Happy Friday!

**Dr. Faye Pelow**  
*Community Development Initiatives Manager*  
Monroe County Department of Planning & Development  
50 West Main Street, Suite 1150  
Rochester, NY 14614  
(585)753-2033 - Office  
(585)233-2030 - Mobile



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**To:** MCVendorReq <[MCVendorReq@monroecounty.gov](mailto:MCVendorReq@monroecounty.gov)>  
**Cc:** Jocelyn Basley <[jrbasley@gmail.com](mailto:jrbasley@gmail.com)>; Tina Paradiso <[tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org)>; Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>  
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Thank you!

**Dr. Faye Pelow**  
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Tina

Tina Paradiso  
Executive Director

888-444-1060 (o)  
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**To:** Neighborhood Collaborative Project <[neighborhoodcollaborative@gmail.com](mailto:neighborhoodcollaborative@gmail.com)>; Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>; Tina Paradiso <[tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org)>  
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I hope this helps! Thanks!

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*Community Development Initiatives Manager*  
Monroe County Department of Planning & Development  
50 West Main Street, Suite 1150  
Rochester, NY 14614  
(585)753-2033 - Office  
(585)233-2030 - Mobile

**From:** Neighborhood Collaborative Project <[neighborhoodcollaborative@gmail.com](mailto:neighborhoodcollaborative@gmail.com)>  
**Sent:** Friday, August 18, 2023 7:11 PM  
**To:** Pelow, Faye <[FayePelow@monroecounty.gov](mailto:FayePelow@monroecounty.gov)>; Welch, Dylan <[dylanwelch@monroecounty.gov](mailto:dylanwelch@monroecounty.gov)>; Tina Paradiso <[tinap@commresourcecollab.org](mailto:tinap@commresourcecollab.org)>  
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*Stay safe and be well . . . Best wishes for a fabulous day!*

*Jocelyn Basley, Community Consultant*

**Project Lead for the Neighborhood Collaborative Project (NCP)**

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# CHECK DISBURSMENT REQUEST

**PAYEE'S NAME & ADDRESS**

NAME: Johnnie Waston  
 ATTN: \_\_\_\_\_  
 ADDRESS: 1165 East Ridge Road  
 ADDRESS LINE 2 Apt. # 12  
 CITY: Rochester, NY 14621  
 PHONE #: \_\_\_\_\_  
 Vendor Reference: \_\_\_\_\_

Requested by: Brooks Benton & Michele Boyd  
 Dept / Program: AFC

**Check Distribution:**  
 Send directly to Payee  *\* Note: Any paperwork to be sent with check*  
 Send with attached \*  *must be in an attached addressed envelope. If*  
 Return to requestor  *no, the check will be sent directly to the payee.*

Minority Vendor: Yes  No

If separate check is required please check box

Is this a current vendor? If not, a new vendor set-up request form must be attached, including a W-9.

Description of purchase and reason for the absence of an invoice or purchase order.

Stipends for July 1, 2023 - July 31, 2023  
Outreach, education and other program assistance activities.

**TO BE CHARGED:**

| G/L Code     | Program Element Code   | \$ Amount       |
|--------------|------------------------|-----------------|
| <u>72700</u> | <u>212300 (MSA)</u>    | _____           |
| <u>72700</u> | <u>202023 (HIPCoC)</u> | _____           |
| <u>72700</u> | <u>232400 (NCP)</u>    | <u>\$45.00</u>  |
| <b>TOTAL</b> |                        | <b>\$ 45.00</b> |

**Required Signatures**

If an advance, I hereby authorize ABC, Inc. to deduct from my wages any amount not accounted for by me within(30) thirty days from the date of this advance or upon termination of my employment, whichever comes first.

Signature:  Date 8/04/23  
 Requestor's Signature

Signature:  Date 8/4/23  
 Program director/Deputy Director

Additional Signatures as required:

\_\_\_\_\_ Date \_\_\_\_\_

**All highlighted fields must be filled in or request will be returned.**

| Finance Use Only |                 |
|------------------|-----------------|
| Vendor #         | _____           |
| Batch #          | Voucher # _____ |
| Audited By:      | _____           |
| Date:            | _____           |