

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Charles R. Mayberry
Title:	Executive Director
Agency Agreement/Contract #	25-LCG-02
Total Contract Amount	\$400,000
Contract Term:	October 1, 2024 through September 30, 2025
Invoice Number	1251037, 2251037, and 3251037
Invoice Period	10/01/2024 through 03/26/2025

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	\$ 122,529.71	\$ 52,530.36	\$ 52,530.36
Fringe Benefits	\$ 4,924.32	\$ -	\$ -
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions	\$ 11,381.58	\$ 5,253.00	\$ 5,253.00
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs			
Telephone Services			
Medical Services Costs	\$ 41,628.35	\$ 20,184.16	\$ 20,184.16
Housing Costs			
Meals			
Amount Paid to Date	\$ 180,463.96	\$ 77,967.52	\$ 77,967.52

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

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Signature:	<i>Charles R. Mayberry</i>
Title:	Executive Director
Date:	March 26, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Vicky Stever
Title:	Board Member
Agency Agreement/Contract #	25-LCG-02
Total Contract Amount	\$400,000
Contract Term:	October 1, 2024 through September 30, 2025
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Invoice Period	10/01/2024 through 03/26/2025

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	\$ 347.22	\$ 81.88	\$ 81.88
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ 81.88	\$ 81.88

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Caitlin Cerise
Title:	PLAN Board- President
Agency Agreement/Contract #	25-LCG-02
Total Contract Amount	\$400,000
Contract Term:	October 1, 2024 through September 30, 2025
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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	\$ 347.22	\$ 32.11	\$ 32.11
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ 32.11	\$ 32.11

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Renaë Rountree
Title:	Board Member
Agency Agreement/Contract #	25-LCG-02
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Invoice Period	10/01/2024 through 03/26/2025

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	\$ 347.22	\$ -	\$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ -	\$ -

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Tabitha Washington
Title:	Board Member- Secretary/Treasurer
Agency Agreement/Contract #	25-LCG-02
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Invoice Period	10/01/2024 through 03/26/2025

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	\$ 347.22	\$ 186.90	\$ 186.90
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ 186.90	\$ 186.90

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Valerie Boulos
Title:	Board Member
Agency Agreement/Contract #	25-LCG-02
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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	\$ 347.22	\$ -	\$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ -	\$ -

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Pamela Monroe
Title:	PLAN Board- Vice President
Agency Agreement/Contract #	25-LCG-02
Total Contract Amount	\$400,000
Contract Term:	October 1, 2024 through September 30, 2025
Invoice Number	125I037, 225I037, and 325I037
Invoice Period	10/01/2024 through 03/26/2025

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	\$ 347.22	\$ 44.50	\$ 44.50
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ 44.50	\$ 44.50

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Bradley Vinson
Title:	Board Member
Agency Agreement/Contract #	25-LCG-02
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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	\$ 347.22		
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ -	\$ -

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Courtney Whitaker
Title:	Board Member
Agency Agreement/Contract #	25-LCG-02
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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	\$ 347.22		
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ -	\$ -

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Stephanie Clark
Title:	PLAN Board
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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	\$ 347.22		
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	\$ 347.22	\$ -	\$ -

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