Name:	Steven Lee				
Title:	President				
Agency Agreement/Contract#	24-ST-47				
Total Contract Amount	\$11,215	\$11,215			
Contract Term:	10/01/2023 - 09/30	/2024			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget. Name:	amounts listed above are tru Stacie A. Larson	ie and accurate and in accor	dance with the approved		
Signature:	She of the state o				
	Director This				
	10/31/2024				
Date:	10/31/2024				

Name:	Marilyn Sandoz	Marilyn Sandoz			
Title:	Vice-President				
Agency Agreement/Contract#	24-ST-47				
Total Contract Amount	\$11,215				
Contract Term:	10/01/2023 - 09/30	/2024			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget. Name:	amounts listed above are tru	e and accurate and in accor	dance with the approved		
Signature:	Jacie Hayn				
150 Lawrence 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Director				
Jutei					

Name:	Maria Hannon			
Title:	Secretary			
Agency Agreement/Contract#	24-ST-47			
Total Contract Amount	\$11,215			
Contract Term:	10/01/2023 - 09/30/	2024		
Invoice Number				
Invoice Period				
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Amount Paid to Date				
CERTIFICATION: I certify that the budget.	amounts listed above are true	e and accurate and in accor	dance with the approved	
Name:	Stacie A. Larson			
Signature:	Sais Staim	_		
Title:	Director			
Date:	10/31/2024			

Name:	Andrew Harrison			
Title:	Treasurer			
Agency Agreement/Contract #	24-ST-47			
Total Contract Amount	\$11,215			
Contract Term:	10/01/2023 - 09/30/	2024		
Invoice Number				
Invoice Period				
Line Item	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds	
Budget Category Salaries	0 Allocated	0 0	Pullus 0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
· · · · · · · · · · · · · · · · · · ·				
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Amount Paid to Date				
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved	
Name:	Stacie A. Larson			
Signature:	Sacie (Jaison			
	Director 9			
Date:	10/31/2024			

Name:	Robert Allen				
Title:	Chair, Board of Trustees				
Agency Agreement/Contract#	24-ST-47	24-ST-47			
Total Contract Amount	\$11,215				
Contract Term:	10/01/2023 - 09/30/	2024			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved		
Name:	Stacie A. Larson				
Signature:	· Jaci & Taym				
Title:	Director				
Date:	10/31/2024				

Name:	Kristen Johnson			
Title:	Vice Chair, Board of Trustees			
Agency Agreement/Contract#	24-ST-47			
Total Contract Amount	\$11,215			
Contract Term:	10/01/2023 - 09/30/	2024		
Invoice Number				
Invoice Period	_		9	
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Amount Paid to Date	(4)			
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved	
Name:	Stacie A. Larson	Ψ.		
Signature:	Sacie / Tayon			
Title:	Director			
Date:	10/31/2024			

Name:	Frank Allen			
Title:	Trustee			
Agency Agreement/Contract#	24-ST-47			
Total Contract Amount	\$11,215			
Contract Term:	10/01/2023 - 09/30	/2024		
Invoice Number				
Invoice Period				
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Amount Paid to Date				
CERTIFICATION: I certify that the budget.	amounts listed above are tru Stacie A. Larson	e and accurate and in accor	dance with the approved	
Signature:	Jacie Haison		7	
	Director Director			
F	10/31/2024			
Date.	10/3/1/2024			

Name:	David Baker			
Title:	Trustee			
Agency Agreement/Contract#	24-ST-47			
Total Contract Amount	\$11,215	\$11,215		
Contract Term:	10/01/2023 - 09/30/	2024		
Invoice Number	9			
Invoice Period				
Line Item	Total Amount	Total Amount	Amount Paid from State	
Budget Category	Allocated	Paid	Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Wicais	0	0	0	
Amount Paid to Date				
Amount Palu to Date				
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved	
Name:	Stacie A. Larson			
Signature:	Pacie / taism			
Title:	Director			
Date:	10/31/2024			

Name:	Erin Baker				
Title:	Trustee				
Agency Agreement/Contract#	24-ST-47	24-ST-47			
Total Contract Amount	\$11,215	\$11,215			
Contract Term:	10/01/2023 - 09/30/	2024			
Invoice Number					
Invoice Period	_				
Line Item	Total Amount	Total Amount	Amount Paid from State		
Budget Category	Allocated	Paid	Funds		
Salaries	0	0	0		
Fringe Benefits	U	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
S.: 1. (All			7		
Reimbursements/Allowances					
Moving Expenses	0 .	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
*					
Amount Paid to Date					
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved		
ŀ	Stacie A. Larson				
Signature:	Jacie (Jayson				
	Director 1				
Date:	10/31/2024				

Name:	Patty Brennan			
Title:	Trustee			
Agency Agreement/Contract#	24-ST-47			
Total Contract Amount	\$11,215			
Contract Term:	10/01/2023 - 09/30/	2024		
Invoice Number				
Invoice Period				
Line Item	Total Amount	Total Amount	Amount Paid from State	
Budget Category	Allocated	Paid	Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances		ja ja		
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Amount Paid to Date				
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved	
	Stacie A. Larson			
Signature	Jace Jason			
	Director /			
Date: 10/31/2024				

Name:	Liz Doyle			
Title:	Trustee			
Agency Agreement/Contract#	24-ST-47			
Total Contract Amount	\$11,215	\$11,215		
Contract Term:	10/01/2023 - 09/30/	2024		
Invoice Number				
Invoice Period				
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Amount Paid to Date				
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved	
· ·	Stacie A. Larson			
Signature:	Jacie / Kalson			
}	Director			
Date:	10/31/2024			

Name:	Scot French			
Title:	Trustee			
Agency Agreement/Contract #	24-ST-47			
Total Contract Amount	\$11,215			
Contract Term:	10/01/2023 - 09/30	/2024		
Invoice Number				
Invoice Period				
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	. 0	0	
Meals	0	0	0	
Amount Paid to Date				
CERTIFICATION: I certify that the budget.	amounts listed above are tro	ue and accurate and in accor	dance with the approved	
Name:	Stacie A. Larson			
Signature: /	Sacril Lousa	1		
- ()	Director	and the same of th		
1				
5,3351				

Name:	Laurie Fuller				
Title:	Trustee				
Agency Agreement/Contract#	24-ST-47	24-ST-47			
Total Contract Amount	\$11,215	\$11,215			
Contract Term:	10/01/2023 - 09/30/	/2024			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved		
Name: [Stacie A. Larson				
Signature:	Licie & Kayon				
Title:	Director				
Date:	10/31/2024				

Name:	Mary-Jeanine Ibarguen				
Title:	Trustee				
Agency Agreement/Contract#	24-ST-47	24-ST-47			
Total Contract Amount	\$11,215				
Contract Term:	10/01/2023 - 09/30/	2024			
Invoice Number					
Invoice Period		(%)			
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved		
	Stacle A. Larson				
Signature:	April Marson				
	Director				
Date:	10/31/2024				

Name:	Cari Rotenberger				
Title:	Trustee				
Agency Agreement/Contract#	24-ST-47	24-ST-47			
Total Contract Amount	\$11,215				
Contract Term:	10/01/2023 - 09/30	/2024			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.					
1	Stacie A. Larson				
Signature:	Disciff Jalson				
	Title: Director				
Date: 10/31/2024					

Name:	Kay Yeuell			
Title:	Trustee			
Agency Agreement/Contract #	24-ST-47			
Total Contract Amount	\$11,215			
Contract Term:	10/01/2023 - 09/30/	2024		
Invoice Number				
Invoice Period				
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds	
Salaries	0	0	0	
Fringe Benefits	0	0	0	
Bonuses	0	0	0	
Accrued Paid Time Off	0	0	0	
Severance Payments	0	0	0	
Retirement Contributions	0	0	0	
In-Kind Payments	0	0	0	
Incentive Payments	0	0	0	
Reimbursements/Allowances				
Moving Expenses	0	0	0	
Transportation Costs	0	0	0	
Telephone Services	0	0	0	
Medical Services Costs	0	0	0	
Housing Costs	0	0	0	
Meals	0	0	0	
Amount Paid to Date				
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved	
Name:	Stacie A. Larson			
Signature:	Sacre / Jayson			
Title: \	Director			
Date:	10/31/2024			

Name:	Steven Lee				
Title:	President				
Agency Agreement/Contract#	25-ST-47				
Total Contract Amount	TBD	TBD			
Contract Term:	10/01/2024 - 09/30	/2025			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
A 100					
Amount Paid to Date					
CERTIFICATION: I certify that the budget.		ue and accurate and in accor	dance with the approved		
1-00	Stacie A. Larson				
Signature:	1				
h	Director				
Date:	10/31/2024				

Name:	Marilyn Sandoz				
Title:	Vice-President				
nue.					
Agency Agreement/Contract #	25-ST-47	25-ST-47			
Total Contract Amount	TBD	TBD			
Contract Term:	10/01/2024 - 09/30	/2025			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
Signature: /	stacie A. Larson Director		dance with the approved		

Jace.	10/01/2024				

Name:	Maria Hannon				
Title:	Secretary				
Agency Agreement/Contract #	25-ST-47	25-ST-47			
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/	2025	-		
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0 0 0			
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved		
Name:	Stacje A. Larson //				
Signature:	Agail / Touson				
Title:	Director				
Date:	10/31/2024				

Name:	Andrew Harrison				
Title:	Treasurer				
Agency Agreement/Contract #	25-ST-47	25-ST-47			
Total Contract Amount	TBD	TBD			
Contract Term:	10/01/2024 - 09/30/	2025			
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.					
	Stacle A. Larson				
Signature	Director Jarson				
+	Director 10/21/2024				
Date:	10/31/2024				

Name:	Robert Allen				
Title:	Chair, Board of Trustees				
Agency Agreement/Contract#	25-ST-47	25-ST-47			
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/	2025			
Invoice Number					
Invoice Period					
Line Item	Total Amount	Total Amount	Amount Paid from State		
Budget Category	Allocated	Paid	Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0	0	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
195					
Amount Paid to Date					
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved		
1	Stacre A. Larson				
Signature:	Haci Garn				
1	Director /				
Date:	10/31/2024				

Name:	Kristen Johnson				
Title:	Vice Chair, Board of Trustees				
Agency Agreement/Contract#	25-ST-47	25-ST-47			
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/	/2025			
Invoice Number					
Invoice Period					
Line Item	Total Amount	Total Amount	Amount Paid from State		
Budget Category	Allocated	Paid	Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved		
i i	Stacie A. Larson				
Signature:	Jacie (Jacon				
	Director -				
Date:	10/31/2024				

Name:	Frank Allen				
Title:	Trustee				
Agency Agreement/Contract#	25-ST-47	25-ST-47			
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/	2025			
Invoice Number					
Invoice Period					
Line Item	Total Amount Allocated	Total Amount Paid	Amount Paid from State		
Budget Category Salaries	0 Allocated	0 Paid	Funds 0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved		
1	Stacie A. Larson				
Signature:	Jacie (Jaison				
1	Director				
Date:	10/31/2024				

Name:	David Baker				
Title:	Trustee				
Agency Agreement/Contract#	25-ST-47				
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/	10/01/2024 - 09/30/2025			
Invoice Number					
Invoice Period			a		
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved		
Name: [Stagie A. Larson				
Signature;	Jaci Kayon				
Title:	Director				
Date:	10/31/2024				

Name:	Erin Baker				
Title:	Trustee				
Agency Agreement/Contract#	25-ST-47				
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/2025				
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.	4	e and accurate and in accor	dance with the approved		
· · · · · · · · · · · · · · · · · · ·	Stacie A. Larson				
Signature:	Hocie / Harson				
	Director				
Date:	10/31/2024				

Name:	Patty Brennan				
Title:	Trustee				
Agency Agreement/Contract #	25-ST-47				
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/2025				
Invoice Number					
Invoice Period					
Line Item	Total Amount	Total Amount	Amount Paid from State		
Budget Category Salaries	Allocated	Paid	Funds		
	0	0	0		
Fringe Benefits Bonuses	0 0 0				
Accrued Paid Time Off	0 0 0				
Severance Payments	0	0	0		
Retirement Contributions	0 0 0				
In-Kind Payments	0 0 0				
Incentive Payments	0 0 0				
incentive Fayments	U	U	0		
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.	amounts listed above are tru Ștagie A. Larșon	e and accurate and in accor	dance with the approved		
Signature:	Loui / Larson				
4	Director				
	10/31/2024				
Date.	10/01/2027				

Name:	Liz Doyle				
Title:	Trustee				
Agency Agreement/Contract#	25-ST-47				
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/2025				
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0	0	0		
In-Kind Payments	0	0	0		
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
57					
Amount Paid to Date					
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved		
	Stacie A. Larson				
Signature:	Jacie / Jacson				
I	Director //				
Date:	10/31/2024				

Name:	Scot French					
Title:	Trustee					
Agency Agreement/Contract#	25-ST-47					
Total Contract Amount	TBD					
Contract Term:	10/01/2024 - 09/30/	10/01/2024 - 09/30/2025				
Invoice Number						
Invoice Period						
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds			
Salaries	0	0	0			
Fringe Benefits	0	0	0			
Bonuses	0	0	0			
Accrued Paid Time Off	0	0 0 0				
Severance Payments	0	0	0			
Retirement Contributions	0	0 0 0				
In-Kind Payments	0	0 0 0				
Incentive Payments	0 0 0					
Reimbursements/Allowances						
Moving Expenses	0	0	0			
Transportation Costs	0	0	0			
Telephone Services	0	0	0			
Medical Services Costs	0	0	0			
Housing Costs	0	0	0			
Meals	0	0	0			
Amount Paid to Date						
CERTIFICATION: I certify that the budget.		e and accurate and in accord	dance with the approved			
Name:	Stacie A. Larson					
Signature:	Jacie Hasm					
	Director ()					
Date:	10/31/2024					
-						

Name:	Laurie Fuller				
Title:	Trustee				
Agency Agreement/Contract#	25-ST-47				
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/2025				
Invoice Number					
Invoice Period					
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0	0	0		
Accrued Paid Time Off	0	0	0		
Severance Payments	0	0	0		
Retirement Contributions	0 0 0				
In-Kind Payments	0 0 0				
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the budget.	amounts listed above are tru	e and accurate and in accor	dance with the approved		
Signature:					
<u></u>	Prosto				
1	Difrector 10/31/2024				
Date.	10/01/2024				

Name:	Mary-Jeanine Ibarguen				
Title:	Trustee				
Agency Agreement/Contract#	25-ST-47				
Total Contract Amount	TBD				
Contract Term:	10/01/2024 - 09/30/2025				
Invoice Number					
Invoice Period					
Line Item	Total Amount	Total Amount	Amount Paid from State		
Budget Category	Allocated	Paid	Funds		
Salaries	0	0	0		
Fringe Benefits	0	0	0		
Bonuses	0 0 0				
Accrued Paid Time Off	0 0 0				
Severance Payments	0	0	0		
Retirement Contributions	0 0 0				
In-Kind Payments	0 0 0				
Incentive Payments	0 0 0				
Reimbursements/Allowances					
Moving Expenses	0	0	0		
Transportation Costs	0	0	0		
Telephone Services	0	0	0		
Medical Services Costs	0	0	0		
Housing Costs	0	0	0		
Meals	0	0	0		
Amount Paid to Date					
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget. Name: Stacie A. Larson Signature: Hayan					
Title: \	Director				
Date:	10/31/2024				

Name:	Cari Rotenberger					
Title:	Trustee					
Agency Agreement/Contract#	25-ST-47					
Total Contract Amount	TBD					
Contract Term:	10/01/2024 - 09/30/	2025				
Invoice Number						
Invoice Period						
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds			
Salaries	0	0	0			
Fringe Benefits	0	0	0			
Bonuses	0 0 0					
Accrued Paid Time Off	0	0	0			
Severance Payments	0 0 0					
Retirement Contributions	0					
In-Kind Payments	0 0 0					
Incentive Payments	0 0 0					
1 / Mag 2 / 4/			11-			
Reimbursements/Allowances						
Moving Expenses	0	0	0			
Transportation Costs	0	0	0			
Telephone Services	0	0	0			
Medical Services Costs	0	0	0			
Housing Costs	0	0	0			
Meals	0	0	0			
Amount Paid to Date						
CERTIFICATION: I certify that the budget.		e and accurate and in accor	dance with the approved			
ì	Stacie A. Larson /					
Signature:	Journ Journ					
	Director //					
Date:	10/31/2024					

Name:	Kay Yeuell					
Title:	Trustee					
Agency Agreement/Contract#	25-ST-47					
Total Contract Amount	TBD					
Contract Term:	10/01/2024 - 09/30/2025					
Invoice Number						
Invoice Period						
Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds			
Salaries	0	0	0			
Fringe Benefits	0	0	0			
Bonuses	0	0	0			
Accrued Paid Time Off	0	0	0			
Severance Payments	0	0	0			
Retirement Contributions	0	0	0			
In-Kind Payments	0					
Incentive Payments	0 0 0					
Reimbursements/Allowances						
Moving Expenses	0	0	0			
Transportation Costs	0	0	0			
Telephone Services	0	0	0			
Medical Services Costs	0	0	0			
Housing Costs	0	0	0			
Meals	0	0	0			
Amount Paid to Date						
CERTIFICATION: I certify that the budget. Name:	amounts listed above are tru Stagie A. Larson	e and accurate and in accor	dance with the approved			
Signature:	Jacei / Jouson					
Title:	Director /					
Date:	10/31/2024					
	N 1					