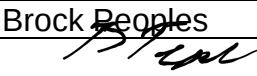


Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Kimberly Matthews		
Title:	Board Member		
Agency Agreement/Contract #	27-LCG-03		
Total Contract Amount	600,000.00		
Contract Term:	10/01/2026 - 09/30/2027		
Invoice Number			
Invoice Period	10/01/2026 - 10/02/2026		

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
Reimbursements/Allowances			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
Amount Paid to Date			0

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Brock Peoples
Signature:	
Title:	Executive Director
Date:	10/01/2026

CERTIFICATE *of* SIGNATURE

REF. NUMBER
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LOCATION
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RECIPIENT VERIFICATION

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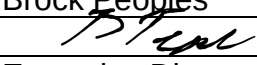


Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Lisa Hathaway		
Title:	Secretary / Treasurer		
Agency Agreement/Contract #	27-LCG-03		
Total Contract Amount	600,000.00		
Contract Term:	10/01/2026 - 09/30/2027		
Invoice Number			
Invoice Period	10/01/2026 - 10/02/2026		

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
Reimbursements/Allowances			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
Amount Paid to Date			0

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Brock Peoples
Signature:	
Title:	Executive Director
Date:	10/01/2026

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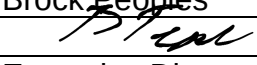


Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Lydia Lopez		
Title:	Board Member		
Agency Agreement/Contract #	27-LCG-03		
Total Contract Amount	600,000.00		
Contract Term:	10/01/2026 - 09/30/2027		
Invoice Number			
Invoice Period	10/01/2026 - 10/02/2026		

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
Reimbursements/Allowances			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
Amount Paid to Date			0

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Brock Peoples
Signature:	
Title:	Executive Director
Date:	10/01/2026

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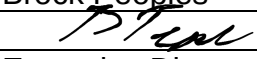


Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Monique Blake		
Title:	President Elect		
Agency Agreement/Contract #	27-LCG-03		
Total Contract Amount	600,000.00		
Contract Term:	10/01/2026 - 09/30/2027		
Invoice Number			
Invoice Period	10/01/2026 - 10/02/2026		

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
Reimbursements/Allowances			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
Amount Paid to Date			0

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Brock Peoples
Signature:	
Title:	Executive Director
Date:	10/01/2026

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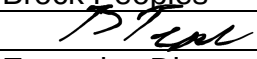


Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Robert Krull		
Title:	Board Member		
Agency Agreement/Contract #	27-LCG-03		
Total Contract Amount	600,000.00		
Contract Term:	10/01/2026 - 09/30/2027		
Invoice Number			
Invoice Period	10/01/2026 - 10/02/2026		

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
Reimbursements/Allowances			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
Amount Paid to Date			0

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Brock Peoples
Signature:	
Title:	Executive Director
Date:	10/01/2026

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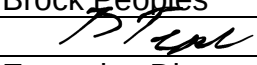


Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Rachel Schipper		
Title:	President		
Agency Agreement/Contract #	27-LCG-03		
Total Contract Amount	600,000.00		
Contract Term:	10/01/2026 - 09/30/2027		
Invoice Number			
Invoice Period	10/01/2026 - 10/02/2026		

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
Reimbursements/Allowances			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
Amount Paid to Date			0

CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Brock Peoples
Signature:	
Title:	Executive Director
Date:	10/01/2026

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