

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Regina Burgess		
Title:	Executive Director 7/7/25-Current		
Agency Agreement/Contract #	24-LSTA-C-02		
Total Contract Amount	\$223,959		
Contract Term:	October 1, 2024 through September 30, 2025		
Invoice Number	N/A		
Invoice Period	N/A		
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries		\$ 19,455.67	
Fringe Benefits			
Bonuses	\$ -		
Accrued Paid Time Off	\$ -		
Severance Payments	\$ -		
Retirement Contributions		\$ 1,807.32	
In-Kind Payments	\$ -		
Incentive Payments	\$ -		
Reimbursements/Allowances			
Moving Expenses	\$ -		
Transportation Costs	\$ -		
Telephone Services	\$ -		
Medical Services Costs		\$ 3,303.10	
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ 24,566.09	\$ -
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.			
Name:	Regina Burgess		
Signature:	<i>Regina Burgess</i>		
Title:	Executive Director		
Date:	09/02/2025		

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Vicky Stever
Title:	PLAN Board Member
Agency Agreement/Contract #	24-LSTA-C-02
Total Contract Amount	\$223,959
Contract Term:	October 1, 2024 through September 30, 2025
Invoice Number	N/A
Invoice Period	N/A

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	\$ -	\$ 288.00	
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ 288.00	\$ -

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Title:	Executive Director
Date:	09/02/2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Caitlin Cerise		
Title:	PLAN Board Member		
Agency Agreement/Contract #	24-LSTA-C-02		
Total Contract Amount	\$223,959		
Contract Term:	October 1, 2024 through September 30, 2025		
Invoice Number	N/A		
Invoice Period	N/A		
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	\$ -		
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ -	\$ -
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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Renae Rountree
Title:	PLAN Board Member
Agency Agreement/Contract #	24-LSTA-C-02
Total Contract Amount	\$223,959
Contract Term:	October 1, 2024 through September 30, 2025
Invoice Number	N/A
Invoice Period	N/A

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

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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Tabitha Washington		
Title:	PLAN Board Member		
Agency Agreement/Contract #	24-LSTA-C-02		
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Invoice Number	N/A		
Invoice Period	N/A		
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	\$ -		
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ -	\$ -
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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Valerie Boulos		
Title:	PLAN Board Member		
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Invoice Number	N/A		
Invoice Period	N/A		
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	\$ -		
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ -	\$ -
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Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Pamela Monroe		
Title:	PLAN Board Member		
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Invoice Number	N/A		
Invoice Period	N/A		
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	\$ -		
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ -	\$ -
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Name:	Bradley Vinson		
Title:	PLAN Board Member		
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Invoice Number	N/A		
Invoice Period	N/A		
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	\$ -		
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ -	\$ -
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Name:	Courtney Whitaker
Title:	PLAN Board Member
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Invoice Number	N/A
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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	\$ -		
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ -	\$ -

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Name:	Stephanie Clark		
Title:	PLAN Board Member		
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Invoice Number	N/A		
Invoice Period	N/A		
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	\$ -		
Telephone Services	\$ -		
Medical Services Costs	\$ -		
Housing Costs	\$ -		
Meals	\$ -		
Amount Paid to Date	\$ -	\$ -	\$ -
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.			
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