

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Regina Burgess
<b>Title:</b>	Executive Director
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	
<b>Invoice Period</b>	10/01/2025 through 01/05/2026

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	\$ 92,482.00	\$ 29,630.02	\$ 29,630.02
Fringe Benefits		\$ -	\$ -
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions	\$ 9,700.00	\$ 2,732.79	
In-Kind Payments			
Incentive Payments			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs		\$ 140.62	
Telephone Services			
Medical Services Costs	\$ 19,818.00	\$ 5,707.06	
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 122,000.00	\$ 38,210.49	\$ 29,630.02

**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>Regina Burgess</i>
Title:	Executive Director
Date:	January 13, 2026

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Maria Goodspeed
<b>Title:</b>	Board Member
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	
<b>Invoice Period</b>	10/01/2025 through 01/05/2026

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			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 555.00	\$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 555.00	\$ -	\$ -

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**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Caitlin Cerise
<b>Title:</b>	PLAN Board- President
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
<b>Invoice Period</b>	10/01/2025 through 01/05/2026

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			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 555.00	\$ -	\$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 555.00	\$ -	\$ -

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**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Renae Rountree
<b>Title:</b>	Board Member
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
<b>Invoice Period</b>	10/01/2025 through 01/05/2026

<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 555.00	\$ -	\$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 555.00	\$ -	\$ -

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**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Tabitha Washington
<b>Title:</b>	Board Member- Secretary/Treasurer
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
<b>Invoice Period</b>	10/01/2025 through 01/05/2026

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			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 555.00	\$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 555.00	\$ -	\$ -

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**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Valerie Boulos
<b>Title:</b>	Board Member
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
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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			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 556.00	\$ -	\$ -
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 556.00	\$ -	\$ -

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**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Pamela Monroe
<b>Title:</b>	PLAN Board- Vice President
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
<b>Invoice Period</b>	10/01/2025 through 01/05/2026

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			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 556.00	\$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 556.00	\$ -	\$ -

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**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Bradley Vinson
<b>Title:</b>	Board Member
<b>Agency Agreement/Contract #</b>	26-LCG-02
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<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
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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			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 556.00	\$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 556.00	\$ -	\$ -

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<b>Name:</b>	Linda Oaks
<b>Title:</b>	Board Member
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
<b>Invoice Period</b>	10/01/2025 through 01/05/2026

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Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 556.00	\$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 556.00	\$ -	\$ -

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**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Stephanie Clark
<b>Title:</b>	PLAN Board
<b>Agency Agreement/Contract #</b>	26-LCG-02
<b>Total Contract Amount</b>	\$500,000
<b>Contract Term:</b>	October 1, 2025 through September 30, 2026
<b>Invoice Number</b>	0
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Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs	\$ 556.00	\$ -	
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>	\$ 556.00	\$ -	\$ -

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