XII. Appendix

(Exhibits)

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Fresno County Economic Opportunities Commission
Chart of Accounts
as of November 2006

Account	Description	Account	Description	Account	Description
01-1005	CASH - GENERAL FUND	01-1490	ACCUMULATED DEPRECIATION - UMTA	01-2507	HI STOP LOSS PREMIUMS
01-1008	NEW BANK OF FCEOC	01-1495	CONSTRUCTION IN PROGRESS	01-2508	HI STOP LOSS CLAIMS
01-1010	CASH - PAYROLL ACCOUNT	01-1710	LOAN ISSUANCE COST	01-2509	HI LIFE INSURANCE PREMIUMS
01-1015	CASH - CAP ACCT MMA	01-1715	LOAN ISSUANCE - ACCUM AMORTIZATION	01-2510	HEALTH INSURANCE RESERVE
01-1020	CASH - PINNACLE CASH	01-1750	DEPOSITS	01-2511	HI PINNACLE
01-1025	CASH - HHS ACCT MMA	01-1802	NOTES RECEIVABLE	01-2512	HI BLUE CROSS
01-1030	CASH - HEADSTART IMPREST	01-1900	INVESTMENTS	01-2513	HI CONSULTANT SERVICES
01-1035	CASH - PARENT INVOLVMENT ACCOUNT	01-2010	ACCOUNTS PAYABLE-TRADE	01-2514	HI EMPLOYEE ASSISTANCE PROGRAM
01-1045	CASH - EMPLOYMENT & TRAINING MMA	01-2012	ACCOUNTS PAYABLE - PROGRAMS	01-2515	HI PREFERRED CHIROPRACTORS
01-1050	CASH - E & T IMPREST	01-2015	INTERFUND PAYABLE	01-2516	HI ADMINISTRATIVE FEE
01-1055	CASH - Bank of Amer UMTA	01-2025	ACCRUED INTEREST PAYABLE	01-2517	HI OTHER EXPENSES
01-1060	CASH - ORR IDA	01-2030	AUDIT PAYABLE	01-2520	CONT LIAB - INTEREST WAIVER
01-1065	CASH - OCS IDA	01-2040	UNIFORM DEPOSIT	01-2525	CONT LIAB - EHAP LOANS REPAID
01-1070	CASH - FOSTER GRANDPARENTS MMA	01-2050	CAFÉ CARD PURCHASES/CHARGES	01-2530	CSA CLOSEOUT LIABILITY
01-1090	CASH - COR ACCOUNT	01-2090	SALES TAXES PAYABLE	01-2540	RESTRICTED DONATIONS
01-1091	CASH - MSDW INVESTMENT	01-2095	AP - WCI	01-2550	REVOLVING LOAN FUND
01-1092	CASH - PINNACLE	01-2101	PAYROLL ACCRUAL	01-2560	ICR RATE ADJUSTMENT
01-1095	PETTY CASH	01-2105	PAYROLL TAXES PAYABLE	01-3100	CONTRIBUTED CAPITAL
01-1105	ACCOUNTS RECEIVABLE - FUNDING	01-2125	DEDUCT - FAMILY SUPPORT	01-3150	ACCUM. VAL. ALLOW. GRANT FUNDED ASSETS
01-1110	ACCOUNTS RECEIVABLE-PROGRAM	01-2130	DEDUCT - GARNISHMENTS	01-3151	GRANT FUNDED ASSETS
01-1150	TRAVEL ADVANCES	01-2134	DEDUCT - TAX LEVY	01-3200	UNRESTRICTED FUND BALANCE
01-1160	OTHER EMPLOYEE RECEIVABLES	01-2136	DEDUCT - VOL LIFE INSUR (413)	01-3210	CURRENT EARNINGS
01-1170	INTERFUND RECEIVABLE	01-2138	DEDUCT - VOL AD&D (414)	01-3220	INCOME SUMMARY
01-1180	VOID CHECKS CLEARING	01-2139	COLONIAL PRE-TAX (433)	01-3289	EQUITY-SUSPENSE
01-1185	OTHER RECEIVABLE	01-2140	COLONIAL AFTER-TAX (434)	01-4105	BILLING INCOME - STATE
01-1195	RESERVE FOR UNCOLLECTIBLE ACCOUNT	01-2142	DEDUCT - LTD	01-4106	CSBG USED BY PROGRAMS
01-1210	PREPAID INSURANCE	01-2144	DEDUCT - INA	01-4108	BILLING INCOME - CCC
01-1215	PREPAID ALLOCATED COSTS - OTHER	01-2148	DEDUCT - PARKING	01-4110	BILLING INCOME - CITY
01-1220	PREPAID ALLOCATED COSTS - POST	01-2150	DEDUCT - PAYMENTS FROM EMPLOYEES	01-4111	CFHC Title X
01-1230	PREPAID ALLOCATED COSTS - TELE	01-2152	DEDUCT - OTHER	01-4115	BILLING INCOME - COUNTY
01-1235	PREPAID ALLOCATED COSTS - COPIER	01-2154	DEDUCT - HR ACTIVITIES	01-4120	BILLING INCOME - FMAAA
01-1305	INVENTORY - TRANSIT PARTS	01-2155	DEDUCT - 403B	01-4125	BILLING INCOME - HHS
01-1310	INVENTORY - MISC ITEMS	01-2160	DEDUCT - PENSION	01-4126	BILLING INCOME - HHS MATCH
01-1315	INVENTORY - KITCHEN FOOD	01-2165	ACCRUED VACATION PAYABLE	01-4130	DEPT OF EDUCATION - OTHER
01-1405	LAND PURCHASE	01-2170	WORKERS COMP LIABILITY	01-4131	DEPT OF EDUCATION - ADA
01-1410	ACCUMULATED DEPRECIATION - GRANT ASSETS	01-2200	DEFERRED REVENUE	01-4132	FUSD
01-1415	BUILDING PURCHASE	01-2210	DUE TO GENERAL FUND	01-4133	DEPT OF EDUCATION - SUMMER SCHOOL
01-1420	ACCUM. DEPRECIATION - AGENCY ASSETS	01-2212	NOTES PAYABLE -- DUE GENERAL FUND	01-4134	SUMMER FOOD PROGRAM MEALS
01-1425	LEASEHOLD IMPROVEMENTS	01-2325	NOTES PAYABLE	01-4135	BILLING INCOME - DOL
01-1430	EQUIPMENT - FURNITURES & FIXTURES	01-2335	NOTE PAYABLE - USDA RURAL DEV.	01-4136	DEPT OF EDUCATION - CATEGORICAL BLOCK
01-1435	EQUIPMENT - OFFICE MACHINES	01-2350	NOTE PAYABLE - WELLS FARGO REV LOAN FUND	01-4140	BILLING INCOME - USDA
01-1440	EQUIPMENT COMMUNICATIONS	01-2380	NOTE PAYABLE - SBA (WCI)	01-4145	BILLING INCOME - HUD
01-1445	EQUIPMENT-DATA PROCESSING	01-2390	OBLIGATION UNDER CAPITAL LEASE	01-4150	BILLING INCOME - MEDI - CAL
01-1450	EQUIPMENT - OTHER FIXED ASSETS	01-2410	NOTE PAYABLE - FEP	01-4151	BILLING INCOME - F-PACT/MEDI-CAL
01-1455	EQUIPMENT - AUTOMOTIVE	01-2501	HI RESERVE-AGENCY CONTRIBUTIONS	01-4152	BILLING INCOME - PRE-NATAL/MEDI-CAL
01-1460	EQUIPMENT - CAFÉ - KITCHEN & HOUSEH	01-2502	HI RESERVE-EMPLOYEE CONTRIBUTIONS	01-4155	BILLING INCOME - UNITED WAY
01-1465	EQUIPMENT - MEDICAL	01-2503	HI HEALTH CLAIMS PAID	01-4156	BILLING INCOME - KAISER
01-1470	EQUIPMENT - PHOTOGRAPHIC	01-2504	HI DENTAL CLAIMS PAID	01-4160	TRANSPORTATION DEVELOPMENT
01-1475	EQUIPMENT - UNDER $5000 NET	01-2505	HI PRESCRIPTIONS PAID	01-4170	FUSD - PROPERTY TAX
01-1480	EQUIPMENT - UNDER $5000 CONTRA	01-2506	HI VISION CLAIMS PAID	01-4171	LOTTERY (STATE)

Fresno County Economic Opportunities Commission
Chart of Accounts
as of November 2006

Account	Description	Account	Description	Account	Description
01-4172	FACILITIES GRANT (STATE)	01-5035	PAYROLL TAXES - STATE	01-5255	REPAIRS / MAINTENANCE - BUILDING
01-4173	TITLE GRANTS (FED)	01-5040	HEALTH INSURANCE	01-5260	SECURITY SERVICES
01-4205	ADMIN INCOME	01-5045	LIFE INSURANCE	01-5265	SUMMER YARD MAINTENANCE
01-4210	BILLING INCOME - THIRD PARTY	01-5050	WORKERS COMPENSATION	01-5270	UTILITIES - GAS / ELECTRIC
01-4215	BILLING INCOME - OTHER PROGRAM	01-5055	PENSION PLAN	01-5273	UTILITIES - GAS / ELECTRIC (ECIP - NON PG&E)
01-4220	BLUE CROSS REVENUE	01-5060	ADVERTISEMENT - RECRUITMENT	01-5275	UTILITIES - GAS / ELECTRIC (HEAP - NON PG&E)
01-4230	HEALTHNET REVENUE	01-5075	SALARIES CLEARING	01-5280	WATER/SEWER/GARBAGE
01-4235	COMMUNITY HEALTH COUNCIL REVENUE	01-5080	PAYROLL TAXES CLEARING	01-5285	YARD MAINTENANCE
01-4305	CTSA - LABOR SALES	01-5085	BENEFITS CLEARING	01-5286	YARD MAINTENANCE - LCC
01-4310	CTSA - PARTS SALES	01-5105	COMPUTER SERVICES - INTERCO	01-5305	ALLOWANCES
01-4315	SPEC TRANSIT FARES - FCRTA	01-5110	CONTRACT SERVICES - JANITORIAL	01-5310	FIELD TRIPS
01-4320	TRANSIT - SENIOR DONATIONS	01-5115	CONTRACT SERVICES - MEALS	01-5311	TRANSPORTATION - FIELD TRIPS
01-4325	HEADSTART MISC	01-5120	CONTRACT SERVICES - MEALS DELIVERY	01-5315	FUEL - OIL & GAS
01-4330	HEADSTART REVENUE	01-5125	CONTRACT SERVICES - OTHER	01-5320	FUEL - NATURAL GAS
01-4335	PARENT FEES - CERTIFIED	01-5126	SENIOR PASSES	01-5325	LEASED - AUTOMOBILE/TRUCK
01-4340	PARENT FEES - NON CERTIFIED	01-5127	FCRTA FARES	01-5330	MILEAGE
01-4346	GAIN - PARENT FEES	01-5130	CONTRACT SERVICES - TEMPORARY LABOR	01-5335	OUT - OF - COUNTY TRAVEL
01-4350	PARENT FEES - SUPPORTIVE SERVICE	01-5131	CONTRACT SERVICES - Speech/Lang Therapy	01-5340	OUT - OF - STATE TRAVEL
01-4351	CITY OF FRESNO - MEALS	01-5135	CONTRACT SERVICES - TRANSPORTATION	01-5341	WIC - STATEWIDE OUTREACH
01-4352	FMAAA - MEALS	01-5140	CONTRACT SERVICES - WEATHERIZATION	01-5342	WIC - STATE COMMITTEE OUTREACH
01-4353	HEADSTART - MEALS	01-5142	COMMUNITY NEEDS ASSESSMENT	01-5343	WIC - STATE COMMITTEE TASK FORCE
01-4355	EOC CAFE FOOD SALES - TAXABLE	01-5143	CONTRACT SERVICES - PHYSICALS	01-5344	REGISTRATION
01-4356	SANCTUARY - MEALS	01-5144	ADMIN SERVICES	01-5345	REGISTRATION - VEHICLES
01-4357	SOUL - MEALS	01-5145	FIRST AID (INCLUDES WORKERS COMP)	01-5346	WIC - Line 4G
01-4360	EOC CAFE FOOD SALES - NON - TAXABLE	01-5155	LIFE INSURANCE EXPENSE	01-5347	State Committee Meeting/Nutr Ed
01-4362	SNACK BAR REVENUE	01-5160	PROFESSIONAL SERVICES - AUDIT	01-5350	REPAIRS & MAINTENANCE - VEHICLES
01-4363	DAKOTA DINER FOOD SALES - TAXABLE	01-5163	PROF SERVICES - CLERICAL	01-5355	GAS/PARTS EXPENSE
01-4364	DAKOTA DINER FOOD SALES - NON-TAXABLE	01-5165	PROFESSIONAL SERVICES - COMPUTER	01-5405	DEPRECIATION EXPENSE
01-4365	FREIGHT TARIFFS - SENIOR CITIZENS	01-5170	PROFESSIONAL SERVICES - CONSULTING	01-5410	EQUIPMENT - TRANSPORTATION CHARGE
01-4370	CVRC	01-5175	PROFESSIONAL SERVICES - DENTAL	01-5415	EQUIPMENT UNDER $5000
01-4375	PARKING REVENUE	01-5180	PROFESSIONAL SERVICES - NUTRITION CONSULTANT	01-5418	TODDLER FURNITURE/MANIPULATIVE/HV SUPPLIES
01-4405	FUND RAISING INCOME NET	01-5185	PROFESSIONAL SERVICES - EVALUATION	01-5419	CAR SEATS
01-4410	FUNDRAISING EXPENSES	01-5190	PROFESSIONAL SERVICES - LEGAL	01-5420	LEASED - OTHER
01-4415	STREET SAFE DONATIONS	01-5194	PROFESSIONAL SERVICES - LABORATORY	01-5425	LEASED - RENTAL OFFICE EQUIPMENT
01-4425	DONATION INCOME	01-5195	PROFESSIONAL SERVICES - MEDICAL	01-5430	LEASED - RENTAL PAGERS
01-4455	SENIORS HOT MEAL DONATIONS	01-5196	PROFESSIONAL SERVICES - MENTAL HEALTH	01-5435	LEASED - COPIERS
01-4456	SENIOR HOMEBOUND DONATIONS	01-5197	PROF SVCS - PEDIATRIC NURSE PRACTITIONER	01-5445	PLAYGROUND APPARATUS
01-4505	MISCELLANEOUS INCOME	01-5205	JANITORIAL SERVICES	01-5450	EQUIPMENT OVER $5000
01-4510	REBATES - MISC	01-5210	LICENSING FEES	01-5455	REPAIRS & MAINTENANCE - COMPUTERS
01-4600	INTEREST INCOME	01-5212	APPRAISAL FEES	01-5457	REPAIRS & MAINTENANCE - EQUIPMENT
01-4700	DIVIDEND INCOME	01-5215	OFFICE RECONFIGURATION	01-5460	REPAIRS & MAINTENANCE - OFFICE EQUIP.
01-4710	UNREALIZED GAIN/LOSS	01-5220	PEST CONTROL SERVICES	01-5475	INSTALLATION COSTS
01-4800	RENTAL INCOME	01-5225	PROPERTY MANAGEMENT FEE	01-5476	EXPANSION BUILDING PROJECTS
01-4900	GAIN/LOSS ON SALE OF ASSETS	01-5230	PROPERTY TAXES	01-5480	SITE AREA PREPARATION
01-5010	SALARIES	01-5235	RENOVATIONS	01-5505	BANK CHARGES
01-5015	VACATION EXPENSE	01-5237	REPAIR/MAINTENANCE-SPECIAL	01-5506	DISCOUNTS TAKEN
01-5016	CPR TRAINING	01-5238	SUPPLIES - SPECIAL	01-5510	BOOKS - PUBLICATIONS
01-5020	ENROLLEE WAGES	01-5240	RENTAL - OFFICE	01-5512	SUBSCRIPTION EXPENSE
01-5025	F.I.C.A. EMPLOYER	01-5245	RENTAL - PARKING	01-5515	BOTTLED WATER
01-5030	MEDICARE TAX - EMPLOYER	01-5250	RENTAL - STORAGE	01-5520	COMPUTER SUPPLIES

Fresno County Economic Opportunities Commission
Chart of Accounts
as of November 2006

Account	Description	Account	Description	Account	Description
01-5522	SOFTWARE LICENSES	01-5741	PARENT LENDING LIBRARY	01-5814	PARENT TRAINING SUPPLIES
01-5525	COPIES & REPRODUCTION EXPENSE	01-5742	PHOTOGRAPHY & FILM	01-5815	TRANSPORTATION - OTHER
01-5535	OFFICE SUPPLIES	01-5743	Local Parent Involvement	01-5816	UMTA DEPRECIATION
01-5537	OFFICE SUPPLIES, FURNITURE	01-5744	PI - BABYSITTING	01-5818	VOLUNTEER RECOGNITION
01-5540	P. O. BOX RENTAL	01-5747	Socialization & Home Visit Supplies	01-5825	TRANSLATION
01-5545	PETTY CASH EXPENSE	01-5748	PI - SUPPLIES	01-5905	LOAN AMORTIZATION
01-5550	POSTAGE/EXPRESS MAIL	01-5750	PPC - BABYSITTING	01-5909	START UP COSTS
01-5555	PRINTING	01-5752	PPC - MILEAGE	01-5910	COMMUNITY RELATIONS
01-5560	SUPPLIES - OTHER	01-5754	PPC - OTHER	01-5915	END OF YEAR RECOGNITION
01-5561	CAFE NOVELTY SUPPLY	01-5756	PPC - SUPPLIES	01-5918	DIVERSITIES (EOC Choir)
01-5565	TAXES - OTHER	01-5757	PROGRAM - MISCELLANEOUS	01-5921	EOC EVENT - DISCOUNTED
01-5570	TELEPHONE	01-5758	PROGRAM SUPPLIES - BOOKS & PUBLICATIONS	01-5922	EMPLOYEE EVENT
01-5575	TELEPHONE INSTALLATION	01-5760	PROGRAM SUPPLIES - KITCHEN	01-5924	RECOGNITION
01-5605	INSURANCE - AUTO	01-5761	LINENS / LAUNDRY	01-5927	SAFETY
01-5610	INSURANCE - BONDING	01-5762	PROGRAM INCENTIVES	01-5929	WELLNESS
01-5615	INSURANCE - DEDUCTIBLE PAID	01-5763	PROMOTIONAL ITEMS	01-5930	OTHER COSTS
01-5620	INSURANCE - GENERAL LIABILITY	01-5764	PROGRAM SUPPLIES - ARTS & CRAFTS	01-5940	BAD DEBT EXPENSE
01-5625	INSURANCE - MAL PRACTICE	01-5766	PROGRAM SUPPLIES - CLASSROOM	01-5950	INTEREST EXPENSE
01-5630	INSURANCE - EXCESS LIABILITY	01-5768	PROGRAM SUPPLIES - FOOD DISPOSABLES	01-6105	FOOD VOUCHER INCOME
01-5635	INSURANCE - PROPERTY	01-5770	PROGRAM SUPPLIES - HOUSEHOLD	01-6110	IN-KIND REVENUE
01-5701	ADVERTISEMENT - OTHER	01-5772	PROGRAM SUPPLIES - JANITORIAL	01-6207	FOOD VOUCHERS ISSUED
01-5702	BREAST FEEDING PROMOTION	01-5774	PROGRAM SUPPLIES - MEDICAL	01-6210	IN-KIND CONSULTANT
01-5704	BUILDING MATERIALS	01-5776	PROGRAM SUPPLIES - PERSONAL ARTICLES	01-6215	IN-KIND LABOR
01-5706	BUS TOKENS	01-5778	PROGRAM SUPPLIES - RAW FOOD	01-6240	IN-KIND EQUIPMENT
01-5707	CLASSROOM FURNITURE	01-5780	PROGRAM SUPPLIES - RECREATION	01-6255	IN-KIND FIELD TRIPS
01-5708	CONFERENCE FEES (NON - TRAVEL)	01-5782	PROGRAM SUPPLIES - TOOLS	01-6260	IN-KIND FOOD
01-5709	WIC STAFF TRAINING	01-5784	RECREATION EXPENSE	01-6263	IN-KIND - FREIGHT
01-5710	CONTRACTS - OJT	01-5786	REFUGEE LOAN EXPENSE	01-6265	IN-KIND FRINGE
01-5712	OCCUPATIONAL LEARNING	01-5788	SPACE - OTHER	01-6270	IN-KIND GROUND MAINTENANCE
01-5714	CTSA EXPENSES	01-5789	CHILDREN SCREENING SUPPLIES	01-6275	IN-KIND JANITORIAL
01-5716	DUES - ORGANIZATIONS	01-5790	STAFF SCREENING	01-6280	IN-KIND JANITORIAL SUPPLIES
01-5718	TUTORING (CHNG FM FINGERPRINTING 5/01)	01-5791	STAFF TRAINING NRS	01-6290	IN-KIND MEALS
01-5720	FINGERPRINTING	01-5792	STAFF TRAINING	01-6295	IN-KIND MILEAGE
01-5722	FOOD - OTHER	01-5793	STIPENDS - CHILD CARE	01-6305	IN-KIND OTHER
01-5724	FOOD - SNACKS	01-5794	SUPPLIES - OJT	01-6310	IN-KIND PERSONAL ARTICLES
01-5725	FOOD - SNACK BAR	01-5795	LITERACY/TRANSITION SUPPLIES	01-6320	IN-KIND PHYSICALS
01-5726	FOSTER GRANDPARENTS	01-5796	SUPPLIES - REMEDIATION	01-6335	IN-KIND RECOGNITION
01-5727	GED / ALTERNATIVE EDUCATION	01-5798	WORK EXPERIENCE SUPPLIES	01-6345	IN-KIND SPACE
01-5728	GAS / PARTS EXPENSES	01-5800	WORKSHOP SUPPLIES	01-6350	IN-KIND STAFF TRAINING
01-5729	GED / ALTERNATIVE EDUCATIONS SUPPLIES	01-5801	JUNIOR APPRENTICESHIP	01-6355	IN-KIND SUPPLIES
01-5730	LICENSES - PREMISE	01-5802	LIMITED INTERNSHIP SUPPLIES	01-6360	IN-KIND - SUPPLIES DISCOUNT
01-5731	MEDICALS / PHYSICALS (CLIENTS)	01-5804	SUPPORTIVE COSTS - CHILD CARE	01-6375	IN-KIND TRANSPORTATION
01-5732	MEETING COSTS - INTERNAL	01-5806	SUPPORTIVE COSTS - OTHER	01-6380	IN-KIND UTILITIES
01-5733	EMPLOYEE APPRECIATION	01-5807	LEADERSHIP DEVELOPEMENT		
01-5734	TRAVEL / GAS (CLIENTS)	01-5808	SUPPORTIVE COSTS - TUITION		
01-5735	EOC MERCHANDISE	01-5809	Training Supplies Nutrition		
01-5736	NEEDS RELATED PAYMENTS	01-5810	TRAINING OTHER		
01-5737	OUTREACH	01-5811	TUITION EXPENSE		
01-5738	NUTRITION EDUCATION	01-5812	STAFF TRAINING SUPPLIES		
01-5740	PARENT TRAINING	01-5813	STAFF TRAINING - CLUSTER		

Fresno County Economic Opportunities Commission
Active Project Listing
July-07

Project ID	Description
00000	AGENCY ACCTS
01000	FINANCE OFFICE
01001	EXECUTIVE OFFICE
01002	HR TEMPORARY POOL
01003	GRANTS RESEARCH
01004	HUMAN RESOURCES
01007	COMMUNITY DEV - RURAL (ORANGE COVE)
01009	Information Technology
01013	SPECIAL PROJECTS OFFICE
01025	CSBG - CSD
01800	ASP
01802	Valley Freeze Relief Fund
01803	OFFICE OF RURAL ASSISTANCE
01815	WEST FRESNO FAITH BASED
01824	ADOPT A SCHOOL
01830	FRESNO EXECUTIVE PLAZA
01900	PAYROLL
01911	HEALTH INSURANCE
11000	WIC-GENERAL
11001	WIC-SJVHC
21000	KITCHEN
21001	CAFÉ
21002	DAKOTA DINER
22000	Senior Site Management
30000	MISC TRAN ADMIN
30001	PLANNING GRANT
31000	URBAN TRANSPORTATION
31138	NIKKEI URBAN
33000	RURAL TRANSPORTATION
35000	MAINTENANCE DEPT
35156	URBAN JANITORIAL
37000	FCRTA PUBLIC TRANSIT
41000	HEAD START ADMINISTRATION
41003	DISABILITIES HS
41004	LITERACY/TRANSITION HS
41007	HS YOUTH MENTIONING INITIATIVE
41020	HEADSTART T AND TA
42400	IVY HS
42401	WESLEY HS
42402	MOSQUEDA HS
42404	COLLEGE COMMUNITY HS
42405	BROOKS HS

Project ID	Description
42406	FRANKLIN HS
42407	DAKOTA CIRCLE HS
42409	GARDEN WAY HS
42410	JEFFERSON HS
42412	SEQUOIA HS (1st Congregational)
42413	CEDARWOOD HS
42416	MENDOTA HS
42418	CARUTHERS HS
42420	LA COLONIA HS
42425	PINEDALE HS
42426	CLOVIS HS
42430	CANTUA HS
42432	SELMA-ROOSEVELT HS
42433	SELMA-WASHINGTON HS
42435	SELMA-WILSON HS
42436	REEDLEY HS
42438	MAPLE VISTA HS
42439	MILLBROOK HS
42440	FIREBAUGH HS
42442	YOSEMITE HS
42444	KINGS CANYON HS
42448	MADISON HS
42454	ORO LOMA HS
42456	AREA II HS
42458	SAN JOAQUIN HS
42465	HURON HS
42485	MOLLY NEVAREZ HS
42490	SANGER HS
42493	RAMACHER HS
42496	ROMAIN HS
42497	CITRUS HS
42498	FAMILY LITERACY HS
44001	FRANKLIN SATELLITE OFFICE
44002	FOWLER SATELLITE OFFICE
44003	SAN JOAQUIN SATELLITE OFFICE
44004	SANGER SATELLITE OFFICE
44005	EAST FRESNO B HB SATELLITE OFFICE
44006	EAST FRESNO A HB SATELLITE OFFICE
44411	MULBERRY HB
44414	SOUTH COUNTY HB
44415	WEST COUNTY RURAL AREA HB
44416	MENDOTA HB

Project ID	Description
44417	Mountain Area HB
44418	RAISIN CITY/CARUTHERS HB
44419	KERMAN HB
44426	CLOVIS HB
44428	COALINGA HB
44435	SELMA HB
44436	REEDLEY HB
44444	KINGS CANYON HB
44445	MALAGA HB
44446	EAST FRESNO "A" HB
44447	EAST FRESNO "B" HB
44485	HIGHWAY CITY HB
44490	SANGER HB
44491	FOWLER HB
44492	KINGSBURG HB
44495	BIOLA HB
45000	EARLY HEAD START ADMINISTRATION
45001	EARLY HEADSTART - SOUL
45009	EARLY HEADSTART - REEDLEY/SANGER
45011	EHS - FRESNO CITY URBAN
45012	EHS - EPU HB
45013	EHS - MOUNT CARMEL HB
45014	EHS - ADDAMS CB
45020	EHS T & TA
45025	1ST 5 SCHOOL READINESS - MT CARMEL
45030	1ST 5 - FAMILY CONNECTIONS
45035	1ST FIVE - DAKOTA CIRCLE
46000	SCHOOL AGE CHILDCARE
46419	KERMAN SACC
46470	BETHUNE SACC
46471	LANE SACC
46472	WISHON SACC
46473	ERICSON SACC
46474	MCCARDLE SACC
47000	TRACKING
48000	BLOCK GRANT CHILDCARE
48435	ERIC WHITE-SELMA FBG
48450	CESAR CHAVEZ FBG
48475	BEN BENAVIDAS EXPANSION SITE FBG
48495	SHERIDAN FBG
50000	FWDB ALLOCATIONS
50001	E&T ALLOCATION CLEARING

Fresno County Economic Opportunities Commission
Active Project Listing
July-07

Project ID	Description	Project ID	Description	Project ID	Description
50002	E&T - SMALL GRANTS	57209	Adult - Work Experience & Supp Srvs	60110	LCC - COST ALLOCATIONS
55100	FOSTER GRAND-CITY/COUNTY	57210	OSCC Dislocated Adult Admin	60155	FFS - Graffiti Abatement
55101	Foster Grandparents - KAISER	57211	Dislocated Adult Tier I	60156	FFS - FRESNO COUNTY PARKS
55102	FOSTER GRAND-DONATIONS	57212	FUSD Dislocated Adult Tier I	60157	FFS - City of Fresno District 3 Projects
55103	FOSTER GRANDPARENTS STIPENDS	57213	FIRM Dislocated Adult Tier I	60158	FFS - AMNESTY DAY WASTE TIRE
56201	REFUGEE PROGRAM-PROJ PROFIT	57214	Dislocated Adult Tier II	60159	FFS - CFD LLMD MAINTENANCE
56202	MICROENTERPRISE - FEDERAL	57215	FIRM Dislocated Adult Tier II	60163	FFS - Calwa Recreation Playground
56203	20% ORR DISCRETIONARY	57216	Dislocated Adult Intensive	60166	FFS - Universal Lifeline Telephone Service
56204	MICROENTERPRISE (PRIOR)	57217	FIRM Dislocated Adult Intensive	60168	FFS - Irrigation District
56205	Refugee - Service (Unanticipated Arrivals)	57219	Dislocated Adult - Work Experience & Supp Srvs.	60169	FFS - Enterprise Operations - Moving/Doc Mgmt
56206	Wells Fargo Revolving Loan Fund	57220	GRANT # 511 DISLOCATED ADULT ADMIN	60186	RESERVE - AmeriCorps & Youth Build Cash Mat
56207	WELLS FARGO INTEREST	57221	GRANT # 511 DISLOCATED ADULT TIER 1	60188	FFS - Executive Plaza Landscaping
56208	SERVICES FOR RECENTLY ARRIVED REFUGEES	57224	GRANT # 511 DISLOCATED ADULT TIER II	60191	FFS - CITY MEDIANS
56209	UNANTICIPATED ARRIVALS - CREDIT	57226	GRANT # 511 DISLOCATED ADULT INTENSIVE	60195	FFS - HEADSTART LCC - Franklin HS
56401	CITIBANK- IDA	57229	GRANT # 511 DISLOCATED ADULT W EXP & SU	60203	FFS - City Parks/Playgrounds
56450	REFUGEE RURAL INITIATIVE - ISED	57230	SPECIAL DISLOCATED WORKER - ADMIN	60206	CM - Corpsmembers Council/Salvage Materials
56451	ISED: Merced Lao Family Community, Inc	57231	SPECIAL DISLOCATED WORKER - TIER I	60266	FFS - T.A.L.K Telephone service
56452	ISED: Fresno Metro Ministry, Inc.	57234	SPECIAL DISLOCATED WORKER - TIER II	60301	CIVIC JUSTICE CORPS
56500	CITY OF FRESNO - SMALL FARM EMERGENCY I	57236	SPECIAL DISLOCATED WORKER - INTENSIVE	60302	CIVIC JUSTICE CORPS - MEMBERS
56501	BANK OF AMERICA CHARITABLE FOUNDATION	57320	FCWIB SUMMER INTERNSHIP	60305	DJJ Challenge grant - Youthful Offender Re-Entry
56510	UNITED WAY FREEZE - ETHNIC FARMERS	57400	Inc. Yth - EOC Initial Set-up Project see notes	60506	FFS - Fresno Metropolitan Flood Control District
56600	OCS - IDA	57401	Inc. Yth - Work Experience & Supp Srvs.	60507	FFS - City of Clovis Projects
56601	KELLOGG FOUNDATION	57402	Inc. Yth - I/S EOC - Program Costs	60508	FFS - Housing Authorities Building Maintenance
57100	A1YC - EOC In-School - Admin	57403	Inc. Yth - O/S EOC - Program Costs	60509	FFS - Housing Authorities Ground Maintenance.
57101	A1YC - EOC In-School - Program	57404	Inc. Yth - I/S - Work Experience	60801	Revolving - JOLI - Loan Fund
57104	A1YC - In-School Work Experience-EOC	57406	Inc. Yth - I/S - Limited Internship	60900	Murray-Hayden NYC '02
57105	A1YC - In-School Limited Internships-EOC	57408	Inc. Yth - O/S - Work Experience	60901	NYC FCEOC/FLCC FUNDED
57108	A1YC - Summer In School Work Experience	57410	Inc. Yth - O/S - Limited Internship	60902	State Park Bond (Prop 40) - Urban Park Act of 200
57109	A1YC - Foster Care Pilot Program	57412	Inc. Yth - I/S - Summer - Work Experience	60903	City of Fresno - NYC Recreation Building
57110	2006 Work Exp cost xfer to Foster Care in 2007	57414	Inc. Yth - O/S - Summer - Work Experience	60910	PROP 12 CCC BOND-NYC-Corpsmembers
57120	A1YC - Pre-Apprenticeship Training	57428	Inc. Yth - Pre-Apprenticeship Training	60911	Prop 12 CCC Bond - NYC - Direct Staff & Operati
57131	A1YC - FUSD In School - Program	57500	WESTLAND'S DISLOCATED WORKER PROJECT	60912	Prop 12 CCC Bond - NYC - Indirect Staff & Opera
57133	A1YC - FUSD In School Summer - Program	57505	WESTLANDS - TIER II (FCWIB)	60915	PROP 40 CCC BOND - NYC
57136	A1YC Summer In School Work Experience	57506	WESTLANDS - INTENSIVE (FCWIB)	60920	OCS - CED Operational Projects - NYC
57200	OSCC Adult Admin	57507	WESTLANDS - ADMIN/AUDIT	61000	BOTTLE BILL-DEPARTMENT OF CONSERVA
57201	OSCC Adult Tier 1	57600	RAPID RESPONSE	61001	DOC - LOCAL CORPS TECHNOLOGY IMPROV
57202	OSCC FUSD Adult Tier I	57601	VETERANS GRANT	61002	DOC - E-Waste Recycling
57203	OSCC FIRM Adult Tier I	57710	2005-2007 WIA 15% - STAFF & OPERATIONS	61172	REGIONAL ENVIRONMENTAL ACTION TEAM
57204	OSCC Adult Tier II	57711	2005-2007 WIA 15% - PARTICIPANT COSTS	61173	CITY NEIGHBORHOOD RECYCLE INTERNSHI
57205	FIRM Adult Tier II	57720	2005-2007 WAGNER 10% - STAFF	61174	RECREATION/ENT RECYCLING
57206	Adult Intensive	57800	E&T - CSD Funded	61175	SCHOOL RECYCLING
57207	FIRM Adult Intensive	60000	FFS - LOCAL CONSERVATION CORPS	62304	YB/AMC 06-07 - Staff & Opns CNCS fund

Fresno County Economic Opportunities Commission
Active Project Listing
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Project ID	Description	Project ID	Description	Project ID	Description
62305	YB/AMC 06-07 - Staff & Opns Grantee fund	80108	Wellness Foundation- Shelter	82055	SOUL - AB 430 TRAINING
62306	YB/AMC 06-07 - members CNCS fund	80109	SISTERS OF ST. JOSEPH	82056	SOUL - CAHSEE INTERVENTION MAT.
62307	YB/AMC 06-07 - members Grantee fund	80110	STREET OUTREACH	82057	SOUL - SB 472 REIMBURSEMENT
62308	YB/AMC 07-08 - Staff & Opns CNCS fund	80111	Fansler-SOS	82059	SOUL - CBO TRAINING PROGRAM
62309	YB/AMC 07-08 - Staff & Opns Grantee fund	80112	HHS STREET OUTREACH	82060	SOUL - DISCRETIONARY DISTRICT BLOCK G
62310	YB/AMC 07-08 - Members CNCS fund	80113	UW - HEALTHY COMMUNITY SOS	82061	SOUL - DISCRETIONARY SITE BLOCK GRAN'
62311	YB/AMC 07-08 - Members Grantee fund	80182	CITY ESG	82100	SOUL - ASIAN VILLAGE
62410	Youthbuild - DOL Inmate Re-Entry 05-06 Cycle 2 - St	80183	COUNTY ESG	82151	SOUL - TITLE I PART A
62411	Youthbuild - DOL Inmate Re-Entry 05-06 Cycle 2 - M	80184	KAISER	82152	SOUL - TITLE II Part A
62413	YB - DOL Inmate Re-Entry 06-07 Cycle 3 - Members	80350	SANCTUARY COUNTY BI-WAY	82154	SOUL - TITLE IV PART A
62500	YouthBuild Gates	80351	UNITED WAY FOOD	82155	SOUL - TITLE V PART A
62501	HUD YB Self Help Enterprise-Staff & Operations	80352	SANCTUARY RUNAWAY YOUTH	82190	SOUL SUMMER PROGRAM
62502	HUD YB Self Help Enterprise- Corpsmemebers	80353	COUNTY TITLE XX	82200	SOUL - LCC SITE
62503	FFS - Self Help Enterprise (Contract Work)	80354	Shelter-United Way	82300	SOUL - CSIS (KCSOS)
62505	YB - SHE BIOLA - STAFF & OPNS	80355	KAISER - SAFE PLACE	82400	SOUL - KAISER
62506	YB - SHE BIOLA - MEMBERS	80356	SANCTUARY CITY BI-WAY	82500	HIGH PRIORITY SCHOOLS GRANT
62507	YB HUD 07-09 HABITAT STAFF & OPNS	80357	COUNTY ALCOHOL & DRUG PREVENTION	82600	SNACK BAR
62508	YB HUD 07-09 HABITAT MEMBERS	80358	SAFE PLACE	82700	SOUL - COUNTY GRANT
63036	AmeriCorps 06-07 Staff & Operations CNCS Fund	80359	SANCTUARY Title I	83106	California Endowment
63038	AmeriCorps 06-07 Staff, Corpsmember & Opers Grant	80361	DYER FAMILY FOUNDATION	83107	FRESNO ART COUNCIL
63039	AmeriCorps 07-08 Staff & Operations CNCS Fund	80362	PACIFIC SERVICE	83108	CITY CDBG
63040	AmeriCorps 07-08 Corpsmember CNCS Fund	80363	Granville Managment, Inc	86000	AFLP-MCH
63041	AmeriCorps 07-08 Staff, Corpsmember & OPNs Grant	80364	SANCTUARY FANSLER FOUNDATION	86100	AFLP-EXPANSION
63300	FRESNO REGIONAL FOUNDATION - TOM & LOU	80366	WEST AMERICA BANK	86150	AFLP - DONATIONS
70000	Energy Partners	80367	MCDONALDS SOS	87000	STEP-UP
71000	2006-07: HEAP-ECIP	80368	SOS - Kimble, MacMichael & Upton	89000	SANCTUARY DONATION (COMMISSIONER K
71001	2006-07: HEAP-ECIP: ADMIN	81107	TLC - EHAP	89100	YOUTH ASSISTANCE DONATION (Alma)
71002	2006-07: HEAP-ECIP: A16	81108	CITY OF FRESNO (HUD)	91000	TOBACCO EDUCATION
71003	2006-07: HEAP-ECIP: OUTREACH	81109	Transitional Living Project (HHS)	92010	FAMILY LEADERSHIP INSTITUTE
71004	2006-07: HEAP-ECIP: INTAKE	81110	TLC - CITY ESG	92020	DRUG & ALCOHOL REG 8 - ELKHORN
71005	A: HEAP-ECIP: ENERGY ED	81111	Wellness Foundation - TLC #1	93500	OERU
71100	2007: HEAP/ECIP	81121	Wellness Foundation - TLC #2	93501	OERU - KAISER
71101	2007: HEAP-ECIP: ADMIN	81220	HUD #2	94000	TEEN SMART
71102	2007: HEAP-ECIP: A16	81320	TLC #3 (HUD)	95000	FAMILY PLANNING
71103	2007: HEAP-ECIP: OUTREACH	81321	TLC #3 (COUNTY)	95100	Family Planning - Title X
71104	2007: HEAP-ECIP: INTAKE	82000	SOUL - SEATED	95105	FAMILY PLANNING - MALE SERVICES
72000	LIHEAP Weatherization	82049	SOUL - MUSIC ARTS & PHYSICAL ED	95200	CALIFORNIA WELLNESS (CLINIC)
72001	ECF Wx	82050	SOUL - ART AND MUSIC FUNDING	96000	TEEN CONNECTION valley childrens
73000	DOE WEATHERIZATION	82051	SOUL - INSTRUCTIONAL MATERIALS	97000	TEEN CONNECTION
74000	PVEA WEATHERIZATION	82052	SOUL - TECHNOLOGY VOUCHER	98800	ORANGE COVE IDA
80000	SANCTUARY	82053	SOUL - CAHSEE INTENSIVE & SUPP INSTRUCTI	98808	FEP, INC.
80107	SANCTUARY ALLOCATIONS	82054	SOUL - MIDDLE/ HIGH SCHOOL GRANT	98810	ENTERPRISE + INC - RESTAURANT

Fresno County Economic Opportunities Commission
Active Project Listing
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Project ID	Description	Project ID	Description	Project ID	Description
98811	E + INC - IDA				
98820	WCI				
99120	DCSD - RURAL ASSISTANCE				
99145	RURAL ENTREPRENEURSHIP				
99155	Rural Communities Collaborative Discretionary				
99160	Rural Microenterprise Development Initiative				
YHI/TSO	Youth Health Initiative-Bridge Funding for Teesmart				

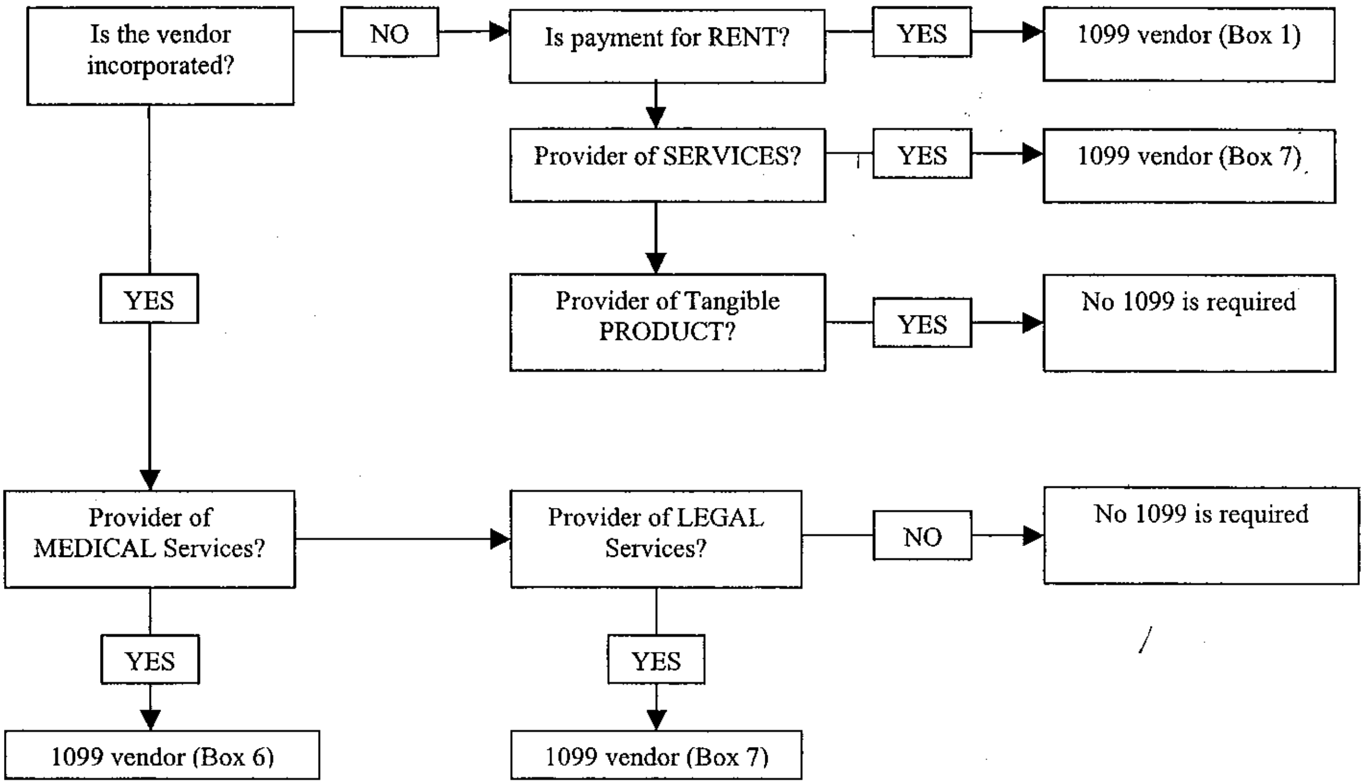
Exhibit I-3

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

MONTHLY JE CHECKLIST

	Date Completed
1. Transit Charges to Programs (H/S, Kitchen, Other)	___________
2. Kitchen Charges to Programs (H/S Sanctuary, Admin, Other)	___________
3. Postage Allocation	___________
4. Insurance Allocation (Recurring)	___________
5. Depreciation Entries	___________
6. Health Insurance Activity	___________
7. Banking and Wire Transactions	___________
8. Payroll Activity and Accrual	___________
9. Program Allocations	___________
10. Indirect Cost to Programs	___________

1099 DECISION CHART



DEFINITIONS:
RENT includes rental of equipment
SERVICES includes OJT for E & T clients
MEDICAL SERVICES does not include pharmaceutical supplies

PROCEDURES:
If you have determined that this is a 1099 vendor:
a) Set-up as 1099 vendor is the system and be sure to include the "Box number" in the set-up. (See attached input screen copies).
b) If not provided, obtain the FEIN or ID Number for the vendor. This may be Social Security Number of the owner or a regular FEIN. A W-9 form is used for this purpose. See Steve for instructions.

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ .... ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here **Signature of U.S. person ▶** **Date ▶**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt recipients 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.socialsecurity.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or single-owner LLC	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Sole proprietorship or single-owner LLC	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

[4] List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PETTY CASH AFFIDAVIT

I hereby acknowledge receipt of a petty cash fund in the amount of $_______________. Upon termination of the program or my employment, I will present receipts and/or cash for this amount. If I do not return this fund, I understand that I will be invoiced for this amount.

Employee Name (Print): ______________________________

____
Signature

Program: ______________________________

Site: ______________________________

Date: ______________________________

Approval: ______________________________

Accounts Payable – Please set up a petty cash fund in my name.

Project Code: __________

Account Code: 01-1095

Distribution:

Original - Human Resources
CC: Accounts Payable
CC: Internal Audit

INSTRUCTIONS

The person responsible for the petty cash fund is referred to as the "Petty Cash Custodian". The only time a petty cash affidavit must be submitted is when a new petty cash custodian is appointed or a new fund is established. If a new custodian is selected, the current petty cash custodian must formally close his/her petty cash fund.

To open a petty cash fund:

1. Approval from AED or Program Director is needed.
2. A short memo appointing the petty cash custodian should be submitted.
3. A Petty Cash Affidavit is filled.
4. The Petty Cash Affidavit includes the amount of the fund being set up and is signed by the appointee and properly approved.
5. The original Petty Cash Affidavit is to be submitted to Human Resources to be kept in the employee's file.
6. A copy of the petty cash affidavit along with the short memo will be submitted to Accounts Payable and a check for the petty cash fund will be processed and made out to the appointed petty cash custodian.

To close the petty cash fund

1. When a new petty cash custodian is appointed or the petty cash fund is closed, the current petty cash custodian must submit all receipts and remaining cash to the audit department for a final count.
2. A Petty Cash Release of Liability form will be submitted to Human Resources to relieve the outgoing fund custodian of his/her responsibility.

PETTY CASH RELEASE OF LIABILITY

______________________________ has been relieved of his/her
(Print Name)

responsibility as petty cash custodian and has submitted all receipts and/or cash.

Signed: ______________________________
(Supervisor)

Dated: ______________________________

Program: ______________________________

Distribution:

Original – Human Resources
CC: Internal Audit

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

Verbal Request Telephone Solicitation
For Purchases - $500.00 to $5,000.00

I. VENDOR

1. Vendor's Name:
   A. Address

   B. Sales Person

   C. Unit Price

2. Vendor's Name:
   A. Address

   B. Sales Person

   C. Unit Price

3. Vendor's Name:
   A. Address

   B. Sales Person

   C. Unit Price

II. ITEM	III. QUANTITY	IV. DESCRIPTION	V. UNIT PRICE	VI. AMOUNT
1.				
2.				
3.				

Reason Order Placed With Successful Vendor:

Lowest Price _____
Service _____
Design / Quality _____
Only Source _____
Delivery Requirements _____

Signature:______________________________
Approved Staff Date

A-18
Exhibit III-2

A

PURCHASE ORDER

FRESNO COUNTY
ECONOMIC OPPORTUNITIES COMMISSION

1920 MARIPOSA MALL FRESNO, CALIFORNIA 93721-2825

PHONE (559) 263-1000

No. 179709

THIS NUMBER MUST APPEAR ON ALL PAPERS, PACKAGES, INVOICES, AND PACKING SLIPS.

MAIL INVOICE TO

FRESNO COUNTY E.O.C.
1920 MARIPOSA MALL
FRESNO, CA 93721

TO ______________________

SHIP PREPAID TO ______________________

ABOVE ADDRESS

UNLESS OTHERWISE STATED BELOW

DATE REQUIRED	PROGRAM OR ACCOUNT BEING CHARGED	TERMS	ORDER DATE

QUANTITY	UNIT OF ISSUE	DESCRIPTION	UNIT COST	AMOUNT

NOTE: BACK ORDERS WILL NOT BE ACCEPTED. QUANTITIES NOT SHIPPED WILL BE CONSIDERED CANCELLED. A NEW PURCHASE ORDER MUST BE SECURED PRIOR TO SHIPMENT OF ANY BACK ORDERED ITEM.

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.

____
PURCHASING AGENT

Fresno County Economic Opportunities Commission
Authorized signatures for Purchase Orders

Name	Program(s)	$ Limit (Not to exceed)
Roger Palomino	Administration	$75,000
George Egawa (Director)	All Programs/Seibert's Oil up to $50,000	$25,000
Alma Kowalski (Director)	Employment & Training	$25,000
Naomi Quiring-Mizumoto (Director)	Head Start	$25,000
Gary Joseph	Food Service/Transit/Seibert's Oil up to $50,000	$25,000
Paul McLain-Lugowski	Fresno Local Conservation Corps	$10,000
Salam M. Nalia	All Programs	$5,000
Dawn Cagle	Human Resources	$5,000
Doug Walthour	Information Technology	$5,000
Janet Berberian	Head Start	$5,000
Mark Wilson	SOUL	$5,000
Stacie Hines	Sanctuary	$5,000
Wilma Austin	WIC	$5,000
Andy Hernandez	Head Start	$3,000
Cindy Miklesh	Head Start	$3,000
Kathleen Shivaprasad	Early Head Start	$3,000
Manuel Ramirez	Head Start	$3,000
Wyoma Lewis	Head Start	$3,000
Michelle Tutunjian	Fresno Local Conservation Corps	$2,500
Tom Zizzo	Fresno Local Conservation Corps	$2,500
Evelyn Vercher	Head Start	$1,000
Jeff Davis	Employment & Training	$1,000
Rena Failla	SOUL	$1,000
Rob Martin	Tobacco/Substance Abuse	$1,000
Roberta Ayer	School Age Child Care	$1,000
Alita Taylor	Head Start	$500
Angie Nguyen	TLC	$500
Blong Lee	Refugee Programs	$500
Christy Gorden	AFLP	$500
Gilda Arreguin	Health Services	$500
Helen Uyeda	Head Start - Home Base Sites	$500
Lalo Acevedo	Micro Enterprise/IDA's	$500
Lesley Chance	TLC	$500
Vicki Lopes	Foster Grandparents	$500

Employee Form

Economic Opportunities Commission

Human Resources

In order to ensure the proper documentation for placement of personnel, complete this form. Attach supporting documentation.

Employee Name:	Employee Number or Social Security Number:
Program Name and Project/Cost Center#:	Position:
☐ Staff Recommendation ☐ CWPC Committee Approval	**EFFECTIVE DATE:**

Select One	Select One	Select One	Select One	$______/hour $______/month	Pay Range	Pay Step Select One	Hours Select One /day Select One /week

☐ Reinstatement from LOA Select One
☐ Reinstatement from Temporary Payroll Notice

Comments:

Requested by: Date	Approved by Program Director: Date
Approved by Assistant Exec. Director: Date	Human Resources: Date

HUMAN RESOURCES OFFICE USE ONLY	
Processed by:	Date
Next Performance Evaluation – Type:	Date
Copy Sent to Payroll:	Date

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION
NEW HIRE INFORMATION/ORIENTATION CHECKLIST

Last Name	First Name	Middle Int.
Position/Job	Department/Program	Date of Hire
Emergency Contact Name	Relationship	Phone #

- Employee Form (on file) ρ
- Application For Employment (on file) ρ
- Reference Release (on file) ρ
- W-4 Form ρ
- Employment Eligibility I-9 Form ρ
- Employment Rights Form ρ
- Reporting Suspected Child Abuse Form ρ
- Report of Work Injuries Form ρ
- Facts About Workers' Comp Brochure ρ
- Agreement To Abide By Safety Rules Form ρ
- State Disability Brochure ρ
- Sexual Harassment Brochure ρ
- Automatic Payroll Deposit Form ρ
- Certificate of Auto Insurance Form ρ
- Personnel Policies & Procedures Manual ρ
- Acknowledgement of Receipt of Personnel Manual ρ
- Basic Employee Benefits Information ρ
  Eligibility For:
  - Holidays Yes ρ No ρ
  - Vacation Yes ρ No ρ
  - Sick Leave Yes ρ No ρ
  - Retirement Yes ρ No ρ
  - COBRA Yes ρ No ρ
- I have received training in regards to the following:
  - Sexual Harassment ρ
  - New Employee Safety Training ρ

Employee Signature ____________________ Date ____________________

Human Resources Signature ____________________ Date ____________________

I have been informed to use my seat belt at all times while in the course of employment with Fresno County EOC. Your initials: __________
Employment with Fresno County EOC is "at will" and can be terminated by you or the agency at anytime, with our without cause or notice. Your initials: __________

Personnel Termination

Exhibit IV-3

Economic Opportunities Commission

Human Resources

EMPLOYEE NAME ______	**EMPLOYEE NUMBER** ______
PROGRAM NAME and # ______	**TODAY'S DATE** ______
ADDRESS ______ **CITY** ______ **STATE** ______ **ZIP CODE** ______	

POSITION TITLE ______	**CLEARANCE ITEMS**		***EFFECTIVE* DATE:** ______
ATTACHMENTS: ☐ **FINAL EVALUATION** ☐ **FINAL TIME SHEET** ☐ **OTHER:** ______	**NEED** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	**RECEIVED** ☐ **Keys** ☐ **Parking Card** ☐ **Telephone Card** ☐ **Credit Cards** ☐ **Petty Cash** ☐ **Travel Advances** ☐ **Personal Phone Charges** ☐ **Cell Phone/Pager** ☐ **ID Badge** ☐ **Telephone Card** ☐ **Other:** _____	**REASON FOR TERMINATION** **Select One** **(* Explanations may be added in REMARKS section)**

REMARKS:

SUPERVISOR DATE	EMPLOYEE SIGNATURE DATE
PROGRAM DIRECTOR DATE	HUMAN RESOURCES DATE
ASSISTANT EXECUTIVE DIRECTOR DATE	

HUMAN RESOURCES OFFICE USE ONLY

Processed By:______________________	Date:______________
Copy Sent to Payroll:	Date:

Helping People. Changing Lives.

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

Payroll Allocation Change Form

Employee Name:________________________ Employee Number: ____________

Effective Date: ________________________

	Program Name	Project #	Allocation Percentage
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Approval:__________________________________
Authorized Staff Date

FRESNO COUNTY EOC

TRAVEL FORM

Name: ____________________ Program: ____________________

Home Address: ____

Destination: ____________________ Purpose: ____________________

Travel Dates/Times Departure Date ________ Return Date ________

Departure Time ________ Return Time ________

Description of Expense		Advance		Actual	Due to (from) Traveler
Lodging					0.00
Meals					0.00
Other					
Registration					0.00
Telephone - Business					0.00
Other ________					0.00
Transportation					
Airfare					0.00
Taxi/Bus/Train					0.00
Rental Car					0.00
Parking					0.00
Other ________					0.00
Miles		0.00		0.00	0.00
	Total	0.00		0.00	0.00

CONUS RATE: $ -

(type in date, put "x "to indicate what was used/needed for that day)

Date	Breakfast	Lunch	Dinner
	x	x	x

TRAVEL AUTHORIZATION

Employee Signature **Date**

Supervisor or Program Director **Date**

Executive/Assistant. Exec. Director **Date**

RECONCILIATION APPROVED

Employee Signature **Date**

Supervisor or Program Director **Date**

Executive/Assistant. Exec. Director **Date**

I CERTIFY THAT THE AMOUNT AND ATTACHMENTS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT I DO NOT CLEAR THIS ADVANCE IN ACCORDANCE WITH THE TRAVEL POLICIES AND PROCEDURES, FCEOC IS AUTHORIZED TO DEDUCT THE ENTIRE AMOUNT OF THE ADVANCE FROM MY NEXT PAYROLL CHECK.

FRESNO COUNTY E[redacted]
(County-Wide Policy Council Funds)

REIMBURSEMENT FOR CHILD CARE AND MILEAGE

Please Print

Parent Name:______________________________ Center/HB Area:________________________

Parent Address:____________________________ City:_______________ Zip:__________

Type of Activity You Attended: ________ **C.W.P.C. MEETING** ________________

Where Did Activity Take Place: FRANKLIN HEAD START-PRESCHOOL, FRESNO, CA
Name of Place City State

Activity: Date(s):______________________________ Time:___________________________

Babysitter's Name (please print):____

Please reimburse me in the amount of $___________for babysitter service I paid while attending above activity. Also, please reimburse me for the following mileage which I incurred to attend the above mentioned activity.

MILEAGE

Date	Origin	Destination	Departing Odometer Reading	Returning Odometer Reading	Total # of Miles

TOTAL MILES CLAIMED:________________

______________________________ ______________________________
Parent's Signature Date

______________________________ ______________________________
P.I. Coordinator's Approval Date Family/Community Svcs. Dir. Approval Date

****

(For Office Use Only) PC# 41000

Account # 5750 Amount:______________

Account # 5752 Amount:______________

TOTAL:______________

______________________________ ______________________________
Accountant Approval Date Check Number # Date

OUT-OF-COUNTY TRAVEL REPORT

Name: ______________________ Title: ______________________

Program: ______________________ Date of this Report: ______________

Departure Date: __________ Date Returned: __________ Total Cost to EOC: __________

Destination(s): ____

Purpose of Travel: ____

____

REPORT

DIRECTIONS: Give name of each speaker and title; give the name(s) of the topics he/she presented; give a brief summary of each topic followed by your evaluation of each SPEAKER'S PRESENTATION of each topic (What did you learn/gain?)

Date: ______________

Speaker: ______________________ Title: ______________________

Topic Title: ____

Topic Summary ____

____

____

____

____

____

____

____

____

____

____

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____

____

____

____

Fresno County Economic Opportunities Commission

Asset Acquisition Form

Asset ID	Asset Classification: Automotive ☐ Office ☐ Computer ☐ Equipment ☐	
Asset Description		
Serial Number	Model Number	VIN Number
License number		
Location: Department/Program	Grant or Agency Funded: Grant Agreement #:	
Purchase Order Number	Invoice Date	In-service Date
Vendor	Purchase Price	

Name, Program ______________________ Approved by: ______________________

Signature ______________________ Date ______________________

Please complete and sign the form for asset acquisitions.
- Keep a copy for your file.
- Forward the original to Finance Department.

Finance Department signature ______________________ Date __________

Asset Account Classification:

1405	LAND PURCHASE
1415	BUILDING PURCHASE
1425	LEASEHOLD IMPROVEMENTS
1430	EQUIPMENT - FURNITURES & FIXTURES
1435	EQUIPMENT - OFFICE MACHINES
1440	EQUIPMENT COMMUNICATIONS
1445	EQUIPMENT-DATA PROCESSING
1450	EQUIPMENT - OTHER FIXED ASSETS
1455	EQUIPMENT - AUTOMOTIVE
1460	EQUIPMENT - CAFÉ - KITCHEN & HOUSEH
1465	EQUIPMENT - MEDICAL
1470	EQUIPMENT - PHOTOGRAPHIC
1475	EQUIPMENT - UNDER $5000 NET
1480	EQUIPMENT - UNDER $5000 CONTRA
1495	CONSTRUCTION IN PROGRESS
3151	GRANT FUNDED ASSETS

Expense if Grant Funded Asset:

5410	EQUIPMENT - TRANSPORTATION CHARGE
5415	EQUIPMENT UNDER $5000
5420	LEASED - OTHER
5425	LEASED - RENTAL OFFICE EQUIPMENT
5430	LEASED - RENTAL PAGERS
5435	LEASED - COPIERS
5440	LEASED - WORKSTATIONS/PHONES
5450	EQUIPMENT OVER $5000
5455	REPAIRS & MAINTENANCE - COMPUTERS
5457	REPAIRS & MAINTENANCE - EQUIPMENT
5460	REPAIRS & MAINTENANCE - OFFICE EQUIP.
5465	EQUIPMENT PURCHASE DISCOUNTS
5470	EQUIPMENT TAXES
5475	INSTALLATION COSTS
5476	EXPANSION BUILDING PROJECTS
5480	EQUIPMENT COSTS ALLOCATED

Fresno County Economic Opportunities Commission

Asset Disposition Form

Asset ID	Asset Classification: Automotive ☐ Office ☐ Computer ☐ Equipment ☐	
Asset Description		
Serial Number	Model Number	VIN Number
License number		
Current Location: Department/Program	Office/ Program Site	
Disposition Date	Proceeds Amount	

Name, Program ____________________ Approved by: ____________________

Signature ____________________ Date ____________________

Please complete and sign the form for asset disposition.
- Keep a copy for your file.
- Forward the original to Finance Department.

Finance Department signature ____________________ Date __________

Fresno County Economic Opportunities Commission

Asset Transfer Form

Asset ID	Asset Classification: Automotive ☐ Office ☐ Computer ☐ Equipment ☐		
Asset Description			
Serial Number	Model Number	VIN Number	
License number			

Previous Location: ______________________ Releaser Signature ______________________

Current Location: ______________________ Receiver Signature ______________________

After completing the form:
- Releaser and receiver department need to sign the Transfer Form.
- Keep a copy for your file.
- Forward the original to Finance Department.

Finance Department signature ______________________ Date __________

FCEOC CONTRACT/GRANT ROUTING DOCUMENT

		Business Services Office	
Project Title:		Date Rec'd	
Funding Source:		Date Routed	
Contract No.:		**DUE DATE**	
Amount:		Date Returned	
Period Covered:		Date Mailed	

REVIEW/APPROVE PROCESS	Contact Person	Initial	Date
Attached document **prepared** by:			
Attached document **proofread** by:			
Program design **approved** by:			
Budget prepared by:			
Reviewed by Accounting Manager/ Lead Accountant	S. Ellis/ M. Stern	/	
Approved by Controller. Fiscal and Administrative services has approved for submission.	S. George		
Reviewed by Director. All program requirements are reasonable and goals can be attained.			
Reviewed by Assistant Executive Director	P. White		

SPECIAL NOTES/INSTRUCTIONS

	Initial

Business Services Office

Special Requirements:				Initl	Date
Insurance	Site Insurance	Resolution	Other:		
Document on File	Cover Letter	Number of copies required			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED**	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address *(give city, county, State, and zip code)*:	Name and telephone number of person to be contacted on matters involving this application *(give area code)*

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: ☐☐ – ☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* ☐

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) ________________

8. TYPE OF APPLICATION:

☐ **New** ☐ **Continuation** ☐ **Revision**

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other*(specify)*:

____

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐ – ☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE ________________

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes **If "Yes," attach an explanation.** ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:
1.	Self-explanatory.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).
3.	State use only (if applicable).
4.	If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5.	Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7.	Enter the appropriate letter in the space provided.
8.	Check appropriate box and enter appropriate letter(s) in the space(s) provided: -- "New" means a new assistance award. -- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. -- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
9.	Name of Federal agency from which assistance is being requested with this application.
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

Item:	Entry:
12.	List only the largest political entities affected (e.g., State, counties, cities).
13.	Self-explanatory.
14.	List the applicant's Congressional District and any District(s) affected by the program or project.
15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Fresno County
Economic Opportunities Commission
1920 MARIPOSA MALL • FRESNO, CA 93721 2526 • (209) 263-1000
"People Helping People"

Dr. Emory Luck
Board Chairperson

Roger Palomino
Executive Director

May 26, 1995

Grants Coordinator
Office of Planning and Research
Governor's Office
1400 Tenth Street, Room 121
Sacramento, CA 95814

RE: CFDA No. 93.600

Dear Grants Coordinator:

Attached is a copy of federal form SF 424 requesting grant funds from the U.S. Department of Health and Human Services for an Early Head Start Program in West Fresno.

If additional information is needed, please contact Barbara Devinney, Grants and Research Manager, at (209) 263-1024 or via FAX at (209) 263-1286. Thank you.

Sincerely,

Roger Palomino
Executive Director

c. Rick Ballantyne, Planning Coordinator II
Council of Fresno County Governments
2100 Tulare Street, Suite 619
Fresno, CA 93721-2111

Fresno County
Economic Opportunities Commission
1920 MARIPOSA MALL • FRESNO, CA. 93721-2526 • (209) 263-1000
"People Helping People"

Dr. Emory Luck
Board Chairperson

Roger Palomino
Executive Director

July 12, 1995

Department of Health & Human Services
Administration for Children and Families
OFM/DDG 6th Floor East
370 L'Enfant Promenade, SW
Washington, DC 20447

Re: Early Head Start Application
SPOC Response for CFDA No. 93-600

Dear Friends:

Enclosed is a copy of the response from the California Governor's Office of Planning and Research indicating that the state clearinghouse review process has been completed regarding our application for an Early Head Start project. The letter indicates that no state or local agencies have indicated an intention to review the proposal and that no state process recommendation will be made.

In addition, the Council of Governments of Fresno County has completed its review process through two opportunities for public hearing on June 16, for the Policy Advisory Committee review, and June 29 for the board review. The proposal review resulted in the decision that no local process recommendation be made.

If any additional information is required, please contact me at (209) 263-1024.

Sincerely,

Barbara Devinney

Barbara Devinney
Interim Grants and Research Manager

c: Roger Palomino
Executive Director

Statement Regarding SPOC Certification

In 1983 the Governor designated the Office of Planning and Research as California's single point of contact (SPOC) for implementing Presidential Executive order 12372. The purpose of this process is to facilitate State and local participation in Federal activities occurring within California.

State Review Process. Upon completion of each Federal grant application, EOC's Grants and Research Department forwards a copy of SF 424 to the Governor's Office at:

Governor's Office
Office of Planning and Research
1400 Tenth Street, Room 121
Sacramento, CA 95814
(916) 323-7480; Fax (916) 323-3018

State review is generally scheduled for 30 days, after which the applicant may be notified of state reponse.

Local Review Process—*Areawide Clearinghouse*. A copy of SF 424 and a project summary are also sent to the Council of Fresno County Governments, the Areawide Clearinghouse, at:

Council of Fresno County Governments
c/o Rick Ballantyne
2100 Tulare Street, Suite 619
Fresno, CA 93721-2111
(209) 233-4148; Fax (209) 233-9645

The Council of Fresno County Governments schedules the item for review at its monthly Policy Advisory Committee meeting and two to three weeks later for its full Board meeting. This process generally takes a few weeks longer than the state review process.

Notification to Funding Source. Upon completion of the state and local review process, a letter is forwarded to the funding source with a copy of the state response and information concerning the local review.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. **0348-0039**	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays *(Line a, less the sum of lines b and c)*			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*			
j. Federal share of net outlays *(line d less line i)*			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds *(Line o minus line n)*			
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ **Provisional** ☐ **Predetermined** ☐ **Final** ☐ **Fixed**			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted

FINANCIAL STATUS REPORT

(Long Form)

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns, I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report *in the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.

Item	Entry
10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
10d,	e, f, g, h, i and j. Self-explanatory.
10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
10l.	Self-explanatory.
10m.	On the final report, line 10m must also be zero.
10n,	o, p, q, r, s and t. Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

Exhibit X – 2

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

2. RECIPIENT ORGANIZATION

Name:

Number and Street:

City, State and ZIP Code:

4. Federal grant or other identification number	5. Recipient's account number or identifying number
6. Letter of credit number	7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account	9. Treasury checks received *(whether or not deposited)*

3. FEDERAL EMPLOYER IDENTIFICATION NO. ►

10. PERIOD COVERED BY THIS REPORT	
FROM *(month, day, year)*	TO *(month, day, year)*

11. STATUS OF FEDERAL CASH *(See specific instructions on the back)*	**a. Cash on hand beginning of reporting period**	$
	b. Letter of credit withdrawls	
	c. Treasury check payments	
	d. Total receipts *(Sum of lines b and c)*	
	e. Total cash available *(Sum of lines a and d)*	
	f. Gross disbursements	
	g. Federal share of program income	
	h. Net disbursements *(Line f minus line g)*	
	i. Adjustments of prior periods	
	j. Cash on hand end of period	$
12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING *Days*	**13. OTHER INFORMATION**	
	a. Interest income	$
	b. Advances to subgrantees or subcontractors	$

14. REMARKS *(Attach additional sheets of plain paper, if more space is required)*

15. CERIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	**AUTHORIZED CERTIFYING OFFICIAL**	**SIGNATURE**	**DATE REPORT SUBMITTED**
		TYPED OR PRINTED NAME AND TITLE	**TELEPHONE** *(Area Code, Number, Extension)*

THIS SPACE FOR AGENCY USE

FEDERAL CASH TRANSACTIONS REPORT

CONTINUATION

(This form is completed and attached to Standard Form 272 only when reporting more than one grant or assistance agreement.)

OMB APPROVAL No. 0348-0003

1. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

2. RECIPIENT ORGANIZATION *(Give name only as shown in item 2, SF-272)*

3. PERIOD COVERED BY THIS REPORT *(As shown on SF-272)*

FROM *(month, day, year)*	TO *(month, day, year)*

4. List information below for each grant or other agreement covered by this report. Use additional forms if more space is required.

FEDERAL GRANT OR OTHER IDENTIFICATION NUMBER *(Show a subdivision by other identifying numbers if required by the Federal Sponsoring Agency)* *(a)*	RECIPIENT ACCOUNT NUMBER OR OTHER IDENTIFYING NUMBER *(b)*	FEDERAL SHARE OF NET DISBURSEMENTS: NET DISBURSEMENTS *(Gross disbursements less program income received)* FOR REPORTING PERIOD *(c)*	FEDERAL SHARE OF NET DISBURSEMENTS: CUMULATIVE NET DISBURSEMENTS *(d)*
		$	$
5. TOTALS *(Should correspond with amounts shown on SF 272 as follows: column (c) the same as line 11h; column (d) the sum of lines 11h and 11i of the SF-272 and cumulative disbursements shown on last report. Attach explanation of any differences.)*		$	$

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
END IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

Item	*Entry*
3	Enter Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service or the FICE (institution) code.
4	If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272A, Report of Federal Cash Transactions - Continued. Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.
5	This space reserved for an account number or other identifying number that may be assigned by the recipient.
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.
11b	Enter total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors; the gross amount of direct salaries and wages, including the employee's share of benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).
12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.
13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.
13b	Enter the amount of advance to secondary recipients included in item 11h.
14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.

FCEOC HEAD START-*PRESCHOOL*
CENTER BASE IN-KIND REPORT

IF THE HEALTH OF YOUR FAMILY AND FRIENDS IS IMPORTANT TO YOU, GET A TB SKIN TEST NOW!

PLEASE CHECK ONE:

PARENT OR GUARDIAN ☐

COMMUNITY MEMBER ☐

CHILD'S NAME: ______________________

PLEASE PRINT:

VOLUNTEER'S NAME: ______________________

TEACHER'S NAME: ______________________

MONTH: ___ YEAR: ___ CENTER: ___________

DATE	TYPE OF VOLUNTEER SERVICE	NUMBER OF HOURS VOLUNTEERED		VOLUNTEER'S SIGNATURE
		CLASSROOM RELATED HOURS ONLY	NON-CLASSROOM (IN-HOME) HOURS ONLY	
TOTAL CLASSROOM HOURS --				--TOTAL NON-CLASSROOM HOURS
COMBINED TOTAL:				

Valuation Rate: $9.70 X Total Hours: _______ = Total Value: $ ______

____
Supervisor's Signature Date

(INKINDHRS.FRM) clp Rev. 7/20/05 JH - FORMS (FC) -

Fringe
Personnel
Percentage of Fringe ______

Month ______ Year ______

Sites		Volunteer Hours 61010 Classroom	Non-Classroom	Admin	Total Hours	$8.82 Personnel	6210 Fringe	63101 CSLT	Total	Rental Space # Of Home Visits	Space Value	Other	Value	64001 Total	Goods 67203 Supplies	69300 Other	Totals
Area II	42456																
Burrel	42412																
Cantua	42430																
Caruthers	42418																
Citrus	42497																
Clovis	42426																
College Community	42404																
Firebaugh	42440																
Franklin	42406																
Funston	42408																
Garden Way	42409																
Huron	42465																
Ivy	42400																
Jefferson	42410																
Kings Canyon	42444																
La Colonia	42420																
Madison	42448																
Maple Vista	42438																
Mendota	42416																
Millbrook	42439																
Molly Nevarez	42485																
Mosqueda	42402																
Mulberry	42411																
Oro Loma	42454																
Pinedale	42425																
Reedley	42436																
Romain	42496																
Roosevelt	42432																
Sanger	42490																
San Joaquin	42458																
Washington	42433																
Wesley	42401																
Wilson	42435																
Yale Cambridge	42455																
Yosemite	42442																
Sub-Total																	

Fringe
Personnel ____________
Percentage of Fringe ____________ Month ____________ Year ____________

Sites		Volunteer Hours								Rental Space					Goods		Totals
		61010				$12.78	6210	63101			$15.00			64001	67203	69300	
		Classroom	Non-Classroom	Admin	Total Hours	Personnel	Fringe	CSLT	Total	# Of Home Visits	Space Value	Other	Value	Total	Supplies	Other	
Clovis	44426																
Coalinga	44428																
East Fresno A	44446																
East Fresno B	44447																
Five Points	44407																
Fowler	44491																
Highway City	44485																
Kerman	44419																
Kings Canyon	44444																
Kingsburg	44492																
Malaga	44445																
Mendota	44416																
Mosqueda	44402																
RC/Caruthers	44418																
Reedley	44436																
Riverdale	44437																
Sanger	44490																
Selma	44435																
Tranquility	44494																
Sub-Total HB																	
Central Admin.	41000																
Grand Total																	

Fresno County
Economic Opportunities Commission
1920 MARIPOSA MALL • FRESNO, CA 93721-2504 • (559) 263-1000
"People Helping People"

Moses Stites
Board Chairperson

Roger Palomino
Executive Director

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION
(HOME BASE)

IN-KIND CONTRIBUTION OF SPACE
(Use this form for H.V. and Group)

PROGRAM:______________________ AREA/SITE:______________________

DONOR (PLEASE PRINT):______________________ TELEPHONE:______________

ADDRESS:______________________ CITY:______________ ZIP:__________

DATE HOME USED	PURPOSE

__________/HOME VISITS X $ 15.00 = $__________
NUMBER RATE VALUE

__________/GROUP EXP. X $__________ = $__________
NUMBER RATE VALUE

TOTAL $__________

SIGNATURE OF DONOR:______________________ DATE:__________

STAFF SIGNATURE:______________________ DATE:__________

Rev. 07/19/99 clp
(INKINDHB.FRM) DISK #1 (01-31-95)

Center I Space In-Kind 2002

	Site	Annual In-Kind	January	February	March	April	May	June	July	August	September	October	November	December	Total	P C Acct #
1	Area II														0	6345-42456
2	Burrel														0	6345-42412
	Yard Maintenance														0	6270-42412
3	Cantua														0	6345-42430
	Transportation														0	6375-42430
4	Caruthers														0	6345-42418
	Yard Maintenance														0	6270-42418
5	Citrus														0	6345-42497
	Yard Maintenance														0	6270-42497
6	Clovis														0	6345-42426
7	College Comm.														0	6345-42404
8	Firebaugh														0	6345-42440
9	Franklin														0	6345-42406
10	Funston														0	6345-42408
11	Garden Way														0	6345-42409
	Yard Maintenance														0	6270-42409
12	Huron														0	6345-42465
13	Ivy														0	6345-42400
14	Jefferson														0	6345-42410
	Yard Maintenance														0	6270-42410
15	Kings Canyon														0	6345-42444
16	La Colonia														0	6345-42420
17	Madison														0	6345-42448
	Yard Maintenance														0	6270-42448
18	Maple Vista														0	6345-42438
19	Mendota														0	6345-42416
20	Millbrook														0	6345-42439
21	Molly Nevarez														0	6345-42485
22	Mosqueda														0	6345-42402
23	Mulberry														0	6345-42411
	Yard Maintenance														0	6270-42411
24	Oro Loma														0	6345-42454
	Transportation														0	6375-42454
25	Pinedale														0	6345-42425
26	Reedley														0	6345-42436
27	Romain														0	6345-42496
	Supplies														0	6355-42496
	Utilities														0	6380-42496
28	Selma-Roosevelt														0	6345-42432
	Yard Maintenance														0	6270-42432
29	San Joaquin														0	6345-42458
30	Sanger														0	6345-42490
31	Washington														0	6345-42433
	Yard Maintenance														0	6270-42433
32	Wesley														0	6345-42401
33	Selma-Wilson														0	6345-42435
	Utilities														0	6380-42435
	Transportation														0	6375-42435
	Custodian														0	6275-42435
34	Yale-Cambridge														0	6345-42455
35	Yosemite														0	6345-42442
	Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0	

FRESNO COUNTY EOC HEAD START
PARENT MONTHLY MILEAGE
IN-KIND

CENTER________________________
TEACHER_______________________
MONTH_________________________

PARENT'S NAME	CHILD'S NAME	MONTHLY MILEAGE
	TOTAL FOR MONTH	

Monthly mileage is to be completed on the last day of month and submitted with your MIS.

____
(Teacher's Signature)

ORIGINAL COPY: CENTRAL OFFICE

YELLOW COPY: HEAD START CENTER

(MILEAGE.FRM) 6/95

PARENT MONTHLY MILEAGE IN-KIND

CENTER	NUMBER REQUIRED	NUMBER RECEIVED	CENTER TOTAL
AREA II	4		
BURREL	1		
CANTUA	1		
CARUTHERS	3		
CITRUS	3		
CLOVIS	2		
COLLEGE COMMUNITY	2		
FIREBAUGH	2		
FRANKLIN	8		
FUNSTON	6		
GARDEN WAY	4		
HURON	3		
IVY	4		
JEFFERSON	8		
KINGS CANYON	8		
LA COLONIA	4		
MADISON	4		
MAPLE VISTA	2		
MENDOTA	3		
MILLBROOK	2		
MOLLY NEVAREZ	6		
MOSQUEDA	2		
MULBERRY	2		
ORO LOMA	1		
PINEDALE	2		
REEDLEY	1		
ROMAIN	2		
ROOSEVELT	4		
SANGER	6		
SAN JOAQUIN	2		
WASHINGTON	2		
WESLEY	2		
WILSON	1		
YALE-CAMBRIDGE	4		
YOSEMITE	2		
TOTALS	113		

(MILES.FRM) 3/02 TOTAL MILES X .365 = $______________

Head S[illegible]t
Mileage [illegible]nd
2002

Sites	January Miles Amount	February Miles Amount	March Miles Amount	April Miles Amount	May Miles Amount	June Miles Amount	July Miles Amount	August Miles Amount	September Miles Amount	October Miles Amount	November Miles Amount	December Miles Amount	Sub Total Miles Amount	
Area II	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00	$0.00	$0.00	$0.00	42456
Burrel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42412
Cantua	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42430
Caruthers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42418
Citrus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42497
Clovis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42426
College Comm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42404
Firebaugh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42440
Franklin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42406
Funston	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42408
Garden Way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42409
Huron	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42465
Ivy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42400
Jefferson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42410
Kings Canyon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42444
La Colonia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42420
Madison	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42448
Maple Vista	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42438
Mendota	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42416
Millbrook	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42439
Molly Nevarez	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42485
Mosqueda	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42402
Mulberry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42411
Oro Loma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42454
Pinedale	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42425
Reedley	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42436
Romain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42496
Roosevelt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42432
Sanger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42458
San Joaquin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42490
Washington	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42433
Wesley	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42401
Wilson	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42435
Yale-Cambridg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42455
Yosemite	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42442
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Pension Plan Beneficiary Designation

Participant Name ____________________ Social Security Number ____________________

Address ____________________ Date of Birth ____________________

I, a □ Married /□ Unmarried person hereby designate the persons herein named as my beneficiary or beneficiaries under the Fresno County Economic Opportunities Commission Pension Plan and reserve the right to change at any time the beneficiaries so named

PRIMARY BENEFICIARY (ies) (type or print)

Full Name Address Percentage

1. ____________________ ______%

Relationship__________ Social Security Number __________

2. ____________________ ______%

Relationship__________ Social Security Number __________

Total = ______%

CONTINGENT BENEFICIARY (ies) (type or print)

Full Name Address Percentage

1. ____________________ ______%

Relationship__________ Social Security Number __________

2. ____________________ ______%

Relationship__________ Social Security Number __________

Total = ______%

Please use reverse side of this form if more space is required.

If more than one (1) beneficiary is named, any death benefit payments, unless otherwise specified herein, will be paid in equal shares to the designated beneficiaries who survive the participant. If no such beneficiary survives the participant, payment shall be made in accordance with the Plan.

Signature of Participant ____________________ Date __________

The signature of the Spouse and a Witness thereto must be entered if the spouse of a married participant is not named as the sole primary beneficiary). The undersigned spouse of the participant hereby consents to the foregoing beneficiary designation.

Signature of Spouse ____________________ Date __________

Signature of Witness ____________________ Date __________

Kathleen Connell
Controller of California

Annual Report of Unclaimed Personal Property

ALL INFORMATION MUST BE TYPED

Unclaimed Property
State of California

(List accounts of $50.00 or more separately — use for Cash-Only Reports or Safe-Deposit-Only Reports)

Holder:________________ **City:**________________ **Branch:**____________ **Page:**_____ **of**_____

MULTIPLE OWNERS NUMBER ______ OF ______

LAST NAME ________________ TITLE ______ DATE OF LAST CONTACT ________
FIRST NAME ________________ M.I. ______ SOC. SEC./TAX I.D. NO. ________
OWNER CODE ______ OWNER DATE ___/___/___ REFERENCE NO. ________
BUS. NAME ________________ PROPERTY TYPE ________
ADDRESS ________________ TOTAL AMT. DUE OWNER ________
CITY ________________ LAWFUL CHARGES ________
STATE ______ ZIP ______ COUNTRY ______ SAFE DEPOSIT BOX NO. ________
IN CARE OF ________________ LIEN AMOUNT ________

MULTIPLE OWNERS NUMBER ______ OF ______

LAST NAME ________________ TITLE ______ DATE OF LAST CONTACT ________
FIRST NAME ________________ M.I. ______ SOC. SEC./TAX I.D. NO. ________
OWNER CODE ______ OWNER DATE ___/___/___ REFERENCE NO. ________
BUS. NAME ________________ PROPERTY TYPE ________
ADDRESS ________________ TOTAL AMT. DUE OWNER ________
CITY ________________ LAWFUL CHARGES ________
STATE ______ ZIP ______ COUNTRY ______ SAFE DEPOSIT BOX NO. ________
IN CARE OF ________________ LIEN AMOUNT ________

MULTIPLE OWNERS NUMBER ______ OF ______

LAST NAME ________________ TITLE ______ DATE OF LAST CONTACT ________
FIRST NAME ________________ M.I. ______ SOC. SEC./TAX I.D. NO. ________
OWNER CODE ______ OWNER DATE ___/___/___ REFERENCE NO. ________
BUS. NAME ________________ PROPERTY TYPE ________
ADDRESS ________________ TOTAL AMT. DUE OWNER ________
CITY ________________ LAWFUL CHARGES ________
STATE ______ ZIP ______ COUNTRY ______ SAFE DEPOSIT BOX NO. ________
IN CARE OF ________________ LIEN AMOUNT ________

MULTIPLE OWNERS NUMBER ______ OF ______

LAST NAME ________________ TITLE ______ DATE OF LAST CONTACT ________
FIRST NAME ________________ M.I. ______ SOC. SEC./TAX I.D. NO. ________
OWNER CODE ______ OWNER DATE ___/___/___ REFERENCE NO. ________
BUS. NAME ________________ PROPERTY TYPE ________
ADDRESS ________________ TOTAL AMT. DUE OWNER ________
CITY ________________ LAWFUL CHARGES ________
STATE ______ ZIP ______ COUNTRY ______ SAFE DEPOSIT BOX NO. ________
IN CARE OF ________________ LIEN AMOUNT ________

(UDS -1A REV. 4/98)