

Check one: New _____

Modification _____ Renewal _____

Contractor Name and Address:

Contract Term: January 1, 2002-December 31, 2003

EXPENDITURES	
	2002-2003
Personnel Expenditure	
Total Salaries (See Page B)	\$20,636.00
Fringe Benefits	\$4,127.00
Total Personnel Expenses	\$24,763.00
Operating Expenses:	
Office Supplies	\$600.00
Printing Costs	\$300.00
Rent	\$600.00
Training	\$600.00
Travel	\$500.00
Advocate Stipends	\$10,400.00
Meeting Expense	\$1,300.00
Utilities	\$2,400.00
Promotional Items	\$637.00
Buddy System	\$2,000.00
Equipment	\$5,000.00
Total Operating Expenses	\$24,337.00
Total Direct Expense	\$49,100.00
Indirect Expenses	\$900.00
Total Expenses	\$50,000.00

Check one: New Modification Renewal

Contractor Name and Address:

Contract Term: January 1, 2002-December 31, 2003

DETAIL PERSONNEL EXPENDITURES		
PERSONNEL	F T E	2002-2003
	.05	3,509
Executive Director	.05	2,418
Admin Director	.50	14,709
Collab Coordinator		
TOTAL SALARIES		\$20,636.00

STATEMENT OF DELIVERABLES AND INVOICE

Page A

CONTRACTOR:
Girls After School Academy

CONTRACT NO. SF Study Center

FUNDING SOURCE: Proposition A
CONTRACT TERM: 01/01/02-12/31/03

PROGRAM:
INVOICING PERIOD:

DELIVERABLES	Completion Date	Actual Date Completed	Six Month Reports Due Date	Actual Date Submitted	Final Report and Invoice Due
Train 5-8 advocates	2/28/2002		7/15/2002		1/15/2004
Submit Diagnosis Plan	3/31/2002		1/15/2003		
Complete Diagnosis	6/30/2002		7/15/2003		
Submit Action Plan	9/30/2002				
Submit Follow-up Plan	6/30/2003				
Attend trngs, mtgs, GATF	on-going				

EXPENDITURES	02-03 Budget	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$ 26,660				
Fringe Benefits	\$ 5,600				
Total Personnel Expenses	\$ 32,260				
Operating Expenses					
Office Supplies	\$600.00				
Printing Costs	\$300.00				
Rent	\$600.00				
Training	\$600.00				
Travel	\$500.00				
Advocate Stipends	\$10,400.00				
Meeting Expense	\$1,300.00				
Utilities	\$2,400.00				
Promotional Items	\$637.00				
Buddy System	\$2,000.00				
Equipment	\$5,000.00				
Total Operating Expenses	\$ 24,337				
TOTAL DIRECT EXPENSES	\$ 56,597				
Indirect Expenses	\$ 4,840				
TOTAL EXPENSES	\$ 61,437				
Initial Payment Recovery					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited and for services provided under the provision of that contract. Full justification and backup for those claims are attached.

Signature: _____

Date: _____

Title: _____

Send to: San Francisco, CA 94102	Authorization For Payment: By: _____ Date: _____
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