Campbell County CARE Board
AGENDA

Regular Monthly Meeting -
Monday, July 9th, 2021 @ 12:00 p.m.
Courthouse Chambers

OUR MISSION:

"Reduce poverty by allocating resources to support human service agencies."

Meeting Minutes

- Approve May Minutes

Treasurer's Report

- CSBG Invoices – Alex
- County 1% Invoices – Alex
- Review of Special Account - Beth

Unfinished Business

- Open Board Positions
    - CARE Board Vacancy – Wright Appointed

New Business

Agency/Committee Updates

- Training Committee

Upcoming Calendar Dates

- Next Board Meeting is **August 9, 2021, at 12:00 p.m.**

ADJOURN

This compiled report is due from the Tripartite Board on or before the 10th day of the month for the preceding month

CARES Act CSBG Supplemental

Community Services Program 6101 Yellowstone Rd. Suite 420, Cheyenne, WY 82009
Telephone: (307) 777-8940
Tripartite Board Name: Campbell Coutny CARE Board
Contact Person: Bethany Raab
Grant Period: date contract is executed to September 2022

COST CATEGORY	Budgeted Amount	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:																									
Salaries & Wages	$ 57,000.00								$ 1,106.69	$ 852.27														$ 1,958.96	3%
Employer Paid Benefits																								$ -	#DIV/0!
SUPPLY/TYE SERVICES:																									
Communications:																									
Telephone																								$ -	#DIV/0!
Postage																								$ -	#DIV/0!
Travel In-State																								$ -	#DIV/0!
Travel Out-of-State																								$ -	#DIV/0!
Trainine/Conferences/Staff Develop.																								$ -	#DIV/0!
Supplies:																									
Consumables	$ 39,504.00									$ 1,581.35														$ 1,581.35	4%
Commercial Printing																								$ -	#DIV/0!
Publications																								$ -	#DIV/0!
Equitpment Purchases	$ 50,000.00																							$ -	0%
Real Property Rental																								$ -	#DIV/0!
Equipment Rental																								$ -	#DIV/0!
GRANTS-IN-AID:	$ 150,000.00									$ 1,041.00	$ 1,642.84	$ 4,678.00	$ 1,570.00	$ 17,022.23	$ 2,391.00									$ 28,345.07	19%
CONTRACTUAL																								$ -	#DIV/0!
DISCRETIONARY:																								$ -	#DIV/0!
SUB-TOTAL	$ 296,504.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,106.69	$ 3,474.62	$ 1,642.84	$ 4,678.00	$ 1,570.00	$ 17,022.23	$ 2,391.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 31,885.38	11%
OTHER COSTS:																									
a. Indirect																								$ -	#DIV/0!
b.																								$ -	#DIV/0!
c.																								$ -	#DIV/0!
GRAND TOTAL Expenditures	$ 296,504.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,106.69	$ 3,474.62	$ 1,642.84	$ 4,678.00	$ 1,570.00	$ 17,022.23	$ 2,391.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 31,885.38	11%
STATE CSBG PAYMENTS (month of service)																								$ -	
	Reimbursement Amount:																							$ 31,885.38	

Notes:

Campbell County CARE Board 1% Funding 2020-2021

Organization	Award	BUDGET	July	August	September	October	November	December	January	February	March	April	May	June	Year-to-Date Expenditures	Balance
Adult Drug Court	Inv Rec'd Date		None Rec'd	None Rec'd	None Rec'd	None Rec'd	None Rec'd	1/5/2021	2/5/2021	2/23/2021	None Rec'd	5/3/2021				
	1% Funding	$13,500.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,616.23	$0.00	$935.00			$9,551.23	$3,948.77
	Supplemental	$15,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						$0.00	$15,000.00
	ATC Total	$28,500.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,616.23	$0.00	$935.00	$0.00	$0.00	$9,551.23	$18,948.77
	Inv Paid Date		N/A	N/A	N/A	N/A										
AVA	Inv Rec'd Date		12/05/202	12/5/2020	12/5/2020	12/5/2020	12/5/2020	1/4/2021	2/3/2021	3/5/2021	Apr-21	5/5/2021	6/4/2021			
	1% Funding	$3,600.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$531.40	$0.00	$496.00	$202.00	$260.00	$2,110.60	$3,600.00	$0.00
	Inv Paid Date		N/A	N/A	N/A	N/A	N/A	NA	2/18/2021	N/A	4/17/2021	5/17/2021				
Boys & Girls Club of C.C.	Inv Rec'd Date			9/1/2020	9/30/2020	11/4/2020	12/4/2020	1/4/2021	2/2/2021	3/3/2021	4/5/2021	5/3/2021	6/2/2021			
	1% Funding	$44,550.00	$8,281.04	$4,169.36	$2,986.56	$3,525.00	$2,487.00	$3,057.00	$2,895.75	$2,527.00	$3,645.56	$2,309.00	$2,131.52	$6,535.21	$44,550.00	$0.00
	Inv Paid Date		8/28/2020	9/23/2020	10/28/2020	12/22/2020	12/22/202	1/12/2021	2/18/2021	3/10/2021	4/17/2021	5/17/2021				
CLIMB Wyoming:	Inv Rec'd Date		9/8/2020	9/8/2020	10/5/2022	11/4/2020	12/4/2020	1/5/2021	2/5/2021	3/2/2021	4/5/2021	5/5/2021	6/4/2021			
	1% Funding	$22,500.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,520.97	$0.00	$4,714.16	$0.00	$5,902.35	$1,665.74	$1,696.78	$22,500.00	$0.00
	Inv Paid Date		N/A	N/A	N/A	N/A	N/A	1/12/2021	N/A							
Council of Community Services	Inv Rec'd Date		9/4/2020	9/3/2020	10/5/2020	None Rec'd	12/4/2020									
	1% Funding	$31,500.00	$0.00	$9,640.67	$14,133.83	$0.00	$7,725.50	Budget Fully Expended.							$31,500.00	$0.00
	Inv Paid Date		N/A	9/23/2020	10/28/2020	N/A										
Edible Prairie Project	Inv Rec'd Date		8/5/2020	9/1/2020	10/5/2020	11/5/2020	12/2/2020	1/4/2021	2/5/2021	3/1/2021	4/1/2021	5/3/2021				
	1% Funding	$6,300.00	$378.00	$214.18	$159.66	$189.00	$0.00	$0.00	$0.00	$3,325.38	$368.92	$608.76	$1,056.10		$6,300.00	$0.00
	Inv Paid Date		8/28/2020	9/23/2020	10/28/2020	12/8/2020	N/A	N/A	N/A	3/10/2021	4/17/2021	5/17/2021				
Juvenile & Family Drug Court	Inv Rec'd Date		1/0/1900	9/3/2020	10/5/2020	10/28/2020	12/7/2020	1/6/2021								
	1% Funding	$8,100.00	$0.00	$1,341.00	$1,941.25	$2,437.50	$0.00	$1,524.50				$0.00	$855.75	Budget Expended	$8,100.00	$0.00
	Inv Paid Date		N/A	9/23/2020	11/4/2020	12/22/2020	1/0/1900	1/12/2021	NONE RECD	NONE RECD	None Recd					
GARF:	Inv Rec'd Date		ok	9/3/2020	10/2/2020	12/2/2020	12/2/2020	1/4/2021	2/4/2021	3/3/2021	4/5/2021	5/5/2021	6/4/2021			
	1% Funding	$83,160.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$ 6,930.00	$83,160.00	$0.00
	Inv Paid Date		8/28/2020	9/23/2020	10/28/2020	12/22/2020	12/22/2020	1/12/2021	2/18/2021	3/10/2021	4/17/2021	5/17/2021				
Personal Frontiers	Inv Rec'd Date		8/5/2020	10/6/2020	10/6/2020	11/5/2020	12/3/2020	1/5/2021	2/4/2021	3/5/2021	4/5/2021	5/3/2021				
	1% Funding	$27,000.00	$ 3,276.25	$ 4,673.75	$4,362.00	$4,541.25	$1,758.75	$2,178.75	$2,281.75	$952.50	$781.00	$2,194.00	Budget Expended		$27,000.00	$0.00
	Inv Paid Date		8/28/2020	10/28/2020	10/28/2020	12/22/2020	12/22/2020	1/12/2021	2/18/2021	3/10/2021	4/17/2021					
Salvation Army	Inv Rec'd Date		N/A	N/A	9/16/2020	None Rec'd	None Rec'd	1/4/2021	1/25/2021	2/11/2021		4/22/2021				
	1% Funding	$12,000.00	$0.00	$0.00	$2,170.64			$3,071.20	$2,364.45	$2,173.50		$2,130.40		$89.81	$12,000.00	$0.00
	Inv Paid Date		N/A	N/A	N/A	N/A	N/A	1/12/2021	2/18/2021	3/10/2021						

Campbell County CARE Board 1% Funding 2020-2021

Organization	Award	BUDGET	July	August	September	October	November	December	January	February	March	April	May	June	Year-to-Date	Balance
Second Chance Ministries	Inv Rec'd Date			9/3/2020	10/4/2020	11/4/2020	12/2/2020	1/4/2121	2/2/2021	3/2/2021	N/A					
	1% Funding	$18,000.00	$3,002.83	$3,093.45	$4,700.47	$1,274.25	$213.69	$173.99	$363.46	$467.02	$0.00	$672.05	$735.49	$3,303.30	$18,000.00	$0.00
	Inv Paid Date		8/28/2020	9/23/2020	10/28/2020	12/22/202	12/22/2020	1/12/2021	2/18/2021	3/10/2021						
[redacted]	Inv Rec'd Date		10/1/2020	10/1/2020	10/15/2020	11/30/2020	12/23/2020	1/19/2021	2/16/2021	3/12/2021		4/15/2021	5/13/2021			
	1% Funding	$391,500.00	$24,685.00	$22,434.00	$21,584.00	$30,013.00	$20,129.00	$33,986.00	$17,580.00	$26,391.00		$21,262.00	$33,393.00	$9,903.00	$261,360.00	$130,140.00
	Inv Paid Date		10/28/2020	10/28/2020	10/28/2020	12/22/2020	1/12/2021	2/18/2021	3/10/2021							
Wright Community Assistance:	Inv Rec'd Date	8/5/2020		9/3/2020	10/2/2020	11/3/2020	12/2/2020	1/5/2021	2/2/2021	3/5/2021	4/2/2021	5/3/2021				
	1% Funding	$7,200.00	$1,500.00	$639.73	$0.00	$0.00	$1,310.00	$831.00	$500.00	$0.00	$0.00	$1,000.00	$609.95	$809.32	$7,200.00	$0.00
	Inv Paid Date		8/28/2020	9/23/2020	N/A	N/A	12/22/2020	1/12/2021	02//18/2021	N/A	N/A					
Visitation & Advocacy Center:	Inv Rec'd Date		9/3/2020	9/3/2020	10/5/2020	11/30/2020	11/30/2020	1/8/2021			4/10/2021	5/10/2021	6/2/2021			
	1% Funding	$58,500.00	$7,692.82	$8,198.92	$5,929.88	$11,310.64	$4,574.03	$6,323.14			$2,717.12	$4,570.29	$1,033.47	$387.03	$52,737.34	$5,762.66
	Inv Paid Date		9/23/2020	9/23/2020	10/28/2020	12/22/2021	12/22/2021		NONE RECD	NONE RECD	5/17/2021					
YES House	Inv Rec'd Date	8/5/2020		9/3/2020	10/2/2020	11/4/2020	12/3/2020	1/5/2021	2/5/2021	3/4/2021	4/5/2021	5/4/2021				
	1% Funding	$283,500.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$23,625.00	$283,500.00	$0.00
	Inv Paid Date		8/28/2020	9/23/2020	10/28/2020	12/22/2020	12/22/2020	1/12/2021	2/18/2021	3/10/2021	4/17/2021	5/17/2021				
TOTAL		$1,025,910.00	$79,370.94	$84,960.06	$88,523.29	$83,845.64	$68,752.97	$90,221.55	$57,071.81	$79,721.79	$38,563.60	$72,340.85	#VALUE!	#VALUE!	$871,058.57	$154,851.43

RED EQUALS LATE REPORT

Campbell County CARE Board CSBG FY 20/21 Invoice

Tripartite Board Name: Campbell County CARE Board- YES House Subgrantee
Contact Person:
Grant Period: 10/1/18-9/3019

COST CATEGORY	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:															
Salaries & Wages	$ 20,600.00	$ 2,459.72	$ 1,792.49	$ 1,658.13	$ 1,958.00	$ 1,727.09	$ 1,715.74	$ 2,410.09	$ 2,408.89	$ 1,825.17				$ 17,955.32	
Employer Paid Benefits	$ 5,290.00	$ 485.53	$ 421.72	$ 475.92	$ 551.73	$ 419.20	$ 435.72	$ 590.96	$ 684.27	$ 718.63				$ 4,783.68	
SUPPORTIVE SERVICES:															
Communications:															
Telephone														$ -	
Postage														$ -	
Travel In-State														$ -	
Travel Out-of-State														$ -	
Training/Conferences/Staff Develop.														$ -	
Supplies:															
Consumables	$ 860.00	$ 120.70	$ 76.16	$ 117.47	$ 84.43	$ 86.48	$ 98.28	$ 75.48	$ 201.00					$ 860.00	
Commercial Printing														$ -	
Publications														$ -	
Equipment Purchases														$ -	
Real Property Rental														$ -	
Equipment Rental														$ -	
GRANTS-IN-AID:														$ -	
CONTRACTUAL														$ -	
SUB-TOTAL	$ 26,750.00	$ 3,065.95	$ 2,290.37	$ 2,251.52	$ 2,594.16	$ 2,232.77	$ 2,249.74	$ 3,076.53	$ 3,294.16	$ 2,543.80	$ -	$ -	$ -	$ 23,599.00	88%
OTHER COSTS:															
a. Indirect														$ -	
b.														$ -	
c.														$ -	
GRAND TOTAL Expenditures	$ 26,750.00	$ 3,065.95	$ 2,290.37	$ 2,251.52	$ 2,594.16	$ 2,232.77	$ 2,249.74	$ 3,076.53	$ 3,294.16	$ 2,543.80	$ -	$ -	$ -	$ 23,599.00	
Payments Made to Subgrantee		$ 3,065.95	$ 2,290.37	$ 2,251.52	$ 2,594.16									$ 10,202.00	
Invoices Received			Rec'd 12/04/20	Rec'd 01/05/21	Rec'd 02/03/21	recd 03/04/21	rec'd 04/05/21	Rec'd 05/04/21							

Total Amount Reimbursed	$ 23,599.00
Subgrantee Remaining	$ 3,151.00

Campbell County CARE Board CSBG FY 20/21 Invoice

Tripartite Board Name: Campbell County CARE Board
Contact Person: Bethany Raab
Grant Period: 10/1/19-9/30/20

COST CATEGORY	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:															
Salaries & Wages	$ 77,000.00	$ 2,459.72	$ 7,367.26	$ 1,658.13	$ 8,826.62	$ 10,560.46	$ 6,142.70	$ 6,429.01	$ 5,842.11	$ 6,701.99	$ -	$ -	$ -	$ 55,988.00	
Employer Paid Benefits	$ 11,690.00	$ 485.53	$ 1,198.66	$ 475.92	$ 551.73	$ 2,050.63	$ 1,084.34	$ 1,175.00	$ 3,319.95	$ 1,359.02	$ -	$ -	$ -	$ 11,700.78	
SUPPORTIVE SERVICES:															
Communications:															
Communicatin	$ 2,450.00	$ -	$ 255.33	$ -	$ 255.33	$ 566.29	$ 257.91	$ 387.41	$ 262.41	$ 266.91	$ -	$ -	$ -	$ 2,251.59	
Postage														$ -	
Travel In-State	$ 800.00	$ -	$ 89.27	$ -	$ 55.16	$ 377.90	$ 40.00	$ 169.56	$ 68.11	$ -	$ -	$ -	$ -	$ 800.00	
Utilities	$ 2,450.00	$ -	$ 334.34	$ -	$ 385.01	$ 585.41	$ 340.33	$ 296.27	$ 342.90	$ 165.74	$ -	$ -	$ -	$ 2,450.00	
Training/Conferences/Staff Develop.														$ -	
Supplies:															
Consumables	$ 1,360.00	$ 120.70	$ 132.01	$ 117.47	$ 84.43	$ 86.48	$ 98.28	$ 267.63	$ 201.00	$ 252.00	$ -	$ -	$ -	$ 1,360.00	
Commercial Printing														$ -	
Publications														$ -	
Equipment Purchases														$ -	
Real Property Rental														$ -	
Equipment Rental														$ -	
GRANTS-IN-AID:	$ 113,970.00	$ 2,675.00	$ 19,303.00	$ 8,550.00	$ 16,272.00	$ 20,260.14	$ 15,558.00	$ 3,427.36	$ 599.00	$ 6,426.00	$ -	$ -	$ -	$ 93,070.50	
CONTRACTUAL														$ -	
DISCRETIONARY														$ -	
SUB-TOTAL	$ 209,720.00	$ 5,740.95	$ 28,679.87	$ 10,801.52	$ 26,430.28	$ 34,487.31	$ 23,521.56	$ 12,152.24	$ 10,635.48	$ 15,171.66	$ -	$ -	$ -	$ 167,620.87	78%
OTHER COSTS:															
a. Indirect														$ -	
b. ADMINSTRATIVE CARE BOARD	$ 4,418.00						$ 262.50			$ 273.01				$ 535.51	
c. overbill oct GRH					$ (450.00)									$ (450.00)	
GRAND TOTAL Expenditures	$ 214,138.00	$ 5,740.95	$ 28,679.87	$ 10,801.52	$ 25,980.28	$ 34,487.31	$ 23,784.06	$ 12,152.24	$ 10,635.48	$ 15,444.67	$ -	$ -	$ -	$ 167,706.38	78%
STATE CSBG PAYMENTS (month of service)		$ 17,844.83 Initial PMT per contract	$ 16,575.99		$ 37,231.80	$ 34,487.31								$ 106,139.93	

Notes:

November reimbursement for GARF includes Oct and Nov invoice.
Overbilled CSBG by 450 in October for GRH. Paid $10050 billed $10500. Adjusted January.
Added $10 to March GARF invoice, they misadded in Feb.

Reimbursement Amount	$ 61,566.45
Grant Amount Remaining	$ 46,431.62

Campbell County CARE Board CSBG FY 20/21 Invoice

Tripartite Board Name: Campbell County CARE Board- Council of Community Services Subgrantee
Contact Person: Bethany Raab
Grant Period: 10/1/18-9/3019

COST CATEGORY	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:															
Salaries & Wages	$ 56,400.00	$0.00	$ 5,574.77		$ 6,868.62	$ 8,833.37	$ 4,426.96	$ 4,018.92	$ 3,433.22	$ 4,876.82				$ 38,032.68	
Employer Paid Benefits	$ 6,400.00	$0.00	$ 776.94			$ 1,631.43	$ 648.62	$ 584.04	$ 2,635.68	$ 640.39				$ 6,917.10	
SUPPORTIVE SERVICES:															
Communications:															
Communication	$ 2,450.00	$0.00	$ 255.33		$ 255.33	$ 566.29	$ 257.91	$ 387.41	$ 262.41	$ 266.91				$ 2,251.59	
Postage									$ -	$ -				$ -	
Travel In-State	$ 800.00	$0.00	$ 89.27		$ 55.16	$ 377.90	$ 40.00	$ 169.56	$ 68.11	$ -				$ 800.00	
Utilities	$ 2,450.00	$0.00	$ 334.34		$ 385.01	$ 585.41	$ 340.33	$ 296.27	$ 342.90	$ 165.74				$ 2,450.00	
Training/Conferences/Staff Develop.									$ -					$ -	
Supplies:															
Consumables	$ 500.00	$0.00	$ 55.85				$ -	$ 192.15	$ -	$ 252.00				$ 500.00	
Commercial Printing														$ -	
Publications														$ -	
Equipment Purchases														$ -	
Real Property Rental														$ -	
Equipment Rental														$ -	
GRANTS-IN-AID:	$ 27,300.00	$0.00			$ 1,427.00	$ 7,470.14	$ 1,424.00	$ 3,317.36	$ 599.00	$ 6,426.00				$ 20,663.50	
CONTRACTUAL														$ -	
SUB-TOTAL	$ 96,300.00	$0.00	$ 7,086.50	$ -	$ 8,991.12	$ 19,464.54	$ 7,137.82	$ 8,965.71	$ 7,341.32	$ 12,627.86	$ -	$ -	$ -	$ 71,614.87	74%
OTHER COSTS:															
a. Indirect														$ -	
b.														$ -	
c.														$ -	
GRAND TOTAL Expenditures	$ 96,300.00	$0.00	$ 7,086.50	$ -	$ 8,991.12	$ 19,464.54	$ 7,137.82	$ 8,965.71	$ 7,341.32	$ 12,627.86	$ -	$ -	$ -	$ 71,614.87	
Payments Made to Subgrantee	$51,645.69	$0.00	$ 7,086.50	$ -	$ 8,991.12	$ 19,464.54	$ 7,137.82	$ 8,965.71						$ 51,645.69	
Invoices Received		N/A	Rec'd 12/4/20	N/A	Rec'd 01/18/21 Late	Rec'd 03/02/21 LATE Rec'd 03/05/21	Rec'd 04/06/21								

Total Amount Reimbursed	$ 71,614.87
Subgrantee Remaining	$ 44,654.31

No submission for October
No submission for December
Dec is Januarys bill
Jan is on Feb's bill

Campbell County CARE Board CSBG FY 20/21 Invoice

Tripartite Board Name: Campbell County CARE Board- Gillette Abuse Refuge Foundation Subgrantee
Contact Person: Bethany Raab
Grant Period: 10/1/18-9/3019

COST CATEGORY	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:															
Salaries & Wages														$ -	
Employer Paid Benefits														$ -	
SUPPORTIVE SERVICES:															
Communications:															
Telephone														$ -	
Postage														$ -	
Travel In-State														$ -	
Travel Out-of-State														$ -	
Training/Conferences/Staff Develop.														$ -	
Supplies:															
Consumables														$ -	
Commercial Printing														$ -	
Publications														$ -	
Equipment Purchases														$ -	
Real Property Rental														$ -	
Equipment Rental														$ -	
GRANTS-IN-AID:	$ 23,540.00	$0.00	$ 4,118.00	$ 1,575.00	$ 1,625.00	$ 1,300.00	$ 659.00	$ -	$ -	$ -				$ 9,277.00	
CONTRACTUAL														$ -	
SUB-TOTAL	$ 23,540.00	$0.00	$ 4,118.00	$ 1,575.00	$ 1,625.00	$ 1,300.00	$ 659.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,277.00	39%
OTHER COSTS:															
a. Indirect														$ -	
b.														$ -	
c.														$ -	
GRAND TOTAL Expenditures	$ 23,540.00	$0.00	$ 4,118.00	$ 1,575.00	$ 1,625.00	$ 1,300.00	$ 659.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,277.00	
Payments Made to Subgrantee		$0.00	$ 4,118.00	$ 1,575.00	$ 1,625.00	$ 1,300.00								$ 8,618.00	
Invoices Received		N/A	Rec'd 12/2/2020	Rec'd 01/04/21	Rec'd 02/01/21	Rec'd 03/01/21	recd 04/02/21	recd 05/04/21							

Total Amount Reimbursed	$ 9,277.00
Subgrantee Remaining	$ 14,263.00

Novembers reimbursement includes Oct and Nov. Submitted after October meeting due to contract timing.

Campbell County CARE Board CSBG FY 20/21 Invoice

Tripartite Board Name: Campbell County CARE Board Subgrantee- Gillette Reproductive Health
Contact Person: Bethany Raab
Grant Period: 10/1/18-9/3019

COST CATEGORY	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:															
Salaries & Wages														$ -	
Employer Paid Benefits														$ -	
SUPPORTIVE SERVICES:															
Communications:															
Telephone														$ -	
Postage														$ -	
Travel In-State														$ -	
Travel Out-of-State														$ -	
Training/Conferences/Staff Develop.														$ -	
Supplies:															
Consumables														$ -	
Commercial Printing														$ -	
Publications														$ -	
Equipment Purchases														$ -	
Real Property Rental														$ -	
Equipment Rental														$ -	
GRANTS-IN-AID:	$ 29,960.00	$0.00	$10,500.00	$ 3,025.00	$ 4,850.00	$ 4,300.00	$ 7,175.00	$ 110.00						$ 29,960.00	
CONTRACTUAL														$ -	
SUB-TOTAL	$ 29,960.00	$0.00	$10,500.00	$ 3,025.00	$ 4,850.00	$ 4,300.00	$ 7,175.00	$ 110.00	$ -	$ -	$ -	$ -	$ -	$ 29,960.00	100%
OTHER COSTS:															
a. Indirect														$ -	
B. overbill in Oct														$ -	
c.														$ -	
GRAND TOTAL Expenditures	$ 29,960.00	$0.00	$10,500.00	$ 3,025.00	$ 4,850.00	$ 4,300.00	$ 7,175.00	$ 110.00	$ -	$ -	$ -	$ -	$ -	$ 29,960.00	
Payments Made to Subgrantee		$0.00	$10,050.00	$ 3,025.00	$ 5,300.00	$ 4,300.00	$ 7,175.00							$ 29,850.00	
Invoices Received		N/A	Rec'd 12/8/20 Oct and Nov	Rec'd 01/06/21 LATE	Rec'd 02/04/21	Rec;d 03/04/2021	$44,314.00	5/3/2021							

Total Amount Reimbursed	$ 29,960.00
Subgrantee Remaining	$ -

No submission for October

October bill was $10050, billed grant 10500. Adjusted in January

Campbell County CARE Board CSBG FY 20/21 Invoice

Tripartite Board Name: Campbell County CARE Board- Personal Frontiers Subgrantee
Contact Person: Bethany Raab
Grant Period: 10/1/18-9/3019

COST CATEGORY	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:															
Salaries & Wages														$ -	
Employer Paid Benefits														$ -	
SUPPORTIVE SERVICES:															
Communications:															
Telephone														$ -	
Postage														$ -	
Travel In-State														$ -	
Travel Out-of-State														$ -	
Training/Conferences/Staff Develop.														$ -	
Supplies:															
Consumables														$ -	
Commercial Printing														$ -	
Publications														$ -	
Equipment Purchases														$ -	
Real Property Rental														$ -	
Equipment Rental														$ -	
GRANTS-IN-AID:	$ 33,170.00	$ 2,675.00	$ 4,685.00	$ 3,950.00	$ 8,370.00	$ 7,190.00	$ 6,300.00	$ -						$ 33,170.00	
CONTRACTUAL														$ -	
SUB-TOTAL	$ 33,170.00	$ 2,675.00	$ 4,685.00	$ 3,950.00	$ 8,370.00	$ 7,190.00	$ 6,300.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 33,170.00	100%
OTHER COSTS:															
a. Indirect														$ -	
b.														$ -	
c.														$ -	
GRAND TOTAL Expenditures	$ 33,170.00	$ 2,675.00	$ 4,685.00	$ 3,950.00	$ 8,370.00	$ 7,190.00	$ 6,300.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 33,170.00	
Payments Made to Subgrantee		$ 2,675.00	$ 4,685.00	$ 3,950.00	$ 8,370.00	$ 7,190.00	$ 6,300.00							$ 33,170.00	
Invoices Received			Rec'd 12/04/20	Rec'd 01/05/21	Rec'd 02/03/21	recd 03/05/21	rec'd 04/005/21								

Total Amount Reimbursed	$ 33,170.00
Subgrantee Remaining	$ -

Campbell County CARE Board CSBG FY 20/21 Invoice

Tripartite Board Name: Campbell County CARE Board- YES House Subgrantee
Contact Person:
Grant Period: 10/1/18-9/3019

COST CATEGORY	Budgeted Amount	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	YEAR-TO-DATE EXPENSES	% EXPENDED
PERSONNEL SERVICES:															
Salaries & Wages	$ 20,600.00	$ 2,459.72	$ 1,792.49	$ 1,658.13	$ 1,958.00	$ 1,727.09	$ 1,715.74	$ 2,410.09	$ 2,408.89	$ 1,825.17				$ 17,955.32	
Employer Paid Benefits	$ 5,290.00	$ 485.53	$ 421.72	$ 475.92	$ 551.73	$ 419.20	$ 435.72	$ 590.96	$ 684.27	$ 718.63				$ 4,783.68	
SUPPORTIVE SERVICES:															
Communications:															
Telephone														$ -	
Postage														$ -	
Travel In-State														$ -	
Travel Out-of-State														$ -	
Training/Conferences/Staff Develop.														$ -	
Supplies:															
Consumables	$ 860.00	$ 120.70	$ 76.16	$ 117.47	$ 84.43	$ 86.48	$ 98.28	$ 75.48	$ 201.00					$ 860.00	
Commercial Printing														$ -	
Publications														$ -	
Equipment Purchases														$ -	
Real Property Rental														$ -	
Equipment Rental														$ -	
GRANTS-IN-AID:														$ -	
CONTRACTUAL														$ -	
SUB-TOTAL	$ 26,750.00	$ 3,065.95	$ 2,290.37	$ 2,251.52	$ 2,594.16	$ 2,232.77	$ 2,249.74	$ 3,076.53	$ 3,294.16	$ 2,543.80	$ -	$ -	$ -	$ 23,599.00	88%
OTHER COSTS:															
a. Indirect														$ -	
b.														$ -	
c.														$ -	
GRAND TOTAL Expenditures	$ 26,750.00	$ 3,065.95	$ 2,290.37	$ 2,251.52	$ 2,594.16	$ 2,232.77	$ 2,249.74	$ 3,076.53	$ 3,294.16	$ 2,543.80	$ -	$ -	$ -	$ 23,599.00	
Payments Made to Subgrantee		$ 3,065.95	$ 2,290.37	$ 2,251.52	$ 2,594.16									$ 10,202.00	
Invoices Received			Rec'd 12/04/20	Rec'd 01/05/21	Rec'd 02/03/21	recd 03/04/21	rec'd 04/05/21	Rec'd 05/04/21							

Total Amount Reimbursed	$ 23,599.00
Subgrantee Remaining	$ 3,151.00

CAMPBELL COUNTY CARE BOARD

COMMUNITY SERVICES BLOCK GRANT (CSBG) APPLICATION FOR ASSISTANCE

Type of Assistance Requested: _____ Date: _____

Agency: _____

PERSONAL INFORMATION FOR APPLICANT			
Applicant Name:		Telephone:	
Physical Address:	City:	County:	State:
Mailing Address:	City:	County:	State:

Date of Birth:	Age:	Disabled: ☐ Yes ☐ No ☐ Unspecified	Gender: ☐ Male ☐ Female ☐ Other ☐ Unspecified
Race ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Unspecified		Race ☐ American Indian/Alaska Native ☐ Asian ☐ Multi-Racial ☐ Black or African American ☐ Native Hawaiian or Other Island ☐ Other ☐ Unspecified ☐ White	Education ☐ 0-8 ☐ 12 Grade + Post-Secondary ☐ 2-4 Years College Graduate ☐ 9-12 Non-Graduate ☐ GED ☐ Graduate of Post-Secondary ☐ High School Graduate ☐ Unspecified

Employment: ☐ Full-time ☐ Part-time ☐ Migrant Seasonal Farm Worker ☐ Retired ☐ Unemployed (more than 6 months) ☐ Unemployed (less than 6 months) ☐ Unemployed not in labor force ☐ Unspecified	Health Insurance: ☐ None ☐ Direct-Purchase ☐ Employment Based ☐ Medicaid ☐ Medicare ☐ Military ☐ State-Adult ☐ State Children ☐ Unspecified
Marital Status: ☐ Divorced ☐ Domestic Partner ☐ Married ☐ Separated ☐ Single ☐ Unspecified ☐ Widowed	Military Status: ☐ Active ☐ Unspecified ☐ Veteran
Disconnected Youth- Not Working or Not in School (for 14-24 age group): ☐ Yes ☐ No ☐ Unspecified	

INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS 18 AND OVER (Provide Documents)					
Name	Pay Per Hour	Hours Per Week	Pay Per Month	Total	Income Source

HOUSING INFORMATION

Family Type: ☐ Multigenerational Household ☐ Nonrelated adults with children ☐ Unspecified
☐ Other ☐ Single Parent/Female ☐ Single Parent/Male
☐ Single Person ☐ Two Adults/No Children ☐ Two Parent Household

Household Size	Housing:
☐ Single	☐ Homeless
☐ Two	☐ Other
☐ Three	☐ Unspecified
☐ Four	☐ Other Permanent Housing
☐ Five	☐ Own
☐ Six or More	☐ Rent

	ALL OTHER MEMBERS OF HOUSEHOLD (USE ADDITIONAL SHEET IF NECESSARY)					
#1	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#2	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#3	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#4	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#5	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:

I certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming

SIGNATURE: _____ DATE: _____

SELF-DECLARATION FOR ZERO INCOME (Only Complete if No Source of Income)

Self-Declaration for zero income or missing required documentation

Only complete if you have no source of income or are missing any of the required documentation.

Please Check ALL that apply:

❑ The Household has **no source** of Income

(I, _____, do hereby declare under penalty of perjury that I have received no income from any source during the past 30 days and that I have been unemployed during that time. **I have been able to maintain my basic necessities by:** _____

_____

_____

Applicant (Printed Name) Signature Date

_____

Witness (Printed Name) Signature Date

Program Staff Use Only

❑Copies of All Income for the Household during the last 30-90 days	% of Poverty Level _____%	Income Eligible? ❑Yes ❑No	Is this allowable expense? ❑Yes ❑No
Applicant Status: ❑ Approved ❑ Denied	Explanation of denial of services:		Unduplicated # of People Served _____ # of Services Provided _____
Case Management Notes:			
Referral(s) made:			
Printed Staff Name:	**Staff Signature:**		**Date Interview Conducted:**

Documentation of service(s) provided, payment invoices, and cancelled check(s) or receipt of payment will be maintained in the file with this CSBG Application, the Eligibility Requirements Form, and copies of Income. In the event, the service is denied; a copy of the Denial Letter will be maintained in the file.