

EXPENDITURE SUMMARY AND PAYMENT REQUEST (ESPR)

Continuum of Care (CoC) Program

2014-2015

Agency Name: Good Samaritan Shelter DUNS #: 023282457
Project Name: Clean and Sober Living
Address: 245 E. Inger Dr., Suite 103-B
Contact Person: Sylvia Barnard Title: Executive Director
Email Address: goodsamshelter@gmail.com Phone #: 805-346-8185

ESPR Request #: _____

Date Submitted: _____

Report Period: ☐ Q1 (Feb-Apr)
☐ Q2 (May-Jul)
☐ Q3 (Aug-Oct)
☐ Q4 (Nov-Jan)

PO/Contract #: _____

HCD Project #: _____

Grant #: CA0600L9D031306

Submit completed ESPR and required documentation to:

Staff Person: A.J. Quinoveva Title: Housing Program Specialist, Sr.
Email Address: AQuinoveva@co.santa-barbara.ca.us Phone #: 805-560-1090

Grant Budget and Expenditures

Project Cost	Activity	Budget	Previous Drawdowns	Requested Drawdown	New Available Balance
Operating Costs	Maintenance/Repair	\$ 12,020.00		\$ -	\$ 12,020.00
	Electricity, Gas, and Water	\$ 6,000.00		\$ -	\$ 6,000.00
Administrative Costs	Project Administration	\$ 595.00		\$ -	\$ 595.00
TOTAL		\$ 18,615.00	\$ -	\$ -	\$ 18,615.00

☐ Check this box if this is the final payment. Any balances will be rescinded.

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

Administrator / Executive Director

Name Title

Name Title

Signature Date

Signature Date