**Name of Agency**

SUPPLEMENTARY INFORMATION

SCHEDULE OF THE SOURCE AND STATUS OF FUNDS

RECEIVED FROM THE CITY OF JACKSONVILLE, FLORIDA

For Audit Period 7/1/18-6/30/19

**COJ-Public Service Grant**

Contract Number: XXXX-XX

Contract Period: 10/1/18 - 09/30/19

Through 07/01/19-

06/30/19 09/30/19

**Cash Receipts:**

Amount Of Award $150,000 $150,000

Actual Funds received

Last Audit $ 0 $ 0

Actual Funds received $ 72,715

this Period

Due from City $ 11,225 $ 0

Amount Remaining $ 66,040 $ 0

Actual Actual Actual Budget

Budget 7/18-9/18 10/18-6/19 Remaining

**Program Expenses:**

Salaries $13,969 $0 $10,477 $ 3,492

Taxes & Benefits $ 2,694 $0 $ 2,021 $ 673

Food Pantry $12,045 $0 $ 0 $12,045

Housing Assistance $80,000 $0 $51,635 $28,365

Utility Assistance $37,000 $0 $16,695 $20,305

Equipment $ 156 $0 $ 117 $ 39

Occupancy $ 3,409 $0 $ 2,550 $ 859

Office Expenses $ 667 $0 $ 429 $ 238

Travel/ Mileage $ 60 $0 $ 36 $ 24

Total Expenses $150,000 $0 $83,960 $66,040