EXHIBIT B

QUARTERLY PROGRAM REPORTING

Submission of the KYHMIS CoC-APR for the following reporting periods:

- a. July 1, 2022 September 31, 2022
- b. July 1, 2022 December 31, 2022
- c. July 1, 2022 March 31, 2023
- d. July 1, 2022 June 30, 2023

QUARTERLY FINANCIAL REPORTING

| QUARTERLY FINANCIAL REPORTING | | | | | | | | | | | |
|---|--|----|------------------|-----------|------------------|-----------|----------------|-----------|---------------|-----------|----------|
| All financial statements must be supported with documentation kept at the Organization. No supporting | documentation is required with subm Due July 2022 | | | | · — | | | Dua Assa | | B tul | 2022 |
| | A B C | | Due October 2022 | | Due January 2023 | | Due April 2023 | | Due July 2023 | | |
| | Total ES | II | Non-city | Quarter 1 | Non-City | Quarter 2 | Non-Cit | Quarter 3 | Non-Cit | Quarter 4 | Non-City |
| | Budget | II | Funding | LFUCG | Funding | | Funding | | Funding | | Funding |
| 1. STAFF SALARIES | | | 3 | | | | | | | | |
| Staff Name Title FTE % Prog Amt/mo # months Annually | | | | | | | | | | | |
| | | | | | | | | | | | |
| PROGRAM STAFF SALARIES TOTALS | | | | | | | | | | | |
| 2. STAFF FRINGE BENEFITS | | | | | | | | | | | |
| Health, Dental, Vision, Life, Long and Short Term Disability Insurance (19.9% of total pay) | | | | | | | | | | | |
| FICA (7.65% of total pay) | | | | | | | | | | | |
| 401 match from employer (4.5% avg of total pay, immediate vesting) | | | | | | | | | | | |
| Other personnel costs: includes incentives for health services and attendance (1.5% of total pay) | | | | | | | | | | | |
| Workers Comp (1.2% of total pay) | | | | | | | | | | | |
| SUI (.6% of total pay) | | | | | | | | | | | |
| TOTAL FRINGE BENEFITS (35.35% of total pay) | | | | | | | | | | | |
| 4. SPACE/FACILITIES | | | | | | | | | | | |
| TOTAL SPACE/FACILTIES | | | | | | | | | | | |
| E ODEDATING EVDENCES | | | | | | | | | | | |
| <u>5. OPERATING EXPENSES</u> Food and Beverage | | Ī | | | | | | | | | |
| Kitchen Supplies | | | | | | | | | | | |
| Telephone Service | | | | | | | | | | | |
| Office Supplies | | | | | | | | | | | |
| Program Supplies | | | | | | | | | | | |
| Clinic Supplies | | | | | | | | | | | |
| Copiers/Equipment Rental | | | | | | | | | | | |
| Computer Repairs/Maintenance | | | | | | | | | | | |
| Mileage | | | | | | | | | | | |
| Vehicle Repair and Maint. Vehicle Insurance | | | | | | | | | | | |
| Gas for Vehicles | | | | | | | | | | | |
| Professional Liability Insurance | | | | | | | | | | | |
| TOTAL OPERATING EXPENSES | | | | | | | | | | | |
| | | - | | | | | | | | | |
| 7. OTHER | | | | | | | | | | | |
| | | | | | | | | | | | |

TOTAL OTHER EXPENSES

PROGRAM TOTAL BUDGET

