

**EXHIBIT C
EXPENDITURE SUMMARY AND PAYMENT REQUEST (ESPR)**

For use for ERA 1 Agreements

INSTRUCTIONS: Complete tab 2 first, then complete only the yellow shaded cells on tab 1. Print, sign and submit.

Agency Name United Way of Santa Barbara County
Program Name 2021 Consolidated Appropriations Act - ERA 1 (incorporates reallocations #1,#2, #3, and #4)
Address 320 Gutierrez Street, Santa Barbara, CA 93103
Contact Person Steve Ortiz
Phone 805-965-8591
Email sortiz@unitedwaysb.org

Invoice/Request # _____ **Revised**
Date Submitted _____
HCD Project # _____
PO/Contract No _____
Report Period: _____ (enter month for capital projects and quarter for public services)
Report Period: _____

SUBMIT COMPLETED FORM TO Carlos Jimenez Sr Housing Program Specialist
Phone: 805-568-3529 **Email:** cjimenez@countyofsb.org

I. GRANT BUDGET AND EXPENDITURES

BUDGET LINE ITEM	ACTIVITY	TOTAL GRANT BUDGET	TOTAL OF PREVIOUS DRAWDOWNS	REQUESTED DRAWDOWN THIS PERIOD	NEW AVAILABLE BALANCE
Cat. 1	United Way Program Delivery Costs	\$ 623,329.62	\$ 477,031.62	\$ -	\$ 146,298.00
Cat. 2	Admin Contingency	\$ -	\$ -	\$ -	\$ -
Cat. 3	FSA Case Management Subcontract	\$ 221,750.00	\$ 221,750.00	\$ -	\$ -
Cat. 4	Direct Assistance	\$ 16,021,855.95	\$ 15,422,780.05	\$ -	\$ 599,075.90
Cat. 5	Housing Counseling Subcontract	\$ 76,750.00	\$ 76,750.00	\$ -	\$ -
Cat 6	-	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 16,943,685.57	\$ 16,198,311.67	\$ -	\$ 745,373.90

Check this box if this is the final payment. Any balances will be rescinded and returned to the County.

Certification:

I certify to the best of my knowledge and belief that this report is true and complete, and I have reviewed all supporting documentation. Disbursements have been made for the purpose and conditions of this grant and have not been paid by any other source.

Manager / Fiscal Officer

Name _____ **Title** _____
Signature _____ **Date** _____

Administrator / Executive Director

Name _____ **Title** _____
Signature _____ **Date** _____

Public Service programs: Payment requests are due for each quarter by the 20th of the month following quarter end.

Capital Projects: Payment requests are due monthly by the 20th of the month following the reporting month.

This form has been tailored for the funding year noted in the upper-right corner of this form. Other ESPR forms are obsolete.