

**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 su**

**Agency Name** United Way of Santa Barbara County  
**Program Name** 2021 Consolidated Appropriations Act - ERA 1 (incorporates reallocations #1 and #2)  
**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 <i>United Way Program Delivery Costs</i> |          | 410,652.47         | \$ -                        | \$ -                           | \$ 148,969.81         |
| Cat. 2 <i>Admin Contingency</i>                 |          |                    | \$ -                        | \$ -                           |                       |
| Cat. 3 <i>FSA Case Management Subcontract</i>   |          | 321,750.00         | \$ -                        | \$ -                           |                       |
| Cat. 4 <i>Direct Assistance</i>                 |          | 15,145,425.35      | \$ -                        | \$ -                           | \$ 901,233.49         |
| Cat. 5 <i>Housing Counseling Subcontract</i>    |          | 601,120.86         | \$ -                        | \$ -                           |                       |
| <b>TOTAL</b>                                    |          | \$ 16,478,948.68   | \$ 15,428,745.38            | \$ -                           | \$ 1,050,203.30       |

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 Any balances will be rescinded and returned to the County.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.*