Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Regina Burgess
Title:	Executive Director
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	$ 89,638.00		$ -
Fringe Benefits	$ 21,270.00		$ -
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions	$ 8,556.00		$ -
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs			
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 119,464.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Maria Goodspeed
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Caitlin Cerise
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Renae Rountree
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Tabitha Washington
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Valerie Boulos
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Pamela Monroe
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Bradley Vinson
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Linda Oaks
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Stephanie Clark
Title:	Board Member
Agency Agreement/Contract #	27-LCG-##
Total Contract Amount	$600,000
Contract Term:	October 1, 2026 through September 30, 2027
Invoice Number	0
Invoice Period	0

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 100.00	$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 100.00	$ -	$ -

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Regina Burgess
Signature:	*Regina Burgess*
Title:	Executive Director
Date:	July 9, 2026