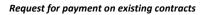
CPED – CONTRACT PAYMENT FORM





PAYMENT	DUE NOW:	if not a	t to 30 day pay						
Supplier Name				Con	tract #				
Supplier ID				Invo	ice#				
				Invo Date					
Supplier Address				Payr	ment Type	Check		ACH	
				IF.	АСН АТТАС	H BANKING	DOCUME	NT - RE	QUIRED
FUND	DEPT	ACCOUNT	TASK	PROJECT	- A	CTIVITY		AMOU	JNT
							\$		
							\$		
							\$		
							\$		
Total Payme	nt Requested	!					\$		
A dd:4: a a a l		Description							
Additional	Instructions &	Description:							
	Purchase	Order		Goods ar	nd Services	were rece	ived in go	ood cor	ndition
PO #:					noted on				
PO #:									
For CPED Accounting Use:				Staff Sigr	Staff Signature Date				
Receipt #: Amount(s)									
					MANAGEF	R APPROVA	AL OF PAY	YMENT	
				Manager	Signature			Date	
Total Rece	eipt: \$								

COMMUNITY ORGANIZATION REPORT FORM

	Agency:	McKinley Community		
	Address:	3300 Lyndale Avenue North		
		Minneapolis, MN 55412		
	EXPLANATION:	2023 CNNF/EEF - COM000642	5	
	Contract Period:	1/1/2023 To 12/31/2024	Payment Request No:	5
	Reporting Period:	3/8/2023 To 5/5/2023	Date:	7/10/2023
1	Contract Amount			\$57,612.00
2	2 Advance Payments	s: (1st: <u>\$10,000.00</u> ; 2nd <u>(1660.20)</u> ;	_	
	3rd (8,339.80)	; 4th; 5th)	Total:	
3	3 Cumulative Funds	Received Prior to this Request	_	\$57,612.00
۷	Cumulative Costs	incurred under contract to date (Expens	es repay advance) —	\$57,612.00
5	5 Amount Due this I	Payment 2 - (3 - 4). (Pmt reduced to re	pay adv.)	No payment
	incurred and are an exp Minneapolis (City) and	e costs incurred to date as shown on this request penditure of funds only for allowable purposes of d our Organization. I also certify that all funds a e above statement regarding the accounting proc P.	under the terms of the cont and program income have b	tract between the City of been or will be expended
By:	Sharon El-Amin			
	Executive Directo	or		9/22/2023
		Title		
	Recommended for	Payment:		
By:	Brad Honl			9/22/2023
	DFD		D	ate
		Title		
By:				
				ate
		Title		

CONTRACT BUDGET AND COST BREAKDOWN

SCHEDULE A

			ACTUAL CUMULATIVE	TOTAL COCTO FOR	THROUGH END OF	DUDOET DAI ANOS
		CONTRACT BUDGET	COSTS TO END OF PRECEDING PERIOD	TOTAL COSTS FOR REPORTING PERIOD	REPORTING PERIOD (B+C)	BUDGET BALANCE (A-D)
#	COST CATEGORY	А	В	C	D	Ł
	Citywide Neighborhood Network Fund					
1	Staff Expenses	\$7,200.00	\$1,351.45	\$6,666.80	\$8,018.25	-\$818.25
2	Professional Services					
3	Occupancy					
4	General Liability Insurance	\$1,900.00		\$1,673.00	\$1,673.00	\$227.00
5	Directors and Officers Insurance	\$900.00	\$308.75		\$308.75	\$591.25
6						
7						
	Citywide Neighborhood Network Fund TOTAL	\$10,000.00	\$1,660.20	\$8,339.80	\$10,000.00	-
	Equitable Engagement Fund					
8	Staffing	\$35,000.00	\$44,345.85		\$44,345.85	-\$9,345.85
9	Engagement/Outreach	\$4,612.00	\$1,563.40		\$1,563.40	\$3,048.60
10	Project Expenses: Anti-racism/Equitable Training	\$4,000.00	\$75.00		\$75.00	\$3,925.00
11	Other Expenses: Rental items, food for events	\$4,000.00	\$1,945.95		\$1,945.95	\$2,054.05
12	Overspend		-\$318.20		-\$318.20	\$318.20
	Equitable Engagement Fund TOTAL	\$47,612.00	\$47,612.00		\$47,612.00	\$0.00
	CONTRACT TOTAL:	\$57,612.00	\$49,272.20	\$8,339.80	\$57,612.00	\$0.00

No payment due as expenses repay advance

Agency:	Reporting Period:

DATE	CHECK NUMBER	PAYEE	DESCRIPTION	COST CATEGORY	AMOUNT	TOTAL AMOUNT (If Different)*
6/22/2023			Payroll service	1	\$2,753.31	(2 5. 5)
7/7/2023		Gusto	Payroll service	1	\$724.30	
7-Jul		Gusto	Payroll service Payroll service	1	\$3,189.19	
15-Aug		USLI	Liability Insurance	4	\$1,673.00	
					40 220 00	

TOTAL: \$8,339.80

No payment as expenses repay advance

Contract # ____

^{*} Amount of check being charged to this contract.

^{**} Total dollar amount of check, only if different than the amount of check being charged to this contract.