## A better copy of this document will be uploaded

## EARLY HEAD START CCP

enter Name: Caroline Family Support Center							Invoice #	305-041
rant/Program: Early Head Start CCP					This assess of	vers the period ending:	9/30/22	
ontract Period: 9/1/22 - 8/31/23						this report co	vers the period chang.	
	A PERSONAL PROPERTY OF THE PERSON NAMED IN	Name and Post Control	Actual	gam taus	Bearing	OND	01/1	Remaining
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	Apolest	Lepena	The state of the s				Total and the second	SENSE SENSE
DESCRIPTION OF TOTAL	176,351.00	-	11,864.23	11,864.23				164,486.77
alaries								76.322.43
ringe Benefits	79,667.00		3,344.57	3,344.57		-		/6,322.43
huge beneting	1-1							240,009,20
Teto' monatel	285 1 (30)	•	15,208.80	7,208.00	•	•		200,000.20
Supplies								2,500.00
Office Supplies	2,500.00	-	-	-				15,981.00
Other Supplies	15,981.00	-	-	<del> </del>				
						year better	-	18,481.00
Subtotal, Supplies	18,481.00	•	-	•		<u> </u>		
Other								150.00
Student Insurance	150.00		-					6,828.0
Meals & Emergency Supplies (Nutrition)	6,828.00	•	-					150.0
Meetings & Conferences (Parental Services)	150.00	-	-					
Printing & Publishing	•	· -	-		•			7,120.90
Subtotal, Other	7,128.00	•						
Indirect Costs	15000				-			5,748.0
Accounting & Auditing	5,748.00 207,375.00		15,208.80	15,200.00				272,166.26
Total								
Certification - By signing this report, I certify to the	ht of my knowledge and	belief that the report is	true, complete, and	accurate, and the expe	nditures, disbursen	nents and cash rece	pts are for the purposes and	objectives set forth in the
	En B lho	1100	•					11 115 7 7 7 7 Date
Submitted by:	Signature in blue ink	AUG. 1.					Title	Date
Sponsoring Agency:	Caroline County Publ	ic Schools						
Sponsoring Agency Taxpayer Identification Nu	mber (EIN): 52-6000907	-01					11. A -L	7.1
Sponsoning rigency very a	1:-1	X1 //4.	,			ζ	HS Leverter	1/9/22
MFN Program Review/Approval:	July	/ Mellin					Title	Date
	Signature in blue ink							
MFN l'inance Review/Approval:	Signature in blue ink						Title	Date
	Charter at a roce in a							1
	MIN Use Only:							
	Amount to Pay \$		Account#					ì
								_

## EARLY HEAD START 95 FEDERAL SHARE INVOICE

Center Name: Caroline Family Support Center

Grant/Program: Early Head Start 95 Program								
Contract Period: 10/1/22 - 9/30/23						This report covers the period ending		10/1/2022 - 10/31/2022
		45					A Comment	
intaries	976,564.00	0.00	64,282.82	64,282,82			4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	912,281 18
ringe Benefits	408,100.00	0.00	16,335 15	16,335.15				391,764 RS
Total Personnel	1,304,664.00		80,617.97	60,617,97	-			1,301,046.03
Travel Out of County								
Subtetal, Travel	-			-	-			
Supplies	<del>-</del>							
Office Supplies	3,200 00							
Child & Family Services Supplies	7,456.00							3,200 00
								7,456.00
Subtotal, Supplier	10,656.00	•	· ·	-				10,656.00
Other	+							
Add'l Equipment	T .							
Contractual Services	-			-				
Rent								
Student Insurance (Other)	600.00							600 00
Water/Sewer	1,700.00							1,200.00
l'estage (Other)								170000
Meals & Emergency Supplies (Nutrition)	10,000.00			4			-	10,000 00
Travel - In County (Travel)	4,500.00		238.23	238.23			-	4,261 77
Printing and Publishing	2,000 00			4				2,000 00
Maintenance/Repairs - trash, alarm, repairs	16,860.00	-	493.62	493.62				15,366 38
Dues & Subscriptions (other)				-				
Meetings & Conferences (Parental Services)	1,000.00		553 00	553.00				447.00
Miscellaneous (Other)	1,250.00		22.00	22,00			-	1,228 00
Communications (relephone) Utilities - fuel oil, electric (Utilities)	5,000 00 25,000 00		619.09	619.09			-	4,380.91
Insurance (Building & Child)	7,134.00	-	1,894.36	1,894_36				23,105 64
Vehicle, Fuel, Lube	200 00							7,134 00
Subtotal, Other	79,244.00		3,828.30	3,620.30				200 00
Out Court Court	122		3,200.30	3,020.30		•		71,423.70
Indirect Costs								
Accounting & Auditing	30,134.00							30,134 00
Total	1,500,690.00		84,438.27	84,438.27	1000		•	1,416,259.73
Certification By signing this report, I certify to the modifices of the Federal award. I am aware that a (U.S. Code Title 18, Section 1001 and Title 31, S	ny false, fictitious, or fraudu	lent information, or the [12]	rue, complete, and acc	rurate, and the experi rial fact, may subject	ditures, disbursene t me to criminal, civi	ents and cash receipt if or administrative	senalties for fraud, false state	pertives set forth in the terms and ments, false claims or otherwise 2/11/7.7.3
Sponsering Agency:	Caroline County Public 5	chools						
Sponsoring Agency Taxpayer Identification Nun	mber(EIN): 52-6000907	$\sim$						
MEN Program Review/Approval:	Signature in blue ink	. Oh	lhu			٤	HS Queston	3/20/23
MFN Finance Review/Approvat:								<b>7</b>
	Signature in blue ink						Title	Date
	MI NUse Only							
							1	
	Amount to Pay \$		Accounts					