Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Regina Burgess
Title:	Executive Director
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	
Invoice Period	10/01/2025 through 09/11/2026

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	$ 92,482.00	$ 97,942.69	$ 88,148.42
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions	$ 9,700.00	$ 10,698.97	$ 9,629.07
In-Kind Payments			
Incentive Payments			
Reimbursements/Allowances			
Moving Expenses			
Transportation Costs	$ 5,000.00	$ 2,959.02	$ 2,959.02
Telephone Services	$ 1,200.00	$ 900.00	$ 900.00
Medical Services Costs	$ 19,818.00	$ 19,105.44	$ 17,194.90
Housing Costs			
Meals			
Amount Paid to Date	$ 128,200.00	$ 131,606.12	$ 118,831.41

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Maria Goodspeed
Title:	Board Member
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	
Invoice Period	10/01/2025 through 09/11/2026

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	$ 555.00	$ 57.85	$ 57.85
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 555.00	$ 57.85	$ 57.85

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Caitlin Cerise
Title:	PLAN Board- President
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 555.00	$ 598.80	$ 598.80
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 555.00	$ 598.80	$ 598.80

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Renae Rountree
Title:	Board Member
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 555.00	$ 160.20	$ 160.20
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 555.00	$ 160.20	$ 160.20

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Tabitha Washington
Title:	Board Member- Secretary/Treasurer
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 555.00	$ 1,168.21	$ 1,168.21
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 555.00	$ 1,168.21	$ 1,168.21

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Valerie Boulos
Title:	Board Member
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 556.00	$ -	$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 556.00	$ -	$ -

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Pamela Monroe
Title:	PLAN Board- Vice President
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 556.00	$ 597.01	$ 597.01
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 556.00	$ 597.01	$ 597.01

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Bradley Vinson
Title:	Board Member
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 556.00	$ 222.50	$ 222.50
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 556.00	$ 222.50	$ 222.50

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Linda Oaks
Title:	Board Member
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 556.00	$ -	$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 556.00	$ -	$ -

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:	September 11, 2026

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Stephanie Clark
Title:	PLAN Board
Agency Agreement/Contract #	26-LCG-02
Total Contract Amount	$500,000
Contract Term:	October 1, 2025 through September 30, 2026
Invoice Number	0
Invoice Period	10/01/2025 through 09/11/2026

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	$ 556.00	$ -	$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
Amount Paid to Date	$ 556.00	$ -	$ -

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:	September 11, 2026