

# Appendix B

## Adult Post-Adjudicatory Drug Court Expansion Program Project Expenditure Report SUMMARY STATEMENT OF COSTS

|   |                       |   |         |
|---|-----------------------|---|---------|
| Circuit:  | County:               | Report #:   | Period: |
| Contractor:   |                       |   |         |
| Address:  |                       | Project Title: Adult Post-Adjudicatory Drug Court Expansion Program   |         |
| Phone:  |                       |   |         |
| <b>Budget Category</b>  | <b>Category Total</b> | This report should only include contractor payments made in accordance with the terms of the approved Contractual Services Agreement. |         |
| Salaries and Benefits   | \$0.00                |   |         |
| Contractual Services  | \$0.00                | <input type="checkbox"/> Charge to Cash Advance   |         |
| Expenses  | \$0.00                | <b>Advance Received:</b>  |         |
| Operating Capital Outlay  | \$0.00                | <b>Previous Amount Applied to Advance:</b>  |         |
| Administrative Costs  | \$0.00                | <b>Current Amount Applied to Advance:</b>   |         |
| <b>Total Claim Amount</b>   | <b>\$0.00</b>         | <b>Advance Balance:</b>   |         |
| I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement. |                       |   |         |
| Date:   | Signed:               | Contractor Chief Financial Officer or Designated Representative   |         |
|   |                       | _____<br>Print name of Contractor Chief Financial Officer or Designated Representative  |         |
| Date:   | Signed:               | Trial Court Administrator or Designated Representative  |         |
|   |                       | _____   |         |

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Print name of Trial Court Administrator or Designated Representative

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### SALARY & BENEFITS

|   |                 |              |
|---|-----------------|--------------|
| Name of Employee:   | Employee Title: |              |
| Project Title: Adult Post-Adjudicatory Drug Court Expansion Program |                 |              |
| Type of Work Performed on Project:                                  |                 |              |
| Number of Clients Served:   |                 |              |
|   | Regular Pay     | Overtime Pay |
| Total Hours Worked  | 0.0             |              |
| Hours Worked on Project   | 0.0             | 0.0          |
| Gross Salary for Pay Period   | \$0.00          |              |
| Gross Overtime Pay for Period                                       |                 | \$0.00       |
| <b>Charges To Project</b>   | \$0.00          | \$0.00       |
| Health Insurance  | \$0.00          |              |
| Life Insurance  | \$0.00          |              |
| Retirement  | \$0.00          |              |
| FICA  | \$0.00          |              |
| Others  | \$0.00          |              |
| Others Description  |                 |              |
| <b>Total Benefits Paid this Period</b>                              | \$0.00          | \$0.00       |
| <b>Total Benefits Charged to Project</b>                            | \$0.00          | \$0.00       |
| <b>Total Charges to Project</b>                                     | \$0.00          | \$0.00       |

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## DETAILS OF OTHER PERSONAL/CONTRACTUAL SERVICES (OPS)

|   |   |             |           |         |
|---|---|-------------|-----------|---------|
| Circuit:  | County:   | Contract #: | Report #: | Period: |
| Project Title: Adult Post-Adjudicatory Drug Court Expansion Program |   |             |           | Phone#: |
| Vendor  | Description of Services Provided<br>(provide unit cost and number of clients served, if applicable) |             |           | Amount  |
|   |   |             |           |         |
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|   |   |             |           |         |
| Subtotal  |   |             |           | \$0.00  |





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## ADMINISTRATIVE COSTS

| Circuit:  | County:     | Contract #: | Report #:   | Period: |
|---|-------------|-------------|-------------|---------|
| Project Title: Adult Post-Adjudicatory Drug Court Expansion Program |             |             |             | Phone#: |
| Vendor  | Description |             | Amount      |         |
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|   |             |             |             |         |
|   |             |             | Subtotal    | \$0.00  |
| This column total appears on Summary Statement.                     |             |             | Grand Total | \$0.00  |