

Vendor Name	Congregate Lunch
123 Main Street San Rafael, CA 94901	Vendor #1234 Contract# 31800228 Org# 28041441 Object #522710 PS-10413-IIIIC1LUNG- IIIC1CONG-CBO
Area on Aging	

Make sure the Contracted Funds and the Total Meals amounts are equal.

Invoice No. C0228 07/17
Bill To Amy Dietz
Address 10 N. San Pedro Rd., Suite 1023
San Rafael, CA 94903
Phone 415-473-7491
E-Mail adietz@marincounty.org
Dates covered by this invoice 7/1/17 - 7/31/17

Request for funds \$3,341.25 OK

Description	Budget	Expenditures	Remaining Balance
Personnel	100,000.00	5,000.00	95,000.00
Travel	150.00	25.00	125.00
Training	0.00	0.00	0.00
Property/Equipment	0.00	0.00	0.00
Vendor/Consultant Agreements	0.00	0.00	0.00
Food Costs	50,000.00	10,000.00	40,000.00
Other Costs	10,000.00	50.00	9,950.00
Indirect Costs - Not to exceed 10%	500.00	40.00	460.00
Total Contracted Funds	160,650.00	15,115.00	145,535.00
AAA Funding	50,000.00	\$3,341.25	46,658.75
County/HHS Funding	-		0.00
Program Income	5,000.00	500.00	4,500.00
Matching Contributions- Cash	50,000.00	4,166.67	45,833.33
Matching Contributions- In Kind	10,000.00	100.00	9,900.00
Non-Matching Contributions - Cash	45,650.00	7,007.09	38,642.91
Non-Matching Contributions - In-Kind	-	0.00	0.00
Total Expenditures (Includes contract, matching & non-matching)	160,650.00	15,115.00	145,535.00
Total Meals to be delivered - 4,000	Monthly Meals	YTD Totals	Balance remaining
Number of service Days this period	9	9	N/A
Total number of all meals served this period (include all meals served to seniors 60+, people under 60, volunteers, staff, and guests).	500	500	N/A
Total <u>eligible</u> meals served to clients 60 years or older this period.	495	495	4,000
Per meal rate	\$6.75	\$6.75	N/A
Total meals produced this period x Per meal rate (Line 34 x Line 35)	\$3,341.25	3341.25	157,308.75

I hereby certify under penalty of perjury, under the laws of California, that the services invoiced have been that our organization is in full compliance with the provisions of the County of Marin Living Wage Ordinance.

Authorized Signature of Person preparing report

Date