

OMAHA-COUNCIL BLUFFS METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street, Omaha, NE 68102-4328
(402) 444-6866

FINANCE COMMITTEE
January 18, 2017 - 8:30 a.m.
AGENDA

This meeting of the Metropolitan Area Planning Agency Finance Committee will be conducted in compliance with the Nebraska Statutes of the Open Meeting Act. The Open Meeting Act is available for reference upon request.

A. MONTHLY FINANCIAL STATEMENTS (October & November)

1. [Bank Reconciliation \(American National Bank\) and Statements on Investments](#)
2. [Receipts and Expenditures](#)
3. [Schedule of Accounts Receivable/Accounts Payable](#)
4. [Consolidated Balance Sheet](#)
5. [Program Status Report/Line Item Status Report](#)

B. FOR FINANCE COMMITTEE APPROVAL

1. Contract Payments:
 - a. [Heartland Family Services – PMT #33 - \\$2,293.19](#)
 - b. [Steve Jensen – PMT #7 - \\$3,737.50](#)
 - c. [Florence Home – PMT #1 - \\$12,843.00](#)
 - d. [Olsson Associates – PMT #8 - \\$11,126.32](#)
 - e. [Olsson Associates – PMT #9 - \\$3,785.88](#)
 - f. [Olsson Associates – PMT #10 - \\$9,393.84](#)
 - g. [Sarpy County Planning & GIS – PMT #2 - \\$15,818.71](#)
 - h. [Live Well Omaha – Bike Safety Ed – PMT #25 - \\$3,070.58](#)
 - i. [Live Well Omaha – CMAQ – PMT #6 - \\$1,801.97](#)
2. Contract Payments with exceptions:
 - a. [Lovgren – PMT #10 - \\$8,713.39](#)
 - b. [Lovgren – PMT #11 - \\$2,659.25](#)
 - c. [Omaha Planning – PMT 2 – Not to Exceed \\$15,499.01](#)
3. New Contracts:
 - a. [Gretna Downtown Revitalization Admin - \\$3,000.00](#)

C. RECOMMENDATIONS TO THE BOARD

1. Final Contract Payments:

- a. [Hamilton Associates - \\$3,485.00](#)
- b. [Heartland Family Services – PMT #34 - \\$1,138.93](#)
- c. [Exis Design Shop - \\$3,000.00](#)

2. New Contracts:

- a. [Mils County Disaster Resilience Administration - \\$101,769.00](#)
- b. [Black Hills Workshop JARC - \\$21,681.00](#)

3. FY 2018

- a. [County Dues Requests](#)
- b. [Budget Schedule](#)

D. DISCUSSION/INFORMATION

- 1. FY 2017 Audit
- 2. Cass County Update

E. OTHER

F. ADJOURNMENT



**METROPOLITAN AREA PLANNING AGENCY
BANK RECONCILIATION STATEMENT
October 2016**

AMERICAN NATIONAL BANK

Balance per bank, October 31, 2016		\$777,880.89
Less: Checks Outstanding (10/31/16)	\$256,855.92	<u>(\$256,855.92)</u>
Cash in bank October 31, 2016		<u>\$521,024.97</u>
 General Ledger Balance, September 30, 2016		 \$677,870.25
Cash Receipts		\$239,676.27
Add: Transfer from NPAIT		\$5,457.31
Less:		
Checks (10/2016)	\$265,428.14	
ACH Payroll (10/2016)	\$65,740.20	
ACH Federal Payroll Taxes	\$22,784.74	
Nationwide Payroll Contribution	\$13,589.08	
Blue Cross Blue Shield of NE Health Ins.	\$18,192.25	
Nebraska State withholding Tax	\$3,396.17	
Postalia	\$0.00	
Bank Charges	\$16.75	
Quarterly SUTA	\$0.00	
Nebraska Sales tax	\$0.00	
Pay Flex (10/2016)	\$329.91	
ACH VISA card (10/2016)	\$11,901.62	
Sales Tax Refund	-\$203.84	
Auto - Gas/Maintenance	\$139.60	
Data Processing	\$97.97	
Forums	\$1,403.28	
Annual COO Meeting	\$286.60	
Heartland 2050 Event	\$1,116.68	
Membership - Reference Materials	\$202.60	
Miscellaneous Expenses	\$10.00	
Officials Expense	\$134.47	
Supplies	\$221.37	
Telephone	\$131.28	
Travel & Conferences	\$9,764.89	
Heartland 2050 Site Visit	\$6,866.60	
NADO	\$936.31	
CDBG training	\$113.12	
NROC Conference	\$744.05	
NARC Exec.Dir. Conference	\$563.85	
Iowa Econ.Dev. & Transp. RPA & MPO Mtgs.	\$415.96	
Nonprofit Assoc. of the Midlands Summit	\$125.00	
Transfer to NPAIT-Capitol Reserve	\$600.00	
		<u>\$401,978.86</u>
 General Ledger Balances, October 31, 2016		 <u>\$521,024.97</u>
Less deposits held for other jurisdictions		<u>(\$74,855.10)</u>
Available Cash Balance		<u>\$446,169.87</u>

**METROPOLITAN AREA PLANNING AGENCY
BANK RECONCILIATION STATEMENT
November 2016**

AMERICAN NATIONAL BANK

Balance per bank, November 30, 2016		\$305,551.18
Less: Checks Outstanding (11/30/16)	\$22,235.19	<u>(\$22,235.19)</u>
Cash in bank November 30, 2016		<u>\$283,315.99</u>
 General Ledger Balance, October 31, 2016		 \$521,024.97
Cash Receipts		\$144,355.09
Less:		
Checks (11/2016)		\$223,775.26
ACH Payroll (11/2016)		\$71,885.87
ACH Federal Payroll Taxes		\$28,099.87
Nationwide Payroll Contribution		\$13,229.39
Blue Cross Blue Shield of NE Health Ins.		\$18,815.47
Nebraska State withholding Tax		\$3,324.89
Postalia		\$200.00
Bank Charges		\$39.31
Quarterly SUTA		\$136.08
Nebraska Sales tax		\$0.00
Pay Flex (11/2016)		\$1,837.48
ACH VISA card (11/2016)		\$20,120.45
Auto - Gas/Maintenance	\$53.41	
Data Processing	\$4,830.23	
MAPA website mapping software annual maintance	\$1,630.23	
Google Apps for Business renewal	\$3,000.00	
Forums		\$5,418.78
COO Annual Meeting	\$5,269.34	
Other	\$149.44	
Membership - Reference Materials		\$182.00
Supplies		\$627.87
Standing Desks	\$599.97	
Other	\$27.90	
Telephone		\$71.60
Travel & Conferences		\$9,136.56
Heartland 2050 Site Visit	\$8,927.31	
Other	\$209.25	
Transfer to NPAIT-Capitol Reserve		\$600.00
		<u>\$382,064.07</u>
 General Ledger Balances, November 30, 2016		 \$283,315.99
Due From NPAIT Special Projects		\$174,150.00
Less deposits held for other jurisdictions		<u>(\$80,755.10)</u>
Available Cash Balance		<u>\$376,710.89</u>

**STATEMENT ON INVESTMENT
Treasury Bills**

Equity	CD	9/11/2017	Securities America	\$ 100,408.00	\$ 100,000.00	1.350%
Deferred Payroll	Money Market		Securities America	\$ 9,928.09	\$ 9,928.09	0.010%
Deferred Payroll	CD	9/4/2018	Securities America	\$ 101,398.00	\$ 100,000.00	1.650%
Deferred Payroll	CD	7/23/2019	Securities America	\$ 1,075.73	\$ 1,050.00	2.100%
Equity	CD	7/23/2019	Securities America	\$ 106,496.78	\$ 103,950.00	2.100%
Equity	CD	5/1/2020	Securities America	\$ 50,937.50	\$ 50,000.00	1.750%
Accrued Interest					1,510.29	
Total				\$	<u>371,754.38</u>	

NPAIT INVESTMENTS

MAPA	General	Capitol	Ortho Quads	Sarpy Co.	Special Projects	TOTAL
	MAPA	MAPA	(Aerial Photo)	Revoloving Loan Fund	MAPA	MAPA
Acct #	001	002	004	005	008	
9/30/16 Beg Balance	310,827.68	45,961.71	58,017.40	46,271.93	204,273.57	665,152.27
10/2016 Sponsor Fees	166.38					166.38
10/2016 Interest	39.54	5.90	7.38	5.89	25.99	84.70
Transfer from General checking		600.00				600.00
	<u>310,833.58</u>	<u>46,567.61</u>	<u>58,024.78</u>	<u>46,277.82</u>	<u>204,299.56</u>	<u>666,003.35</u>
Less Reserve for other projects	3,889.00					
Available for the Agency	<u>306,944.58</u>					

MAPA Foundation	Foundation	NDO	Washington Co.	TOTAL
	MAMA		Revoloving Loan Fund	MAPA Foundaton
Acct #	003	006	007	
9/30/16 Beg Balance	32,881.59	110,077.47	183,895.79	326,854.85
10/2016 Sponsor Fees				
10/2016 Interest	4.18	13.43	23.40	41.01
Transfer from General checking		298.00		298.00
Redemption		(5,457.21)		
	<u>32,885.77</u>	<u>104,931.69</u>	<u>183,919.19</u>	<u>327,193.86</u>

**STATEMENT ON INVESTMENT
Treasury Bills**

Equity	CD	9/11/2017	Securities America	\$ 100,347.00	\$ 100,000.00	1.350%
Deferred Payroll	Money Market		Securities America	\$ 10,369.27	\$ 10,369.27	0.010%
Deferred Payroll	CD	9/4/2018	Securities America	\$ 101,207.00	\$ 100,000.00	1.650%
Deferred Payroll	CD	7/23/2019	Securities America	\$ 1,073.35	\$ 1,050.00	2.100%
Equity	CD	7/23/2019	Securities America	\$ 106,261.85	\$ 103,950.00	2.100%
Equity	CD	5/1/2020	Securities America	\$ 50,819.50	\$ 50,000.00	1.750%
Accrued Interest					1,568.92	
Total					<u>\$ 371,646.89</u>	

NPAIT INVESTMENTS

MAPA	General	Capitol	Ortho Quads	Sarpy Co. Revolving	Special Projects	TOTAL
	MAPA	MAPA	(Aerial Photo)	Loan Fund	MAPA	MAPA
Acct #	001	002	004	005	008	
10/31/16 Beg Balance	310,833.58	46,567.61	58,024.78	46,277.82	204,299.56	666,003.35
11/2016 Sponsor Fees	128.33					128.33
11/2016 Interest	39.33	5.95	7.34	5.85	25.84	84.31
Transfer from General checking		600.00				600.00
	<u>311,001.24</u>	<u>47,173.56</u>	<u>58,032.12</u>	<u>46,283.67</u>	<u>204,325.40</u>	<u>666,815.99</u>
Less Reserve for other projects	3,889.00					
Available for the Agency	<u>307,112.24</u>					

MAPA Foundation	Foundation	NDO	Washington Co.	TOTAL
	MAMA		Revolving Loan Fund	MAPA Foundaton
Acct #	003	006	007	
9/30/16 Beg Balance	32,885.77	104,931.59	183,919.19	321,736.55
10/2016 Sponsor Fees				
10/2016 Interest	4.16	13.29	23.26	40.71
Transfer from General checking		298.00		298.00
	<u>32,889.93</u>	<u>105,242.88</u>	<u>183,942.45</u>	<u>322,075.26</u>

Metropolitan Area Planning Agency
Cash Receipts Report
 October 2016

Date	Type	Payer	Receipt Number	Deposit Number	Amount
10/4/2016	Received EFT	IOWA DEPARTMENT OF TRANSPORTATION	678	478	\$1,000.00
10/7/2016	Check	American National Bank	679	479	\$1,000.00
10/7/2016	Check	City of Omaha	680	479	\$400.00
10/7/2016	Check	Pottawattamie County, Iowa	681	479	\$2,000.00
10/7/2016	Check	Dearborn National	682	479	\$13.50
10/7/2016	Check	Shelby County	683	479	\$398.00
10/7/2016	Check	Bruce Fountain	329	480	\$50.00
10/7/2016	Check	Carol Vinton	330	480	\$25.00
10/7/2016	Check	Cassandra Paben	331	480	\$25.00
10/7/2016	Check	Tracie Youell	332	480	\$25.00
10/7/2016	Check	Carol Robertson	333	480	\$25.00
10/7/2016	Check	Rick Sanders	334	480	\$25.00
10/7/2016	Check	John Yochum	335	480	\$25.00
10/7/2016	Check	Gretna General Fund	336	480	\$100.00
10/7/2016	Check	HGM Associates Inc.	337	480	\$25.00
10/7/2016	Check	HGM Associates Inc.	338	480	\$25.00
10/7/2016	Check	HGM Associates Inc.	339	480	\$25.00
10/17/2016	Received EFT	NDOR- CMAQ	684	481	\$59,758.16
10/17/2016	Check	City of Walnut	685	482	\$6,207.88
10/17/2016	Check	Omaha Public Power District	686	482	\$400.00
10/17/2016	Check	Omaha Community Foundation	687	482	\$400.00
10/17/2016	Check	Holly Barber	342	483	\$25.00
10/19/2016	Received EFT	FEDERAL TRANSIT ADMINISTRATION	688	484	\$2,429.00
10/20/2016	Received EFT	NDOR- Bike Education (Live Well)	689	485	\$8,644.73
10/24/2016	Received EFT	FEDERAL TRANSIT ADMINISTRATION	690	486	\$155,025.00
10/28/2016	Check	Verdis Group	691	487	\$400.00
10/28/2016	Check	Mayor Rita Sanders	692	487	\$400.00
10/28/2016	Check	Sarpy County	693	487	\$25.00
10/28/2016	Check	Mayor Matt Walsh	694	487	\$400.00
10/28/2016	Check	Omaha Airport Authority	695	487	\$25.00
10/28/2016	Check	City of Council Bluffs	696	487	\$25.00
10/28/2016	Check	Council Bluffs Area Chamber of Commerce	697	487	\$325.00
					<u><u>\$239,676.27</u></u>

Account ID	Account Description	Grants	Total Credits
10-1100	Accounts Receivable	<No Grants>	\$239,276.27
10-4500	Forums/Annual Dinner	16DUES01	\$400.00
			<u><u>\$239,676.27</u></u>

**Metropolitan Area Planning Agency
Cash Receipts Report
November 2016**

Date	Type	Payer	Receipt Number	Deposit Number	Amount
11/1/2016	Received EFT	ENVIRONMENTAL PROTECTION AGENCY	698	488	\$46,697.40
11/3/2016	Received EFT	FEDERAL TRANSIT ADMINISTRATION	699	489	\$2,420.00
11/4/2016	Received EFT	ECONOMIC DEVELOPMENT ADMINISTRATION	700	490	\$15,000.00
11/4/2016	Received EFT	ECONOMIC DEVELOPMENT ADMINISTRATION	701	490	\$1,500.00
11/4/2016	Check	Metro Transit	702	491	\$1,723.38
11/4/2016	Check	Steve Cutris	703	491	\$400.00
11/4/2016	Check	Jay Lund	704	491	\$400.00
11/4/2016	Check	City of La Vista	705	491	\$100.00
11/7/2016	Received EFT	NDOR- Bike Education (Live Well)	706	492	\$9,832.38
11/10/2016	Check	Pottawattamie County, Iowa	707	493	\$1,364.18
11/10/2016	Check	Peter Kiewit Foundation	708	493	\$5,900.00
11/22/2016	Received EFT	IOWA DEPARTMENT OF TRANSPORTATION	709	494	\$41,037.00
11/22/2016	Received EFT	IOWA DEPARTMENT OF TRANSPORTATION	710	494	\$10,536.00
11/22/2016	Check	City of Underwood	711	495	\$100.00
11/22/2016	Check	OAKLAND	712	495	\$200.00
11/22/2016	Check	City of La Vista	713	495	\$1,500.00
11/22/2016	Check	Shamrock Development	714	495	\$1,000.00
11/22/2016	Check	Olsson Associates	715	495	\$1,500.00
11/28/2016	Received EFT	NDOR- Bike Education (Live Well)	716	496	\$3,144.75
					<u>\$144,355.09</u>

Account ID	Account Description	Grants	Total Credits
10-1100	Accounts Receivable	<No Grants>	\$144,355.09
			<u>\$144,355.09</u>

Metropolitan Area Planning Agency
Bank Register Report - Operating Account
 October 2016

Transaction Number	Transaction Date	Reference	Payments
15797	10/5/2016	Bishop Business	\$3,158.66
15798	10/5/2016	Chuck Karpf	\$80.76
15799	10/5/2016	Council Bluffs Area Chamber of Commerce	\$325.00
15800	10/5/2016	Court Barber	\$44.78
15801	10/5/2016	The Daily Nonpareil	\$58.75
15802	10/5/2016	The Daily Record	\$19.70
15803	10/5/2016	DAS State Accounting - Central Finance	\$49.94
15804	10/5/2016	Douglas County GIS	\$8,000.00
15805	10/5/2016	First Nebr. Educators Credit U	\$200.00
15806	10/5/2016	Greg Youell	\$48.09
15807	10/5/2016	Heartland Family Services	\$2,428.60
15808	10/5/2016	Iowa Assoc. of Regional Councils	\$3,300.00
15809	10/5/2016	Iowa Department of Public Health	\$60.00
15810	10/5/2016	Josh Corrigan	\$590.02
15811	10/5/2016	Matt Roth	\$90.59
15812	10/5/2016	Megan Walker	\$24.97
15813	10/5/2016	Metro	\$7,152.80
15814	10/5/2016	Michael Helgerson	\$66.46
15815	10/5/2016	Nebraska Department of Economic Development	\$100.00
15816	10/5/2016	Nebraska Investment Finance Authority	\$25.00
15817	10/5/2016	Payless Office Products, Inc.	\$63.57
15818	10/5/2016	PLIC-SBD Grand Island	\$959.88
15819	10/5/2016	Sean Jackson	\$400.00
15820	10/5/2016	Tenth and Bancroft, LLC	\$100.00
15821	10/5/2016	United Healthcare	\$92.86
15822	10/5/2016	United States Postal Service	\$266.65
15823	10/5/2016	United Way	\$111.25
15824	10/18/2016	Barnhart Press	\$2,020.00
15825	10/18/2016	Bishop Business	\$88.80
15826	10/18/2016	CenturyLink	\$53.92
15827	10/18/2016	The Daily Record	\$121.40
15828	10/18/2016	Douglas County Treasurer	\$108.97
15829	10/18/2016	FedEx	\$26.29
15830	10/18/2016	First Nebr. Educators Credit U	\$200.00
15831	10/18/2016	Kissel/ E&S Associates L.L.C.	\$833.33
15832	10/18/2016	Live Well Omaha	\$8,644.73
15833	10/18/2016	Omaha Douglas Public Bldg. Comm	\$4.50
15834	10/18/2016	Payless Office Products, Inc.	\$24.39
15835	10/18/2016	Standard Digital Imaging	\$40.12
15836	10/18/2016	United Way	\$111.25
15837	10/27/2016	Alfred Benesch & Co.	\$46,697.40
15838	10/27/2016	Francotyp-Postalia, Inc.	\$77.85
15839	10/27/2016	Heartland Family Services	\$2,419.79
15840	10/27/2016	Lovgren Marketing Group	\$80,790.37
15841	10/27/2016	Metro	\$75,679.22
15842	10/27/2016	Olsson Associates	\$19,667.48
			\$265,428.14

Metropolitan Area Planning Agency
Bank Register Report - Operating Account
October 2016

Check Disbursement Detail

Advertising	199.85
Auto - Gas/Maintenance	82.69
Contracts	241,907.80
Copier Lease/Charges	3,158.66
Copier Paper & Supplies	88.80
Data Processing	1,400.00
Employee Benefits/Withholding	1,675.24
Equipment Maintenance	77.85
Forums	144.78
Membership - Reference Materials	3,685.00
Office Rent	5,752.80
Pass Through Contracts - Planning	2,419.79
Postage	26.29
Prepaid Expenses	266.65
Printing	2,020.00
Professional Services	1,233.33
Supplies	199.05
Telephone	103.86
Travel & Conferences	985.70
	<u>\$265,428.14</u>

Metropolitan Area Planning Agency
Bank Register Report - Operating Account
 November 2016

Transaction Number	Transaction Date	Reference	Payments
15843	11/3/2016	AFLAC	\$389.87
15844	11/3/2016	All Makes Office Equipment Co.	\$40.00
15845	11/3/2016	Chuck Karpf	\$31.09
15846	11/3/2016	The Daily Record	\$19.70
15847	11/3/2016	DAS State Accounting - Central Finance	\$21.10
15848	11/3/2016	Envision Utah	\$5,000.00
15849	11/3/2016	First Nebr. Educators Credit U	\$200.00
15850	11/3/2016	Francotyp-Postalia, Inc.	\$146.00
15851	11/3/2016	Grant Anderson	\$458.39
15852	11/3/2016	Hamilton Associates, P.C.	\$4,325.00
15853	11/3/2016	League of Nebraska Municipalities	\$62.15
15854	11/3/2016	Lila Franciscony	\$57.35
15855	11/3/2016	Matt Roth	\$61.04
15856	11/3/2016	Metro	\$7,102.80
15857	11/3/2016	Pictometry International Corp.	\$174,150.00
15858	11/3/2016	PLIC-SBD Grand Island	\$968.33
15861	11/3/2016	United Way	\$111.25
15862	11/3/2016	Toshiba Financial Services	\$592.00
15863	11/3/2016	United Healthcare	\$85.62
15864	11/9/2016	Live Well Omaha	\$9,832.38
15866	11/29/2016	AFLAC	\$389.87
15867	11/29/2016	BenefitPlansInc.	\$617.50
15868	11/29/2016	CenturyLink	\$53.92
15869	11/29/2016	Chuck Karpf	\$30.70
15870	11/29/2016	Columbus Telegram	\$26.09
15871	11/29/2016	Court Barber	\$88.44
15872	11/29/2016	The Daily Nonpareil	\$85.87
15873	11/29/2016	The Daily Record	\$81.30
15874	11/29/2016	DAS State Accounting - Central Finance	\$23.00
15875	11/29/2016	The Douglas County Post-Gazette	\$25.00
15876	11/29/2016	Douglas County Treasurer	\$536.71
15877	11/29/2016	Enterprise Publishing Company	\$69.49
15878	11/29/2016	Firespring	\$36.30
15879	11/29/2016	First Nebr. Educators Credit U	\$200.00
15880	11/29/2016	Grant Anderson	\$52.86
15881	11/29/2016	Hamilton Associates, P.C.	\$2,790.00
15882	11/29/2016	Heartland Family Services	\$2,514.50
15883	11/29/2016	Kissel/ E&S Associates L.L.C.	\$833.33
15884	11/29/2016	Live Well Omaha	\$3,144.75
15885	11/29/2016	Live Well Omaha	\$1,993.68
15886	11/29/2016	Melissa Engel	\$9.72
15887	11/29/2016	No More Empty Cups	\$362.69
15888	11/29/2016	Omaha World-Herald	\$10.25
15889	11/29/2016	Opinion Tribune	\$31.40
15890	11/29/2016	Payless Office Products, Inc.	\$53.97
15891	11/29/2016	PLIC-SBD Grand Island	\$972.22
15892	11/29/2016	Standard Printing Company	\$331.40
15893	11/29/2016	Steve Platt	\$2,072.00
15894	11/29/2016	Toshiba Financial Services	\$592.00
15895	11/29/2016	United Healthcare	\$83.05
15896	11/29/2016	United Way	\$645.00
15897	11/30/2016	Pottawattamie County, Iowa	\$1,364.18
			\$223,775.26

Metropolitan Area Planning Agency
Bank Register Report - Operating Account
November 2016

Check Disbursement Detail

Advertising	386.25
Auto - Gas/Maintenance	360.85
Contracts	186,496.88
Copier Lease/Charges	1,184.00
Data Processing	1,350.00
Employee Benefits/Withholding	4,045.21
Equipment Maintenance	2,072.00
Forums	362.69
Membership - Reference Materials	25.00
Office Rent	5,752.80
Pass Through Contracts - Planning	5,138.43
Printing	367.70
Professional Services	8,623.18
Refund of overpayment	1,364.18
Supplies	578.97
Telephone	98.02
Travel & Conferences	5,569.10
	<u>223,775.26</u>

**Metropolitan Area Planning Agency
Payroll Register
October 2016**

Pay Types/Benefits	Hours	Amount
ER H.I.	0.00	\$5,935.60
ER H.I. CH	0.00	\$1,854.84
ER H.I. FA	0.00	\$6,974.20
ER H.I. SP	0.00	\$2,166.48
Excess Sick	0.00	\$2,123.16
Hourly	452.50	\$8,087.59
Hourly - Reg	338.00	\$6,658.60
Life & Dis	0.00	\$405.18
Salary	0.00	\$81,619.00
	Gross Pay	\$98,488.35
	Gross Benefits	\$17,336.30
	Gross Pay/Benefits	\$115,824.65

Deductions/Employee Taxes	Adj. Gross	Amount
457-\$	N/A	\$2,575.80
457-%	N/A	\$848.32
457-Roth \$	N/A	\$100.00
457-Roth%	N/A	\$959.22
AFLAC	N/A	\$389.88
Credit Union	N/A	\$400.00
Dental Ins	N/A	\$642.06
Flex Plan 16	N/A	\$1,723.44
Health Ins	N/A	\$1,884.54
Life Ins.	N/A	\$2.25
Pension Loan	N/A	\$92.78
Pension Plan	N/A	\$3,735.09
Retirement	N/A	\$142.04
United Way	N/A	\$222.50
VISION	N/A	\$92.90
Federal	85,360.32	\$8,440.14
Medicare	93,755.53	\$1,359.46
Soc Security	93,755.53	\$5,812.84
State - NE	85,600.32	\$3,324.89
	Deductions/Employee Taxes:	\$32,748.15

Employer Expenses	Adj. Gross	Amount
ER Pension	N/A	\$5,135.83
Medicare	93,755.53	\$1,359.46
Soc Security	93,755.53	\$5,812.84
SUTA	2,146.85	\$17.17
	Additional Employer Expenses:	\$12,325.30
	GRAND TOTAL NET PAY:	\$65,740.20
	GRAND TOTAL EXPENSE:	\$128,149.95

**Metropolitan Area Planning Agency
Payroll Register
November 2016**

Pay Types/Benefits	Hours	Amount
AL Pay	0.00	\$18,446.27
ER H.I.	0.00	\$5,935.60
ER H.I. CH	0.00	\$1,391.13
ER H.I. FA	0.00	\$6,974.20
ER H.I. SP	0.00	\$2,166.48
GC Earnings	0.00	\$32.31
Hourly	480.00	\$8,242.40
Hourly - Reg	343.50	\$6,766.95
Life & Dis	0.00	\$392.44
Salary	0.00	\$74,198.45
SL Pay	0.00	\$1,911.23
Vehicle	76.00	\$114.00
	Gross Pay	\$109,711.61
	Gross Benefits	\$16,859.85
	Gross Pay/Benefits	\$126,571.46

Deductions/Employee Taxes	Adj. Gross	Amount
457-\$	N/A	\$700.00
457-%	N/A	\$933.60
457-Roth \$	N/A	\$100.00
457-Roth%	N/A	\$1,337.54
AFLAC	N/A	\$389.88
Credit Union	N/A	\$400.00
Dental Ins	N/A	\$588.82
Flex Plan 16	N/A	\$1,692.19
Gift Cards	N/A	\$30.00
Health Ins	N/A	\$1,962.44
Pension Loan	N/A	\$92.78
Pension Plan	N/A	\$4,178.27
Retirement	N/A	\$142.04
United Way	N/A	\$756.25
Vehicle Use	N/A	\$114.00
VISION	N/A	\$89.28
Federal	97,146.62	\$12,036.57
Medicare	104,989.00	\$1,522.32
Soc Security	104,989.00	\$6,509.33
State - NE	97,773.13	\$4,250.43
	Deductions/Employee Taxes:	\$37,825.74

Employer Expenses	Adj. Gross	Amount
ER Pension	N/A	\$5,745.16
Medicare	104,989.00	\$1,522.32
Soc Security	104,989.00	\$6,509.33
SUTA	756.00	\$6.05
	Additional Employer Expenses:	\$13,782.86
	GRAND TOTAL NET PAY:	\$71,885.87
	GRAND TOTAL EXPENSE:	\$140,354.32

Metropolitan Area Planning Agency Aged Accounts Receivable Report

November 30, 2016

Aging Balance For	Last Paid	current	31-60	61-90	over 90	Balance
Department of Defense						
<i>Department of Defense</i>	1/15/2016	\$0.00	\$0.00	\$0.00	\$6,191.00	\$6,191.00
Totals for Department of Defense:		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$6,191.00</u>	<u>\$6,191.00</u>
ENVIRONMENTAL PROTECTION AGENCY						
<i>ENVIRONMENTAL PROTECTION AGENCY</i>	12/14/2016	\$0.00	\$4,484.92	\$0.00	\$0.00	\$4,484.92
Totals for ENVIRONMENTAL PROTECT		<u>\$0.00</u>	<u>\$4,484.92</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$4,484.92</u>
FEDERAL TRANSIT ADMINISTRATION						
<i>FEDERAL TRANSIT ADMINISTRATION</i>	1/3/2017	\$0.00	\$144,436.89	\$0.00	\$0.10	\$144,436.99
Totals for FEDERAL TRANSIT ADMINIS		<u>\$0.00</u>	<u>\$144,436.89</u>	<u>\$0.00</u>	<u>\$0.10</u>	<u>\$144,436.99</u>
City of Glenwood						
<i>City of Glenwood</i>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals for City of Glenwood:		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
City of Gretna						
<i>City of Gretna</i>	2/8/2016	\$0.00	\$0.00	\$100.00	\$0.00	\$100.00
Totals for City of Gretna:		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$100.00</u>	<u>\$0.00</u>	<u>\$100.00</u>
HDR Engineering, Inc.						
<i>HDR Engineering, Inc.</i>	12/9/2016	\$0.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00
Totals for HDR Engineering, Inc.:		<u>\$0.00</u>	<u>\$1,500.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,500.00</u>
City of Henderson						
<i>City of Henderson</i>	7/29/2016	(\$1.00)	\$0.00	\$0.00	\$0.00	(\$1.00)
Totals for City of Henderson:		<u>(\$1.00)</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>(\$1.00)</u>
IOWA DEPARTMENT OF TRANSPORTATION						
<i>IOWA DEPARTMENT OF TRANSPORTATION</i>	11/22/2016	\$0.00	\$8,171.69	\$0.00	\$1.00	\$8,172.69
Totals for IOWA DEPARTMENT OF TR		<u>\$0.00</u>	<u>\$8,171.69</u>	<u>\$0.00</u>	<u>\$1.00</u>	<u>\$8,172.69</u>
Lower Platte South NRD						
<i>Lower Platte South NRD</i>	5/20/2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals for Lower Platte South NRD:		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
City of Macedonia						
<i>City of Macedonia</i>	8/12/2016	(\$0.26)	\$0.00	\$0.00	\$0.00	(\$0.26)
Totals for City of Macedonia:		<u>(\$0.26)</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>(\$0.26)</u>
Metro Transit						
<i>Metro Transit</i>	12/29/2016	\$2,389.69	\$0.00	\$0.00	\$0.00	\$2,389.69
Totals for Metro Transit:		<u>\$2,389.69</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$2,389.69</u>
NDOR- CMAQ						
<i>NDOR- CMAQ</i>	10/17/2016	\$0.00	\$2,797.34	\$0.00	\$0.00	\$2,797.34
Totals for NDOR- CMAQ:		<u>\$0.00</u>	<u>\$2,797.34</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$2,797.34</u>
NDOR						
<i>NDOR</i>	12/21/2016	\$0.00	\$299,290.52	\$0.00	\$0.00	\$299,290.52

Metropolitan Area Planning Agency
Aged Accounts Receivable Report
November 30, 2016

Aging Balance For	Last Paid	current	31-60	61-90	over 90	Balance
Totals for NDOR:		\$0.00	\$299,290.52	\$0.00	\$0.00	\$299,290.52
Nebraska Department of Economic Development						
<i>Nebraska Department of Economic Deve</i>	12/27/2016	(\$90.00)	\$0.00	\$0.00	\$0.00	(\$90.00)
Totals for Nebraska Department of Ecc		(\$90.00)	\$0.00	\$0.00	\$0.00	(\$90.00)
City of Papillion						
<i>City of Papillion</i>	9/16/2016	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
Totals for City of Papillion:		\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
Papio-Missouri River Natural Resources District						
<i>Papio-Missouri River Natural Resources I</i>	5/20/2016	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Totals for Papio-Missouri River Natura		\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Pottawattamie County, Iowa						
<i>Pottawattamie County, Iowa</i>	12/15/2016	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Totals for Pottawattamie County, Iowa		\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
Prochaska and Associates						
<i>Prochaska and Associates</i>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals for Prochaska and Associates:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Robert B. Daugherty Foundation						
<i>Robert B. Daugherty Foundation</i>	1/3/2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals for Robert B. Daugherty Founda		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sarpy County						
<i>Sarpy County</i>	12/29/2016	\$7,000.00	\$0.00	\$0.00	\$0.00	\$7,000.00
Totals for Sarpy County:		\$7,000.00	\$0.00	\$0.00	\$0.00	\$7,000.00
Todd Pfitzer						
<i>Todd Pfitzer</i>		\$0.00	\$0.00	\$400.00	\$0.00	\$400.00
Totals for Todd Pfitzer:		\$0.00	\$0.00	\$400.00	\$0.00	\$400.00
Grand Totals:		\$9,298.43	\$460,756.36	\$500.00	\$6,202.10	\$476,756.89

Metropolitan Area Planning Agency
Aged Accounts Payable Report
November 30, 2016

Vendor Name	Trans. No.	Description	current	31-60	61-90	over 90	Credits	Net Due
Live Well Omaha	10	CMAQ	\$1,027.41	\$0.00	\$0.00	\$0.00	\$0.00	\$1,027.41
Live Well Omaha	22		\$3,804.99	\$0.00	\$0.00	\$0.00	\$0.00	\$3,804.99
<i>Totals for Live Well Omaha:</i>			<i>\$4,832.40</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$4,832.40</i>
Matt Roth								
Matt Roth	113016	Fuel	\$26.88	\$0.00	\$0.00	\$0.00	\$0.00	\$26.88
<i>Totals for Matt Roth:</i>			<i>\$26.88</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$26.88</i>
Metro								
Metro	31995		\$0.00	\$0.00	\$40,700.72	\$0.00	\$0.00	\$40,700.72
<i>Totals for Metro:</i>			<i>\$0.00</i>	<i>\$0.00</i>	<i>\$40,700.72</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$40,700.72</i>
NAPA Auto Parts								
NAPA Auto Parts	820443		\$26.70	\$0.00	\$0.00	\$0.00	\$0.00	\$26.70
<i>Totals for NAPA Auto Parts:</i>			<i>\$26.70</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$26.70</i>
National Association of Development Organizations								
National Association of Development Organizations	INV-10569-9L	Membership	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00
National Association of Development Organizations	INV-10797-P8	RPO Subscription	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00
<i>Totals for National Association of Development Organizations:</i>			<i>\$2,500.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$2,500.00</i>
The New BLK								
The New BLK	NB0024-704		\$1,920.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,920.00
<i>Totals for The New BLK:</i>			<i>\$1,920.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,920.00</i>
One Source The Background Check Co								
One Source The Background Check Co	3016-2016113	Don Gross Background Check	\$41.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41.00
<i>Totals for One Source The Background Check Co:</i>			<i>\$41.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$41.00</i>
Pleasure Your Palate Catering								
Pleasure Your Palate Catering	3137		\$293.75	\$0.00	\$0.00	\$0.00	\$0.00	\$293.75
<i>Totals for Pleasure Your Palate Catering:</i>			<i>\$293.75</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$293.75</i>
Pottawattamie County GIS								
Pottawattamie County GIS	20161014		\$0.00	\$8,170.69	\$0.00	\$0.00	\$0.00	\$8,170.69
<i>Totals for Pottawattamie County GIS:</i>			<i>\$0.00</i>	<i>\$8,170.69</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$8,170.69</i>
Reliable Auto Repair								
Reliable Auto Repair	24832		\$31.88	\$0.00	\$0.00	\$0.00	\$0.00	\$31.88
Reliable Auto Repair	24824		\$31.20	\$0.00	\$0.00	\$0.00	\$0.00	\$31.20
<i>Totals for Reliable Auto Repair:</i>			<i>\$63.08</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$63.08</i>

Metropolitan Area Planning Agency
Aged Accounts Payable Report
November 30, 2016

Vendor Name	Trans. No.	Description	current	31-60	61-90	over 90	Credits	Net Due
Barnhart Press								
Barnhart Press	90227	2017 Wall Calendars	\$1,115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,115.00
<i>Totals for Barnhart Press:</i>			<i>\$1,115.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,115.00</i>
Carly Sinn								
Carly Sinn	100116	Dance Performance at H2050 Broadly Speaking	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00
<i>Totals for Carly Sinn:</i>			<i>\$0.00</i>	<i>\$250.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$250.00</i>
City of Omaha Cashier								
City of Omaha Cashier	17-1		\$0.00	\$18,402.59	\$0.00	\$0.00	\$0.00	\$18,402.59
<i>Totals for City of Omaha Cashier:</i>			<i>\$0.00</i>	<i>\$18,402.59</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$18,402.59</i>
City of Omaha Cashier								
City of Omaha Cashier	126736	Phase 2 Mid&Downtown Transit Study	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00
City of Omaha Cashier	128913		\$0.00	\$16,577.86	\$0.00	\$0.00	\$0.00	\$16,577.86
<i>Totals for City of Omaha Cashier:</i>			<i>\$0.00</i>	<i>\$21,577.86</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$21,577.86</i>
Cross Dillon Tire Omaha								
Cross Dillon Tire Omaha	6395086		\$21.75	\$0.00	\$0.00	\$0.00	\$0.00	\$21.75
<i>Totals for Cross Dillon Tire Omaha:</i>			<i>\$21.75</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$21.75</i>
The Daily Nonpareil								
The Daily Nonpareil	112716		\$73.43	\$0.00	\$0.00	\$0.00	\$0.00	\$73.43
<i>Totals for The Daily Nonpareil:</i>			<i>\$73.43</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$73.43</i>
The Daily Record								
The Daily Record	143976		\$27.50	\$0.00	\$0.00	\$0.00	\$0.00	\$27.50
<i>Totals for The Daily Record:</i>			<i>\$27.50</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$27.50</i>
Douglas County GIS								
Douglas County GIS	009		\$0.00	\$17,144.22	\$0.00	\$0.00	\$0.00	\$17,144.22
<i>Totals for Douglas County GIS:</i>			<i>\$0.00</i>	<i>\$17,144.22</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$17,144.22</i>
Greg Youell								
Greg Youell	111716		\$24.20	\$0.00	\$0.00	\$0.00	\$0.00	\$24.20
<i>Totals for Greg Youell:</i>			<i>\$24.20</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$24.20</i>
Intercultural Senior Center								
Intercultural Senior Center	146		\$0.00	\$0.00	\$3,841.51	\$0.00	\$0.00	\$3,841.51
<i>Totals for Intercultural Senior Center:</i>			<i>\$0.00</i>	<i>\$0.00</i>	<i>\$3,841.51</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$3,841.51</i>
Live Well Omaha								

Metropolitan Area Planning Agency
Aged Accounts Payable Report
November 30, 2016

Vendor Name	Trans. No.	Description	current	31-60	61-90	over 90	Credits	Net Due
Sarpy County GIS								
Sarpy County GIS	2017-1		\$0.00	\$16,442.64	\$0.00	\$0.00	\$0.00	\$16,442.64
		<i>Totals for Sarpy County GIS:</i>	<u>\$0.00</u>	<u>\$16,442.64</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$16,442.64</u>
Sarpy County Planning								
Sarpy County Planning	2107-1		\$0.00	\$6,156.32	\$0.00	\$0.00	\$0.00	\$6,156.32
		<i>Totals for Sarpy County Planning:</i>	<u>\$0.00</u>	<u>\$6,156.32</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$6,156.32</u>
Steve Jensen								
Steve Jensen	160		\$0.00	\$4,192.50	\$0.00	\$0.00	\$0.00	\$4,192.50
		<i>Totals for Steve Jensen:</i>	<u>\$0.00</u>	<u>\$4,192.50</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$4,192.50</u>
Suburban Newspapers, Inc								
Suburban Newspapers, Inc	12089015		\$30.71	\$0.00	\$0.00	\$0.00	\$0.00	\$30.71
		<i>Totals for Suburban Newspapers, Inc:</i>	<u>\$30.71</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$30.71</u>
GRAND TOTALS:			\$10,996.40	\$92,336.82	\$44,542.23	\$0.00	\$0.00	\$147,875.45

A total of 28 transaction(s) listed

Metropolitan Area Planning Agency

Balance Sheet

November 30, 2016

Assets	Actual
10-1000 Petty Cash	\$281.37
10-1005 Paypal Account	\$308.72
10-1010 Cash - American National Bank	\$283,315.99
10-1030 Treasury Bills	\$371,646.89
10-1040 NPAIT Investments General	\$307,112.24
10-1045 NPAIT Investments Capitol Reserve	\$47,173.56
10-1050 NPAIT Investments Ortho Quads	\$58,032.12
10-1100 Accounts Receivable	\$476,756.89
10-1110 Due To/Due From Funds	(\$81,759.09)
10-1300 Prepaid Expenses	\$10,898.43
10-1310 Prepaid Insurance	\$8,982.11
11-1110 Due To/Due From Funds	\$3,461.97
12-1055 NPAIT Investments Sarpy Co. Revolving Loan	\$46,283.67
13-1200 Furniture, Fixtures & Equipment	\$139,222.20
13-1205 Vehicles	\$51,215.35
13-1220 Less: Accumulated Depreciation	\$139,179.35
15-1040 NPAIT Investments General	\$3,889.00
15-1045 NPAIT Investments Special Projects	\$204,325.40
15-1110 Due To/Due From Funds	\$80,755.10
20-1020 Cash - ANB Foundation	\$27,601.90
20-1060 NPAIT Investments Foundation	\$32,889.93
20-1065 NPAIT Investments FD NDO	\$105,242.88
20-1070 NPAIT Investments FD Washington County Revolving	\$183,942.45
20-1110 Due To/Due From Funds	(\$2,457.98)
20-1410 Note Receivable Grapel	\$235,997.62
20-1425 Note Receivable KB Quality Meats	\$18,146.00
40-1100 Accounts Receivable	\$752,208.01
Total Assets	\$3,226,293.38

Liabilities and Fund Balance

Liabilities

10-2000 Accounts Payable	\$147,470.17
10-2105 Nebraska Withholding	\$4,250.43
10-2115 AFLAC W/H Payable	(\$91.98)
10-2125 Dental Insurance W/H Payable	(\$802.89)
10-2126 Life & Disability Insurance Payable	(\$541.64)
10-2130 Flex W/H Payable	\$2,818.78
10-2132 Vision Insurance Payable	(\$125.68)
10-2135 Health Insurance Payable	(\$9,095.54)
10-2160 SUTA Tax	\$20.86
10-2170 Nebraska Sales Tax Payable	\$1.05

Metropolitan Area Planning Agency

Balance Sheet

November 30, 2016

		<u>Actual</u>
10-2210	Accrued Compensated Absences	\$129,770.75
10-2220	Accrued Audit Fees	\$10,600.00
20-2000	Accounts Payable	\$405.08
20-2430	Deferred Revolving Loan	\$307,331.33
20-2500	Note Payable Invest NE	\$235,997.62
40-2000	Accounts Payable	\$758,315.00
Total Liabilities		<u>\$1,586,323.34</u>

Fund Balance

10-3000	Fund Balance Undesignated	\$772,345.40
10-3010	Fund Balance Assigned	\$71,129.52
10-3020	Fund Balance Committed	\$355,000.00
11-3000	Fund Balance Undesignated	\$3,461.97
12-3100	Fund Balance Restricted	\$46,283.67
13-3005	Invested in Capital Assets	\$51,258.20
15-3010	Fund Balance Assigned	\$259,003.55
15-3100	Fund Balance Restricted	\$29,965.95
20-3000	Fund Balance Undesignated	\$57,628.77
40-3010	Fund Balance Assigned	(\$6,106.99)
Total Fund Balance		<u>\$1,639,970.04</u>

Total Liabilities and Fund Balance

\$3,226,293.38

Metropolitan Area Planning Agency
Income Statement
November 30, 2016

	10/1/16-11/30/16		7/1/16-11/30/16		% to YTD Budget	Variance to YTD Budget	FY 2016 Budget	
	Actual	Budget	Actual YTD	Budget YTD				
Revenues								
10-4100	Federal Revenue	\$0.00	\$634,141.50	\$600,177.20	\$1,585,353.75	37.86%	\$985,176.55	\$3,804,849.00
10-4200	State Revenue	\$0.00	\$15,565.17	\$18,319.33	\$38,912.92	47.08%	\$20,593.59	\$93,391.00
10-4300	Local Revenue	\$0.00	\$62,053.17	\$186,795.50	\$155,132.92	120.41%	(\$31,662.58)	\$372,319.00
10-4310	Match Contributions	\$0.00	\$43,208.33	\$0.00	\$108,020.83	0.00%	\$108,020.83	\$259,250.00
10-4350	Heartland 2050 Local Revenue	\$8,800.00	\$26,916.67	\$19,250.00	\$67,291.67	28.61%	\$48,041.67	\$161,500.00
10-4400	Contracts	\$2,389.69	\$167,449.83	\$9,159.92	\$418,624.58	2.19%	\$409,464.66	\$1,004,699.00
10-4500	Forums/Annual Dinner	(\$834.00)	\$30,583.33	\$4,051.00	\$76,458.33	5.30%	\$72,407.33	\$183,500.00
10-4510	In-Kind Revenue	\$1,208.10	\$15,416.67	\$66,015.63	\$38,541.67	171.28%	(\$27,473.96)	\$92,500.00
10-4520	Investment Earnings	(\$54.87)	\$1,166.67	\$2,314.28	\$2,916.67	79.35%	\$602.39	\$7,000.00
10-4530	Misc. Cash Sales	\$0.00	\$51,191.67	\$15.00	\$127,979.17	0.01%	\$127,964.17	\$307,150.00
10-4540	Miscellaneous	\$158.33	\$0.00	\$16,556.66	\$0.00	0.00%	(\$16,556.66)	\$0.00
15-4300	Local Revenue	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00
15-4520	Investment Earnings	\$25.84	\$0.00	\$107.02	\$0.00	0.00%	(\$107.02)	\$0.00
15-4540	Miscellaneous	\$5,900.00	\$0.00	\$10,150.00	\$0.00	0.00%	(\$10,150.00)	\$0.00
Total Revenues		\$17,593.09	\$1,047,693.00	\$932,911.54	\$2,619,232.50	35.62%	\$1,686,320.96	\$6,286,158.00
Expenses								
10-5000	Salaries	\$100,497.07	\$195,762.00	\$397,148.39	\$489,405.00	81.15%	\$92,256.61	\$1,174,572.00
10-5100	FICA	\$8,031.65	\$15,000.00	\$36,704.22	\$37,500.00	97.88%	\$795.78	\$90,000.00
10-5105	Unemployment Taxes	\$6.05	\$300.00	\$156.94	\$750.00	20.93%	\$593.06	\$1,800.00
10-5110	Health Insurance	\$17,164.82	\$38,000.00	\$75,697.82	\$95,000.00	79.68%	\$19,302.18	\$228,000.00
10-5115	Life & Disability Insurance	\$423.54	\$1,304.17	\$1,841.67	\$3,260.42	56.49%	\$1,418.75	\$7,825.00
10-5120	Retirement Contributions	\$5,745.16	\$11,333.33	\$23,458.75	\$28,333.33	82.80%	\$4,874.58	\$68,000.00
10-5125	Accrued Salaries & Compensated Absences	\$3,653.18	\$33,333.33	\$132,776.26	\$83,333.33	159.33%	(\$49,442.93)	\$200,000.00
10-5200	Advertising	\$339.92	\$2,500.00	\$1,529.54	\$6,250.00	24.47%	\$4,720.46	\$15,000.00
10-5210	Membership - Reference Materials	\$596.58	\$3,500.00	\$10,901.44	\$8,750.00	124.59%	(\$2,151.44)	\$21,000.00
10-5220	Printing	\$3,723.84	\$5,833.33	\$13,276.82	\$14,583.33	91.04%	\$1,306.51	\$35,000.00
10-5300	Business Insurance Expense	\$870.81	\$2,666.67	\$5,101.14	\$6,666.67	76.52%	\$1,565.53	\$16,000.00
10-5310	Data Processing	\$6,635.26	\$6,166.67	\$15,143.50	\$15,416.67	98.23%	\$273.17	\$37,000.00
10-5320	Professional Services	\$2,852.08	\$6,000.00	\$31,174.25	\$15,000.00	207.83%	(\$16,174.25)	\$36,000.00
10-5400	Contracts	\$0.00	\$279,579.67	\$378,787.12	\$698,949.17	54.19%	\$320,162.05	\$1,677,478.00
10-5420	Pass Through Contracts - Planning	\$4,832.40	\$304,083.33	\$140,985.66	\$760,208.33	18.55%	\$619,222.67	\$1,824,500.00
10-5440	In-Kind Expense	\$1,208.10	\$94,941.67	\$66,015.63	\$237,354.17	27.81%	\$171,338.54	\$569,650.00
10-5500	Equipment Maintenance	\$2,424.21	\$1,500.00	\$3,946.12	\$3,750.00	105.23%	(\$196.12)	\$9,000.00
10-5600	Forums	\$4,956.97	\$7,000.00	\$29,550.03	\$17,500.00	168.86%	(\$12,050.03)	\$42,000.00
10-5650	Miscellaneous Expenses	\$0.00	\$265.50	\$23.20	\$663.75	3.50%	\$640.55	\$1,593.00

Metropolitan Area Planning Agency
Income Statement
November 30, 2016

		10/1/16-11/30/16		7/1/16-11/30/16		% to YTD Budget	Variance to YTD Budget	FY 2016 Budget
		Actual	Budget	Actual YTD	Budget YTD			
10-5700	Postage	\$315.30	\$916.67	\$1,421.25	\$2,291.67	62.02%	\$870.42	\$5,500.00
10-5710	Supplies	\$685.84	\$3,250.00	\$3,303.65	\$8,125.00	40.66%	\$4,821.35	\$19,500.00
10-5730	Bank Charges	\$39.31	\$166.67	\$194.91	\$416.67	46.78%	\$221.76	\$1,000.00
10-5800	Office Rent	\$5,752.80	\$11,506.67	\$28,764.00	\$28,766.67	99.99%	\$2.67	\$69,040.00
10-5810	Telephone	\$148.52	\$1,666.67	\$702.76	\$4,166.67	16.87%	\$3,463.91	\$10,000.00
10-5900	Travel & Conferences	\$11,545.39	\$13,650.00	\$46,811.08	\$34,125.00	137.18%	(\$12,686.08)	\$81,900.00
10-5950	Capital Outlay	\$0.00	\$4,166.67	\$0.00	\$10,416.67	0.00%	\$10,416.67	\$25,000.00
10-8000	Transfers	\$0.00	\$3,300.00	\$0.00	\$8,250.00	0.00%	\$8,250.00	\$19,800.00
Total Expenses		\$182,448.80	\$1,047,693.00	\$1,445,416.15	\$2,619,232.50	55.18%	\$1,173,816.35	\$6,286,158.00
NET SURPLUS/(DEFICIT)		(\$164,855.71)	\$0.00	(\$512,504.61)	\$0.00		\$512,504.61	\$0.00

Metropolitan Area Planning Agency

Income Statement

November 30, 2016

		10/1/16 - 11/30/16	7/1/16 - 11/30/16
		Actual	YTD
Revenues			
20-4520	Investment Earnings	\$8.61	\$20.22
20-4700	Motorist Assist Income	\$12,125.00	\$12,495.00
Total Revenues		\$12,133.61	\$12,515.22
 Expenses			
20-6000	Auto - Gas/Maintenance	\$234.42	\$990.86
20-6075	Miscellaneous Foundation	\$293.75	\$3,019.08
20-6085	Supplies - Foundation	\$0.00	\$207.90
20-6088	Telephone - Foundation	\$166.88	\$417.67
20-6098	Vehicle Purchases - Foundation	\$0.00	\$28,360.40
Total Expenses		\$695.05	\$32,995.91
 NET SURPLUS(DEFICIT)		\$11,438.56	(\$20,480.69)

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractors Payment Authorization

Contractor: Heartland Family Services

Contract Approved by Board of Directors: May 2014

Contract Amount of: \$161,350

Payment # 33

1. Computation of Payment

Bill to Date	\$160,211.07
Less Previous Payments	<u>157,917.88</u>
Payment Due this Date	<u>\$2,293.19</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:



Responsible Charge/Staff Member

N/A

Program Director



Executive Director

Payment approved by Finance Committee _____

Treasurer _____

MAPA Expense Authorization Voucher	
Date <u>11/30/14</u>	Amt. <u>2,293.19</u>
Project <u>44004-02</u>	
Account <u>10-5420</u>	
Grant <u>13FTAA03</u>	
Acctg. Dir. _____	
Exec. Dir. _____	
Treasurer _____	

Progress Report

Title: Heartland Family Service- Ways to Work

Date: 10/1/2016 -10/31/2016

Title: MAPA bill \$ 2,293.19 out of \$161,350

1. Work Completed for Current Billing Period:

- a. The Ways to Work program has approved 2 new clients for loans and we continue to see an increase in attendance to the financial education class.

2. Anticipated Work for Next Billing Period:

- a. Same as prior month

3. Information Needed from FTA/MAPA:

- a. No information is needed.

4. Percent of Work Completed to Date:

- a. 99% of grant utilized

5. Outstanding Issues:

Data

1. Number of repossessions in the month (bought back loans)

- a. 0

2. Number of new closed loans in the month

- a. 0

3. Number of loans outstanding

- a. 21

4. Other.....

- a.

5. Narrative

- a. Inquiries continue to increase along with improvements in employment situations of clients that have been awarded an automotive loan.

MAPA JARC GRANT BILLING DOCUMENT
MAPA BUDGET MOD APRIL 2015

PART IV - Project Budget Worksheet

Project Name: HEARTLAND FAMILY SERVICE - WAYS TO WORK
 Contact Name: Joanie Poore, VP

BUDGET DETAIL	TOTAL JARC BUDGET (ORIGINAL)	10/1/2016 - 10/31/2016		TOTAL COST MONTH	Program to Date		Is from Inception of 2 year Contract				
		JARC	LOCAL MATCH		JARC	LOCAL MATCH	JARC Budget Change	New Budget Amount JARC	New Match Amount	Budget left	
A. OPERATING EXPENSES¹											
1. Salaries and Benefits	107,800	\$ 2,150.96	\$ 1,373.26	\$ 3,524.21	\$ 92,012.37	\$ 58,968.05	\$ (17,700.00)	\$ 90,100.00	57300.00	-1912.37	
2. Atty, Audit, Acct, POS	3,600	\$ -	\$ 81.38	\$ 81.38	\$ 5,293.30	\$ 5,292.27	\$ 1,250.00	\$ 4,850.00	4850.00	-443.30	
3. Office and Meeting Supplies	1,200	\$ 31.64	\$ 31.64	\$ 63.27	\$ 523.86	\$ 470.74	\$ (350.00)	\$ 850.00	500.00	326.15	
4. Phone & Internet	1,200	\$ 13.59	\$ 13.59	\$ 27.17	\$ 684.86	\$ 449.74	\$ (250.00)	\$ 950.00	950.00	265.15	
5. Postage & Shipping	400	\$ 4.28	\$ 4.28	\$ 8.55	\$ 240.36	\$ 151.72	\$ 50.00	\$ 450.00	450.00	209.64	
6. Building and Occupancy	2,400	\$ 39.64	\$ 39.64	\$ 79.27	\$ 3,018.22	\$ 2,742.59	\$ 1,550.00	\$ 3,950.00	3950.00	931.78	
7. Equipment & Equip rep/rent	1,400	\$ 30.29	\$ 30.29	\$ 60.58	\$ 1,295.40	\$ 1,096.87	\$ 500.00	\$ 1,900.00	1900.00	604.61	
8. Advertising, Printing and Pubs	700	\$ 7.82	\$ 7.82	\$ 15.63	\$ 3,571.02	\$ 5,591.18	\$ 3,400.00	\$ 4,100.00	7500.00	528.99	
9. Mileage, travel, conf, auto ins.	2,650	\$ 15.00	\$ 15.00	\$ 29.99	\$ 2,571.64	\$ 2,503.56	\$ 550.00	\$ 3,200.00	3200.00	628.37	
10. Borrower Incentives	-			\$ -	\$ -	\$ -	\$ -	\$ -	0.00	0.00	
11. Org Dues & Misc	-		\$ -	\$ -	\$ -	\$ 453.10	\$ -	\$ -	750.00	0.00	
12. Administrative Costs		\$ -	\$ 696.32	\$ 696.32	\$ -	\$ 31,491.21	\$ -	\$ -	29000.00	0.00	
Subtotal - Operating Expenses	\$ 121,350	\$ 2,293.19	\$ 2,293.19	\$ 4,586.37	\$ 109,210.99	\$ 109,210.99	\$ (11,000.00)	\$ 110,350.00	\$ 110,350.00	\$ 1,139.01	
	TOTAL BUDGET YR 2	10/1/2016 - 10/31/2016			Program to Date						
		JARC	LOCAL MATCH		JARC	LOCAL MATCH					
C. CAPITAL EXPENSES²											
1. Loan Guarantee Funds	\$ 40,000	-	4,223.69	4,223.69	\$ 51,000.00	\$ 70,456.17					
Subtotal - Capital Expenses	\$ 40,000	\$ -	\$ 4,223.69	\$ 4,223.69	\$ 51,000.00	\$ 70,456.17	\$ 11,000.00	\$ 51,000.00	\$ 12,750.00	\$ 0.01	
D. PROGRAM TOTAL BUDGET	\$ 161,350	\$ 2,293.19	\$ 6,516.88	\$ 8,810.06	\$ 160,210.99	\$ 179,667.16	\$ -	\$ 161,350.00	\$ 123,100.00	\$ 1,139.02	
<i>Percent of Total Budget</i>		99%									
\$ 161,350	PROGRAM BUDGET TOTAL	MONTHLY JARC TOTAL	MONTHLY Local Match TOTAL	MONTHLY PROGRAM TOTAL	PTD JARC TOTAL	PTD Local Match TOTAL					

General Ledger Detail Report
 HEARTLAND FAMILY SERVICE (002)
 DEPARTMENT 21 - WAYS TO WORK
 Detail Postings for Period 10 Ending 10/31/2016
 Account Number/Description

Period	Date	Journal	Comments	Beginning Balance	Debit	Credit	Net Change	Ending Balance	Salaries & Benefits
0131-21			A/R WAYS TO WORK JARC	7,883.93					
10	10/24/2016	CR-01899	Doc: 20161024-4 10/24/16 MAPA			2,428.60		5,455.33	
10	10/31/2016	JE-003434	MAPA AR adj SEP			521.05		4,934.28	
10	10/31/2016	JE-003482	WTW CLOSING ENTRY		2,242.62			7,176.90	
				7,883.93	2,242.62	2,949.65	(707.03)	7,176.90	
0139-21			WAYS TO WORK RECEIVABLE	6,000.00					
				6,000.00				6,000.00	
1010-21			INCOME FROM SERVICES	26,028.03-					
10	10/31/2016	JE-003434	MAPA AR adj SEP		521.05			25,506.98-	
10		42674 JE-003482	WTW CLOSING ENTRY			2242.62		-27749.6	
				(26,028.03)	521.05	2,242.62	(1,721.57)	(27,749.60)	
1111-21			CONTRIBUTIONS RESTRICTED: WTW	42,657.10-					
10	10/31/2016	AJ-079711	CONTRIBUTIONS RESTRICTED ALLOC			19.37		42,676.47-	
				(42,657.10)		19.37	(19.37)	(42,676.47)	
1334-21			Service Fees - Ways to Work	0.00					
1700-21			MISCELLANEOUS: WTW	0.84-					
								0.84-	
				(0.84)				(0.84)	
1701-21			MISCELLANEOUS: WTW COLLECTIONS ON DEFAULTED LOANS	7,720.68-					
10	10/12/2016	CR-019023	Doc: 20161012-7 10/12/16 WAYS			221.57		7,942.25-	
				(7,720.68)		221.57	(221.57)	(7,942.25)	

Period	Date	Journal	Comments	Beginning Balance	Debit	Credit	Net Change	Ending Balance	Salaries & Benefits
1750-21			SPECIAL EVENTS: WTW						
1900-21			UNITED WAY ALLOCAT: WTW	(6,249.99)					
10	42674	AR-000354	UNITED WAY			2,083.33		(8,333.32)	
				(6,249.99)		2,083.33	(2,083.33)	(8,333.32)	
1999-21			INDIRECT REV (EXP):OPEN	6,215.64					
10	10/31/2016	JE-003462	WTW INDIRECT CLOSING ENTRY		595.18			6,810.82	
				6,215.64	595.18		595.18	6,810.82	
2100-21			SALARIES: DIS. FAM.	26,853.32					
10	10/31/2016	AJ-079741	SALARIES GRANT MANAGERS		47.63			26,900.95	47.63
10	10/31/2016	AJ-080020	ALLOCATION OF SALARY - LAKIN		7.39			26,908.34	7.39
10	10/31/2016	PR-000352	SALARIES		3,024.67			29,933.01	3,024.67
									-
									-
									-
									-
				26,853.32	3,079.69		3,079.69	29,933.01	3,079.69
2210-21			GROUP HEALTH INSURANCE: WTW	2,579.38					
10	10/31/2016	PR-000352	HEALTHINS		21.52			2,600.88	21.52
									-
									-
									-
									-
				2,579.38	21.52		21.52	2,600.88	21.52
2220-21			RETIREMENT PLAN: WTW	818.72					
10	10/31/2016	PR-000352	RETIREMENT		94.16			912.88	94.16
									-
									-
									-
				818.72	94.16		94.16	912.88	94.16
2290-21			OTHER BENEFITS/DIS.: WTW	105.36					
10	10/31/2016	PR-000352	LONG TERM DISABILITY		12.02			117.38	12.02
									-
									-
									-
				105.36	12.02		12.02	117.38	12.02
2300-21			PAYROLL TAXES: WTW	2,875.24					
10	10/31/2016	AJ-079763	PR TAXES PROF LIAB		70.68			2,945.92	70.68
10	10/31/2016	AJ-080042	ALLOCATION OF TAXES - LAKIN		2.31			2,948.23	2.31
10	10/31/2016	PR-000352	PAYROLL TAXES		231.38			3,179.61	231.38
10	10/31/2016	PR-000352	STATE UNEMPLOYMENT		12.45			3,192.06	12.45
									-
									-
									-
									-
				2,875.24	316.82		316.82	3,192.06	316.82
2410-21			ATTORNEY FEES: WTW						

Period	Date	Journal	Comments	Beginning Balance	Debit	Credit	Net Change	Ending Balance	Salaries & Benefits
2420-21			OTHER LEGAL COSTS: WTW	254.00				254.00	
				254.00				254.00	
2430-21			AUDITING/ACCOUNT FEES: WTW	84.78					
10	10/31/2016	AJ-079776	AUDITING/ACCT FEES ALLOC		9.68			94.46	
				84.78	9.68		9.68	94.46	
2490-21			OTHER PURCHASE OF SERVICE: WTW	605.44					
10	10/31/2016	AJ-079788	PURCHASE OF SERVICE ALLOC		20.82			626.26	
10	10/31/2016	AP-004714	CORELOGIC CREDCO, LLC #IN: 996		47.50			673.76	
				605.44	68.32		68.32	673.76	
2491-21			Interdepartmental: WTW	29.58					
10	10/31/2016	RJ-003683	EXPENS/INTEROFFICE DELIVERY		3.38			32.96	
				29.58	3.38		3.38	32.96	
2510-21			OFFICE SUPPLIES: WTW	137.70					
10	10/31/2016	AJ-079805	LAKIN CAMPUS OFFICE SUPPLIES		4.39			142.09	
				137.70	4.39		4.39	142.09	
2520-21			BUILDING & GROUND SUPPLIES: WTW	129.98					
10	10/31/2016	AJ-079818	BUILDING SUPPLIES - LAKIN CAMP		3.04			133.02	
10	10/31/2016	AJ-079823	BUILDING & GROUND SUPPLIES		0.68			133.70	
10	10/31/2016	AJ-080107	BUILDING & GROUND SUPPLIES			0.09		133.61	
				129.98	3.72	0.09	3.63	133.61	
2550-21			FOOD: WTW	61.12					
10		42674 AJ-079830	LAKIN - FOOD		5.9			67.02	
10	10/31/2016	MC-003758	AMERICAN NATIONAL BANK VISA 06		52.98			120.00	
				61.12	58.88		58.88	120.00	
2600-21			TELEPHONE: WTW	269.70					
10	10/31/2016	AJ-079844	ALLOCATION TELEPHONE LAKIN		13.38			283.08	
10	10/31/2016	AJ-079849	TELEPHONE		13.79			296.87	
				269.70	27.17		27.17	266.87	
2700-21			POSTAGE & SHIPPING: WTW	74.04					
10	10/31/2016	AJ-079857	POSTAGE - LAKIN CAMPUS			0.37		73.67	
10	10/31/2016	AJ-079862	POSTAGE ALLOCATION		3.76			77.42	
10	10/31/2016	JE-003441	POSTAGE-OCT		5.17			82.59	
				74.04	8.92	0.37	8.55	82.59	
2830-21			UTILITIES: WTW	172.08					
10	10/31/2016	AJ-079877	UTILITIES ALLOCATION		15.72			187.80	
				172.08	15.72		15.72	187.80	
2840-21			CARE OF BUILDINGS & GROUNDS: WTW	348.44					
10	10/31/2016	AJ-079888	ALLOCATION OF CARE OF BUILDING		22.00			370.44	
10		42674 AJ-079893	ALLOCATION - CARE OF BUILDING		7.29			377.73	
				348.44	29.29		29.29	377.73	

Period	Date	Journal	Comments	Beginning Balance	Debit	Credit	Net Change	Ending Balance	Salaries & Benefits
2841-21			Inter - Bids and Gm: WTW						
2850-21			EQUIPMENT REPAIR & MAINTENANCE: WTW	174.60					
10	10/31/2016	AJ-079908	EQUIPMENT REPAIR LAKIN CAMPUS		5.10			179.70	
10	10/31/2016	AP-004712	BISHOP BUSINESS EQUIPMENT CO /		17.81			197.51	
10	10/31/2016	AP-004717	BISHOP BUSINESS EQUIPMENT CO /		0.74			198.25	
				174.60	23.65		23.65	198.25	
2880-21			PROPERTY INS/TAXES: WTW	265.45					
10	10/31/2016	AJ-079929	PROP INS/TAXES ALLOCATION		30.63			296.08	
				265.45	30.63		30.63	296.08	
3100-21			PRINTING & PUB.: WTW	152.08					
10	10/31/2016	AJ-079941	PRINTING & PUBLICATION ALLOCAT		15.63			167.71	
				152.08	15.63		15.63	167.71	
3210-21			MILEAGE/EXPENSE: WTW	701.13					
				701.13				701.13	
3220-21			OUT OF TOWN TRAVEL: WTW						
3250-21			AGENCY VEHICLE OPERATE.COSTS : WTW						
3280-21			AUTOMOBILE INSURANCE: WTW	263.98					
10	10/31/2016	AJ-079964	AUTO INS ALLOCATION		29.99			293.97	
				263.98	29.99		29.99	293.97	
3300-21			CONFERENCE/CONVENTION/TRIPS: WTW	299.00					
				299.00				299.00	
3500-21			SPECIFIC ASSISTANCE INDIVIDUAL: WTW						
4100-21			ORGANIZATION DUES: WTW	46.19					
				46.19				46.19	
4300-21			EQUIPMENT/FIXED ASSETS: WTW	323.55					
10	10/31/2016	AJ-079975	EQUIPMENT FIXED ASSETS		36.93			360.48	
				323.55	36.93		36.93	360.48	
4900-21			MISCELLANEOUS: WTW	18,795.82					
10	10/27/2016	AP-004709	WAYS TO WORK /N: 7410081112		3,445.26			22,241.08	
10	10/31/2016	JE-003440	WTW Reserve		1,000.00			23,241.08	

Atty, Legal, Audit, Acct, POS, intercept	Office & Mtg Supplies	Phone & Internet	Postage & shipping	Building & Occupancy (Utilities, care of bldg/grnds, bldg/grnd supp, prop ins)	Equip & Equip rent/repair	Advertising, Pmtg, Pubs	Mileage, travel, conf, agency vehicle, auto ins	Borrower Incentives	Org Dues & Misc	Admin @ 17.9%	Loan Guarantee Funds (Misc)	Total
											4,445.26	4,445.26
81.38	63.27	27.17	8.55	79.27	60.58	15.63	29.99				4,223.69	8,113.74
										696.32		696.32
81.38	63.27	27.17	8.55	79.27	60.58	15.63	29.99			696.32	4,223.69	8,810.06
81.38	63.27	27.17	8.55	79.27	60.58	15.63	29.99			696.32	4,223.69	8,810.06

Date	Loan Number	Receivables (Money received after default) is		Payables (paid by HFS) account 4900-		Federal Eligible	MAPA/JARC Capital Funds Received
		account 1701-21	21	Balance			
7/29/2013	33218		\$ 1,862.90	\$ 1,862.90	\$ 1,490.32		
7/29/2013	35865		\$ 2,809.70	\$ 4,672.60	\$ 3,738.08		
7/31/2013	38899	\$ 330.05		\$ 4,342.55	\$ 3,474.04		
8/7/2013	39461	\$ 266.00		\$ 4,076.55	\$ 3,261.24		
8/22/2013	53375		\$ 4,066.16	\$ 8,142.71	\$ 6,514.17		
8/22/2013	59411		\$ 4,558.39	\$ 12,701.10	\$ 10,160.88		
8/29/2013	35865	\$ 1,225.00		\$ 11,476.10	\$ 9,180.88		
9/3/2013	39461	\$ 166.00		\$ 11,310.10	\$ 9,048.08		
9/30/2013	39461	\$ 166.00		\$ 11,144.10	\$ 8,915.28		
10/10/2013	49599		\$ 4,368.18	\$ 15,512.28	\$ 12,409.82		
10/10/2013	51194		\$ 4,850.01	\$ 20,362.29	\$ 16,289.83		
10/10/2013	60355		\$ 6,018.48	\$ 26,380.77	\$ 21,104.62		
10/14/2013	48622	\$ 4,000.00		\$ 22,380.77	\$ 17,904.62		
11/6/2013	39461	\$ 100.00		\$ 22,280.77	\$ 17,824.62		
11/12/2013	48622	\$ 300.00		\$ 21,980.77	\$ 17,584.62		
11/13/2013	54479		\$ 4,811.32	\$ 26,792.09	\$ 21,433.67		
11/13/2013	61408		\$ 6,096.58	\$ 32,888.67	\$ 26,310.94		
11/14/2013	61408	\$ 860.00		\$ 32,028.67	\$ 25,622.94		
11/15/2013	48584	\$ 1,865.00		\$ 30,163.67	\$ 24,130.94		
11/15/2013	51194	\$ 220.00		\$ 29,943.67	\$ 23,954.94		
11/16/2013	46085		\$ 4,423.40	\$ 34,367.07	\$ 27,493.66		
11/18/2013	54479	\$ 426.12		\$ 33,940.95	\$ 27,152.76		
12/17/2013	39690		\$ 2,603.59	\$ 36,544.54	\$ 29,235.63		
12/17/2013	42977		\$ 3,875.38	\$ 40,419.92	\$ 32,335.94		
12/17/2013	53461		\$ 5,041.87	\$ 45,461.79	\$ 36,369.43		
		\$ 9,924.17	\$ 55,385.96				
1/1/2014				\$ 45,461.79	\$ 16,369.43	\$ 20,000.00	
1/8/2014	42977	\$ 200.00		\$ 45,261.79	\$ 16,209.43		
1/8/2014	48622	\$ 300.00		\$ 44,961.79	\$ 15,969.43		
2/11/2014	42292		\$ 2,891.79	\$ 47,853.58	\$ 18,282.86		
2/11/2014	44104		\$ 3,173.26	\$ 51,026.84	\$ 20,821.47		
2/11/2014	56056		\$ 5,156.70	\$ 56,183.54	\$ 24,946.83		
2/14/2014	48622	\$ 200.00		\$ 55,983.54	\$ 24,786.83		
2/21/2014	39461	\$ 166.00		\$ 55,817.54	\$ 24,654.03		
2/21/2014	42977	\$ 138.00		\$ 55,679.54	\$ 24,543.63		
2/21/2014	48622	\$ 500.00		\$ 55,179.54	\$ 24,143.63		
2/27/2014	40923		\$ 1,992.49	\$ 57,172.03	\$ 25,737.62		
2/27/2014	47804		\$ 3,310.75	\$ 60,482.78	\$ 28,386.22		
3/5/2014	39461	\$ 166.00		\$ 60,316.78	\$ 28,253.42		
4/9/2014	48622	\$ 300.00		\$ 60,016.78	\$ 28,013.42		
5/9/2014	42705		\$ 1,911.66	\$ 61,928.44	\$ 29,542.75		
5/9/2014	59586		\$ 4,769.94	\$ 66,698.38	\$ 33,358.70		
5/12/2014	33218	\$ 751.00		\$ 65,947.38	\$ 32,757.90		
5/12/2014	49599	\$ 651.00		\$ 65,296.38	\$ 32,237.10		
5/15/2014	39615	\$ 755.00		\$ 64,541.38	\$ 31,633.10		
6/6/2014	42977	\$ 100.00		\$ 64,441.38	\$ 31,553.10		
6/17/2014	48622	\$ 200.00		\$ 64,241.38	\$ 31,393.10		
		\$ 4,427.00	\$ 23,206.59		\$ -		
7/28/2014	39453		\$ 1,695.28	\$ 65,936.66	\$ 32,749.33		

Date	Loan Number	Receivables (Money received after default) is		Payables (paid by HFS) account 4900-		Balance	Federal Eligible	MAPA/JARC Capital Funds Received
		account 1701-21	21					
7/28/2014	42829		\$ 1,645.70	\$ 67,582.36	\$ 34,065.89			
		\$ -	\$ 3,340.98					\$ -
8/1/2014	48622	\$ 200.00	\$ 200.00	\$ 67,582.36	\$ 34,065.89			
8/1/2014				\$ 67,582.36	\$ 34,065.89			
8/5/2014	39461	\$ 167.00		\$ 67,415.36	\$ 33,932.29			
8/26/2014	56854		\$ 4,088.51	\$ 71,503.87	\$ 37,203.10			
8/26/2014	63931		\$ 4,551.94	\$ 76,055.81	\$ 40,844.65			
8/29/2014	42705	\$ 100.00		\$ 75,955.81	\$ 40,764.65			
		\$ 467.00	\$ 8,840.45					
9/29/2014	42829	\$ 1,555.97	\$ -	\$ 74,399.84	\$ 39,519.87			
9/30/2014				\$ 74,399.84	\$ 39,519.87			
10/2/2014	39461	\$ 150.00		\$ 74,249.84	\$ 39,399.87			
10/23/2014	44716		\$ 3,419.01	\$ 77,668.85	\$ 42,135.08			
10/23/2014	61327		\$ 5,346.32	\$ 83,015.17	\$ 46,412.14			
10/31/2014				\$ 83,015.17	\$ 46,412.14			
		\$ 150.00	\$ 8,765.33					
11/5/2014	61327	\$ 3.47		\$ 83,011.70	\$ 46,409.36			
12/4/2014			3127.49	\$ 86,139.19	\$ 48,911.35			
12/4/2014			2703.99	\$ 88,843.18	\$ 51,074.54			
12/4/2014			1379.51	\$ 90,222.69	\$ 52,178.15			
12/29/2014	56498	200		\$ 90,022.69	\$ 52,018.15			
12/29/2014	56498	100		\$ 89,922.69	\$ 51,938.15			
12/29/2014	42829	90.56		\$ 89,832.13	\$ 51,865.70			
	42705	100		\$ 89,732.13	\$ 51,785.70			
		\$ 290.56	\$ 7,210.99					
1/12/2015	66701		\$ 3,689.18	\$ 93,421.31	\$ 54,737.05			
1/12/2015	68658		\$ 4,190.29	\$ 97,611.60	\$ 58,089.28			
1/12/2015	52808		\$ 1,523.66	\$ 99,135.26	\$ 59,308.21			
1/27/2015	56498	200		\$ 98,935.26	\$ 59,148.21			
1/30/2015	61327	200		\$ 98,735.26	\$ 58,988.21			
1/30/2015	39461	150		\$ 98,585.26	\$ 58,868.21			
1/30/2015	60371	6.15		\$ 98,579.11	\$ 58,863.29			
1/30/2015	49750	4.57		\$ 98,574.54	\$ 58,859.63			
1/30/2015	42705	100		\$ 98,474.54	\$ 58,779.63			
		\$ 660.72	\$ 9,403.13					
2/13/2015	58342		2482.63	\$ 100,957.17	\$ 60,765.74			
2/13/2015	70407		3731.41	\$ 104,688.58	\$ 63,750.86			
2/13/2015	55580		2181.1	\$ 106,869.68	\$ 65,495.74			
2/13/2015	52697		1448.86	\$ 108,318.54	\$ 66,654.83			
2/10/2015	56498	1000		\$ 107,318.54	\$ 65,854.83			
2/10/2015	56498	999.99		\$ 106,318.55	\$ 65,054.84			
2/10/2015	39461	140		\$ 106,178.55	\$ 64,942.84			
2/27/2015	61327	2000		\$ 104,178.55	\$ 63,342.84			
2/27/2015	39461	100		\$ 104,078.55	\$ 63,262.84			
		\$ 4,239.99	\$ 9,844.00					
3/27/2015	46034		263.29	\$ 104,341.84	\$ 63,473.47			

Date	Loan Number	Receivables	Payables	Balance	Federal Eligible	MAPA/JARC Capital Funds Received
		(Money received after default) is account 1701-21	(paid by HFS) account 4900- 21			
3/27/2015	49335		847.62	\$ 105,189.46	\$ 64,151.57	
3/27/2015	79480		6193.85	\$ 111,383.31	\$ 69,106.65	
3/17/2015	52808	1800		\$ 109,583.31	\$ 67,666.65	
3/24/2015	60371	220		\$ 109,363.31	\$ 67,490.65	
3/31/2015	42705	45		\$ 109,318.31	\$ 67,454.65	
		\$ 2,065.00	\$ 17,148.76			
4/28/2015	70989		3431.54	\$ 112,749.85	\$ 70,199.88	
4/15/2015	44716	3420		\$ 109,329.85	\$ 67,463.88	
4/15/2015	39461	150		\$ 109,179.85	\$ 67,343.88	
4/29/2015	70989	100		\$ 109,079.85	\$ 67,263.88	
		\$ 3,670.00	\$ 3,431.54			
5/20/2015	49335	1100		\$ 107,979.85	\$ 66,383.88	
5/20/2015	39461	150		\$ 107,829.85	\$ 66,263.88	
		\$ 1,250.00	\$ -			
6/19/2015		90		\$ 107,739.85	\$ 66,191.88	
6/11/2015			3127.49	\$ 110,867.34	\$ 68,693.87	
		\$ 90.00	\$ 3,127.49			
7/1/2015		1448.86		\$ 109,418.48	\$ 67,534.78	
7/28/2015		650		\$ 108,768.48	\$ 67,014.78	
7/28/2015		549.6		\$ 108,218.88	\$ 66,575.10	
7/28/2015		150		\$ 108,068.88	\$ 66,455.10	
7/29/2015		40		\$ 108,028.88	\$ 66,423.10	
7/13/2015			325.36	\$ 108,354.24	\$ 66,683.39	
7/13/2015			5779.36	\$ 114,133.60	\$ 71,306.88	
		\$ 2,838.46	\$ 6,104.72			
8/12/2015		5760		\$ 108,373.60	\$ 66,698.88	
8/12/2015		860		\$ 107,513.60	\$ 66,010.88	
8/12/2015		560		\$ 106,953.60	\$ 65,562.88	
8/26/2015		60		\$ 106,893.60	\$ 65,514.88	
8/20/2015			400	\$ 107,293.60	\$ 65,834.88	27720.37
		\$ 7,240.00	\$ 400.00			
9/16/2015		160		\$ 107,133.60	\$ 37,986.51	
9/11/2015			274.97	\$ 107,408.57	\$ 38,206.49	
		\$ 7,400.00	\$ 1,074.97			
10/14/2015		250		\$ 107,158.57	\$ 38,006.49	
		\$ 250.00	\$ -			
11/5/2015		100		\$ 107,058.57	\$ 37,926.49	
11/5/2015		25		\$ 107,033.57	\$ 37,906.49	
		\$ 125.00	\$ -			
12/16/2015		301		\$ 106,732.57	\$ 37,665.69	
12/16/2015		25		\$ 106,707.57	\$ 37,645.69	

Date	Loan Number	Receivables (Money received after default) is account 1701-21	Payables (paid by HFS) account 4900- 21	Balance	Federal Eligible	MAPA/JARC Capital Funds Received
12/30/2015		550		\$ 106,157.57	\$ 37,205.69	
		\$ 876.00	\$ -			
1/15/2016			5,054.91	\$ 111,212.48	\$ 41,249.61	
1/15/2016			2,781.19	\$ 113,993.67	\$ 43,474.57	
1/15/2016			760.16	\$ 114,753.83	\$ 44,082.69	
		\$ -	\$ 5,054.91			
2/29/2016		3,143.00		\$ 111,610.83	\$ 41,568.29	
		\$ 3,143.00	\$ -			
3/31/2016		300.00		\$ 111,310.83	\$ 41,328.29	
		\$ 300.00	\$ -			
4/30/2016		2,211.00	5,215.80	\$ 114,315.63	\$ 43,732.13	
		\$ 2,211.00	\$ 5,215.80			
5/31/2016		845.47	-	\$ 113,470.16	\$ 43,055.76	
		\$ 845.47	\$ -			
6/30/2016		-	-	\$ 113,470.16	\$ 43,055.76	
		\$ -	\$ -			
7/31/2016		271.57	1,000.00	\$ 114,198.59	\$ 43,638.50	
		\$ 271.57	\$ 1,000.00			
8/31/2016		671.20	2,983.52	\$ 116,510.91	\$ 45,488.36	
		\$ 671.20	\$ 2,983.52			
9/30/2016		278.44	1,000.00	\$ 117,232.47	\$ 46,065.61	
		\$ 278.44	\$ 1,000.00			
10/31/2016		221.57	4,445.26	\$ 121,456.16	\$ 49,444.56	
		\$ 221.57	\$ 4,445.26			

Karla McKay

From: Lisa Picker
Sent: Tuesday, November 08, 2016 11:25 AM
To: Jessica Gerken; Karla McKay
Subject: Ways to Work Numbers October 2016

Hi Jessica and Karla:

Below are the numbers for Ways to Work for October 2016.

Number of repossessions in the month (bought back loans) – 0

Number of new closed loans in the month – 0

Number of loans outstanding – 21

Lisa K Picker

Loan Coordinator
Heartland Family Service
712.435.5368

Join us on



11/1/2016

9966914

47.50

0.00

47.50

HEARTLAND family Service

Good works.

Check: 139813 11/4/2016 CORELOGIC CREDCO, LLC 47.50

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

HEARTLAND family Service
Good works.

2101 S. 42ND ST.
OMAHA, NE 68105
402-553-3000

A United Way Member Agency

AMERICAN NATIONAL BANK
OMAHA, NEBRASKA 68114

27-85/1040

139813

NUMBER

*FORTY-SEVEN AND 50/100

HEARTLAND family Service

Good works.

DATE
11/4/2016

AMOUNT

*****47.50*

PAY TO THE ORDER OF

CORELOGIC CREDCO, LLC
PO BOX 847070
DALLAS, TX 75284-8470

CORELOG

A SECOND SIGNATURE REQUIRED FOR CHECKS OVER 1,000 DOLLARS

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑈ 139813 ⑈ ⑆ 104000854 ⑆ 3285463 ⑈

HEARTLAND FAMILY SERVICE

139813

FILE COPY

CoreLogic Credco LLC
 10277 Scripps Ranch Blvd.
 San Diego, California 92131
 www.CredcoServices.com



CoreLogic
 Credco

STATEMENT FOR :

JENNY SCHULTE
 HEARTLAND FAMILY SERVICES
 2101 S. 42ND STREET
 OMAHA, NE 68105

Prog. Serv. _____
 Amt. 47.50
 Cler. ubm
 Appr. _____
 Acct. No. 2490-21

OCT

PAID

For questions regarding this statement, please e-mail us at credco.billing@corelogic.com, call (800) 294-5566 or fax to (800) 998-4747.

Account Number	Statement Number	Statement Date	Service Period
4255199	9966914	11/01/16	10/01/16 - 10/31/16

Balance Forward Previous Month	\$66.36
Adjustments	\$0.00
Payments	\$0.00
Current Charges	(\$66.36)
Third Party Fees	\$46.10
Surcharges	\$0.00
Sales Tax	\$1.40
Total Due by 11/25/16	\$0.00
	\$47.50

AGED BALANCE SUMMARY

Current	30 Days	60 Days	90 Days	120+ Days	Total
\$47.50	\$0.00	\$0.00	\$0.00	\$0.00	\$47.50

Credit Card Authorization Form

Account Number : 4255199

Statement Number : 9966914

HEARTLAND FAMILY SERVICES

I would like to pay on my Credco account by charging the following credit card:

VISA

MasterCard

American Express

Discover Card

Amount to Charge : _____

Card Number : _____

Expiration Date : _____

Card Verification
Number : _____

(Necessary to charge your account)

Name as it appears on card : _____

Signature : _____

(Necessary to charge your account)

Cardholder's Address : _____

City : _____

State : _____

Zip Code : _____

Phone Number : _____

I understand that this is not retained for future use.

Fax Credit Card payments directly to
the Accounts Receivable Department at 800-998-4747.

Summary Of Usage

	0-Bureau	1-Bureau	2-Bureau	3-Bureau	Total
IND	0	0	5	0	5
IND ID SCORE ORIG	5	0	0	0	5
IND PS OFAC ORIG	5	0	0	0	5
SCOREDISCLOSURE	0	0	5	0	5
Totals :	10	0	10	0	20

ADJUSTMENTS

Time Stamp	Reference Num	Notes	Type	Check #	Adjustment	Tax	Total
10/14/16			Payment	139320	(\$68.36)	\$0.00	(\$68.36)
				Totals :	(\$68.36)	\$0.00	(\$68.36)

* Surcharge included in price.

† Includes secondary use charges

Account Num : 4255199
Statement Num : 9986914

TRANSACTIONS

Name	Time Stamp	Reference Num	Product / Access Type	Type	Bureau	Charge	Tax	Total *
BillFlag - Notes								
LLANAS PEREYRA, MISAE 2016-10-10T07:17:00.908-08:00	10/10/16	111789013840000	INSTANT MERGE/ORIGINAL	IND	EFX,XPN	\$9.50	\$0.00	\$9.50 /
WASHINGTON, DOMINIQUE 2016-10-10T08:29:53.659-08:00	10/10/16	111789128250000	INSTANT MERGE/ORIGINAL	IND	EFX,XPN	\$9.50	\$0.00	\$9.50 /
VEREEN, NICOLE 2016-10-11T14:01:31.955-08:00	10/11/16	111791563330000	INSTANT MERGE/ORIGINAL	IND	EFX,XPN	\$9.50	\$0.00	\$9.50 /
MORRISON, BRANYIELLE 2016-10-26T13:10:39.987-08:00	10/26/16	111809604020000	INSTANT MERGE/ORIGINAL	IND	EFX,XPN	\$9.50	\$0.00	\$9.50 /
COLEMAN, TAMIKA 2016-10-27T13:58:00.456-08:00	10/27/16	111811071750000	INSTANT MERGE/ORIGINAL	IND	EFX,XPN	\$9.50	\$0.00	\$9.50 /

GRAND TOTALS

Totals : \$47.50 \$0.00 \$47.50

* Surcharge included in price
/ includes secondary use charges.

Karla McKay

From: Lisa Picker
Sent: Wednesday, November 02, 2016 10:20 AM
To: Karla McKay
Subject: Fwd: CoreLogic Credco invoice 9966914
Attachments: HFS 4255199 Oct 16.pdf; ATT00001.htm

Good morning Karla.

Okay to pay the attaches invoice.

Thanks
Lisa

Sent from my iPhone

Begin forwarded message:

From: Karla McKay <kmckay@heartlandfamilyservice.org>
Date: November 2, 2016 at 10:18:05 AM CDT
To: Lisa Picker <LPicker@heartlandfamilyservice.org>
Subject: CoreLogic Credco invoice 9966914

Hi Lisa,

For approval please. Thanks.

Karla McKay
Accounts Payable Clerk
Heartland Family Service
402-552-7452
kmckay@heartlandfamilyservice.org

#21

Panera Bread
Cafe 1506
Council Bluffs, IA 51501
Phone: 712-366-8944

Accuracy Matters.
Your order should be correct every time.
If it's not, we'll fix it right away, and
give you a free treat for your trouble.
Just let any associate know.

9/23/2016 7:57:01 AM
Check Number: 304854 Cashier: Guadalupe
1 Spinach Bacon Souffle 4.39
1 Four Cheese Souffle 4.39
1 Ham & Swiss Souffle 4.39
SubTotal 13.17
Tax 0.92
Total 14.09
Visa 14.09
Acct:XXXXXXXX1262
AuthCode:703275
Trans#:1327

If you didn't use your MyPanera card,
keep this receipt and enter the code below
at www.mypanera.com/missedvisit
Not a member yet? Ask an Associate for
your own card and join today!

4578-9976-6671-6269-0416-32

www.panerabread.com

1060 POS
Your Order Number is: 354
Customer / Pager:

Customer Copy

✓

#21

Panera Bread
Cafe 1506
Council Bluffs, IA 51501
Phone: 712-366-8944

Accuracy Matters.
Your order should be correct every time.
If it's not, we'll fix it right away, and
give you a free treat for your trouble.
Just let any associate know.

9/23/2016 7:53:42 AM
Check Number: 304853 Cashier: Guadalupe
1 Bagel Pack 13.99
4 Cinnamon Crunch Bgl
1 Whole Grain Bagel
1 French Toast Bagel
1 Cin Swirl Raisin Bgl
2 Pumpkin Pie Bagel
1 Blueberry Bagel
1 Everything Bagel
2 Plain Bagel
1 Plain Cream Chs Tub
1 Veg Medley CC Tub
2 Cinnamon Roll 5.98
2 Pumpkin Muffin 3.38
2 Cobblestone 5.58
2 Apple Crunch Muffin 4.58
1 Orange Scone 2.69
1 Cinnamon Crunch Scon 2.69
SubTotal 38.89
Tax 0.00
Total 38.89
Visa 38.89
Acct:XXXXXXXX1262
AuthCode:703235
Trans#:1324

Sign up for emails to get bonus rewards.
Log in at PaneraBread.com.
You received a reward
Received 1 \$2 off You Pick Two

✓

Karla McKay

From: Lisa Picker
Sent: Thursday, October 20, 2016 4:49 PM
To: AccountsPayable
Subject: RE: Scanned from a Xerox Multifunction Printer

Follow Up Flag: Follow up
Flag Status: Completed

This was for my loan committee meeting. It was volunteers in attendance. Do you want their specific names?

-----Original Message-----

From: AccountsPayable
Sent: Thursday, October 20, 2016 4:28 PM
To: Lisa Picker
Subject: FW: Scanned from a Xerox Multifunction Printer

Hi Lisa,

Were these two receipts for meetings? If so, who was in attendance or please give a brief description of what it was for.
Thanks.

Karla McKay
Accounts Payable Clerk
Heartland Family Service
402-552-7452
kmckay@heartlandfamilyservice.org

-----Original Message-----

From: Lisa Picker
Sent: Wednesday, October 05, 2016 2:13 PM
To: AccountsPayable
Subject: FW: Scanned from a Xerox Multifunction Printer

Hello everyone

Attached are two receipts (on one document) for purchases from Panera for Ways to Work (department 21)

Have a great rest of your day.

Lisa

-----Original Message-----

From: Scan
Sent: Wednesday, October 05, 2016 2:10 PM
To: Lisa Picker
Subject: Scanned from a Xerox Multifunction Printer

10/17/2016	356550		155.14	0.00	155.14
10/1/2016	OCT-2016	INV'S 357987,988,990,991,358041 & 042	3,436.07	0.00	3,436.07

HEARTLAND family Service

Good works.

Check: 139807 11/4/2016 BISHOP BUSINESS EQUIPMENT CO 3,591.21

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

139807

HEARTLAND family Service
Good works.

2101 S. 42ND ST.
OMAHA, NE 68105
402-553-3000
A United Way Member Agency

AMERICAN NATIONAL BANK
OMAHA, NEBRASKA 68114

27-85/1040

NUMBER

*THREE THOUSAND FIVE HUNDRED NINETY ONE AND 21/100

AMOUNT

PAY TO THE ORDER OF

BISHOP BUSINESS EQUIPMENT CO
4125 S 94TH ST
OMAHA, NE 68127

11/4/2016

*****3,591.21*

Good works.

BISHOPS

A SECOND SIGNATURE REQUIRED FOR CHECKS OVER 1,000 DOLLARS

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑈ 139807⑈ ⑆ 104000854⑆ 3285463⑈

HEARTLAND FAMILY SERVICE

139807

FILE COPY

HEARTLAND FAMILY SERVICES COPY CHARGES

10/1/2016

357987, 357988, 357989, 357990, 357991, 358041, & 358042

Oct
 Prog. Serv. Oct 2016
 Amt. 3,436.07
 Cler. JS
 Appr. _____
 Acct. No. _____

Account Name	Internal Code	Grand Total
Administration	03	\$500.05
Development	04	\$956.10
NE Behavioral Health	05	\$165.74
Generations Center	06	\$53.81
NE Family Works Residential	07	\$79.18
Better Together	09	\$26.88
Gamblers Assistance Iowa	10	\$14.90
Hardship Assistance	11	\$55.34
Child & Adult Care Food Program	12	\$67.80
Solomon Girls Center	13	\$0.62
NE HPRP/OPPORTUNITIES	14	\$68.26
Community Education	15	\$23.87
Iowa Counseling	16	\$207.95
Samaritan Housing	17	\$12.11
Domestic Abuse Program NE	18	\$35.20
Prevention DFC	19	\$14.56
Youth Links	20	\$54.90
Ways to Work	21	\$18.55 ✓
Nebraska Gamblers	22	\$15.01
Integrated Health Home	23	\$92.66
Sarpy Juvenile Justice	24	\$2.73
In Home Parenting Time	25	\$14.13
Iowa Assertive Community Trmt	26	\$33.26
H Housing Stability-Inactive	27	\$0.00
Iowa Mental Health Crt	28	\$53.67
Family Works Iowa	29	\$35.10
Therapeutic School	30	\$426.38
Nebraska Tracker-Inactive	31	\$0.00
Assessment Center	32	\$0.00
Passages	33	\$56.81
PCHL Rapid Re-housing	34	\$28.47
Fremont Childrens Shelter	35	\$25.81
Heartland Housing Solutions	36	\$11.64
Heartland Homes	37	\$0.04
ASAP	38	\$19.04
Ready in 5	39	\$29.00
Heartland Housing Beginnings	40	\$9.52
DCYC	41	\$4.03
Transitions	42	\$0.24
Family Crisis Mediation	43	\$16.36
Baby Talk	44	\$27.52
Refugee Juvenile Justice Adv	45	\$4.09

Prevention - Block	46	\$28.04	
Metro Home Base/do not use	47	\$0.00	
DRUG TESTING/do not use	48	\$0.00	
In Home Support-Fremont	49	\$0.00	
Prevention - TFN/MOTAC	50	\$4.10	
Prevention - SPF/LiveWise	51	\$16.48	
In Home Family Support	52	\$5.60	
PCHL Prevention	53	\$10.94	
IBH - School Based Services	54	\$3.22	
Child & Family Center	55	\$79.25	
NE Family Works Apts	56	\$4.19	
The Coeur Group	57	\$1.31	
VOCA	58	\$0.00	
VAWA	59	\$0.00	
SPSS	60	\$0.00	
Dr Paul	57	\$8.44	comment: Dr. Paul
Dr Coy	57	\$4.05	comment: Dr. Coy
Integrated Therapy	57	\$9.07	comment: Integrated Therapy
		<u>\$3,436.07</u>	



4125 S 94th St - Omaha 68127
 5253 R St - Lincoln 68504
 1.800.933.9583 / 402.537.4379 fx
 www.bb.ec.com

CONTRACT INVOICE

Invoice Number: 358041
 Invoice Date: 10/31/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
103343	Due Upon Receipt	11/15/2016	\$917.13	\$917.13	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
SC3971-01		\$857.13	DIANE BENTON	09/28/2013	01/27/2018
Remarks:					
THIS CHARGE IS FOR ALL COPIES AT COST PER COPY - PUT ON WORKSHEET FOR CUSTOMER					

Summary:

Contract base rate charge for this billing period \$0.00 *
 Contract overage charge for the 09/28/2016 to 10/27/2016 overage period \$857.13 **
 *Sum of equipment base charges **See overage details below **\$857.13**

Detail:

Equipment included under this contract

Xerox/X5845/APT2

Number	Serial Number	Base Charge	Location						
BL712	EX7-387139	\$0.00	Heartland Family Service 2101 S 42nd Street Omaha, NE 68105-2909						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	459,586	471,340	90	11,664	*** See overage details below			\$0.00

Xerox/X5845/APTXF2

Number	Serial Number	Base Charge	Location						
BL850	EX7-396327	\$0.00	Heartland Family Service 2101 S 42nd Street Omaha, NE 68105-2909						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	81,643	84,735		3,092	*** See overage details below			\$0.00

Number	Serial Number	Base Charge	Location						
BL853	EX7-396220	\$0.00	Heartland Family Service 2517 Caldwell Street Omaha, NE 68131-4602						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	133,826	138,096		4,270	*** See overage details below			\$0.00

Number	Serial Number	Base Charge	Location						
BL856	EX7-392695	\$0.00	Heartland Family Service 6720 N 30th Street Omaha, NE 68112-3211						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	340,652	346,557		5,905	*** See overage details below			\$0.00

Total \$3,436.07



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CONTRACT INVOICE

Invoice Number: 358041
 Invoice Date: 10/31/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
103343	Due Upon Receipt	11/15/2016	\$917.13	\$917.13

Number	Serial Number	Base Charge	Location						
BL860	EX7-392587	\$0.00	Heartland Family Service Bellevue, NE 68005						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	105,267	107,007		1,740				*** See overage details below
\$0.00									

Number	Serial Number	Base Charge	Location						
BL861	EX7-392502	\$0.00	Heartland Family Services Day Care 4847 Sahler Street Omaha, NE 68104						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	321,142	332,049		10,907				*** See overage details below
\$0.00									

Number	Serial Number	Base Charge	Location						
BL865	EX7-392702	\$0.00	Heartland Family Service - NOIC 4318 Fort Street - 1ST FLOOR Omaha, NE 68111-1849						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	64,029	65,284		1,255				*** See overage details below
\$0.00									

Xerox/X5855/APTXF2

Number	Serial Number	Base Charge	Location						
BL863	EX7-392658	\$0.00	Heartland Family Service 2101 S 42nd Street Omaha, NE 68105-2909						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	571,539	586,640		15,101				*** See overage details below
\$0.00									

Xerox/X7845/PTXF2

Number	Serial Number	Base Charge	Location						
BL855	MX4-327604	\$0.00	Heartland Family Service Homeless Call Center 1941 S 42nd Street - Suite 375 Omaha, NE 68105						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	727,541	748,847		21,306				*** See overage details below
Color	COLOR	24,666	25,203		537				*** See overage details below
\$0.00									

Xerox/X7855/PTXF2



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CONTRACT INVOICE

Invoice Number: 358041
 Invoice Date: 10/31/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
103343	Due Upon Receipt	11/15/2016	\$917.13	\$917.13

Number	Serial Number	Base Charge		Location					
BL854	MX4-327458	\$0.00		Heartland Family Service 6720 N 30th Street Omaha, NE 68112-3211					
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	265,183	271,018		5,835	*** See overage details below			
Color	COLOR	259,674	261,671		1,997	*** See overage details below			
\$0.00									

Number	Serial Number	Base Charge		Location					
BL858	MX4-327605	\$0.00		Heartland Family Service 302 American Parkway Papillion, NE 68046-6270					
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	365,675	377,090		11,415	*** See overage details below			
Color	COLOR	57,130	59,078		1,948	*** See overage details below			
\$0.00									

Number	Serial Number	Base Charge		Location					
BL866	MX4-327650	\$0.00		Heartland Family Service 2101 S 42nd Street Omaha, NE 68105-2909					
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	214,384	215,866		1,482	*** See overage details below			
Color	COLOR	81,228	84,004		2,776	*** See overage details below			
\$0.00									



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CONTRACT INVOICE

Invoice Number: 358041
 Invoice Date: 10/31/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
103343	Due Upon Receipt	11/15/2016	\$917.13	\$917.13

Overage Details

Meter Group	Total Copies	Covered Copies	Credits	Billable	Rate	Total
B/W	94,062	0	90	93,972	\$0.005800	\$545.04
					Base Amount:	\$0.00
						\$545.04
Meter Type	Equip. Number	Serial Number	Begin	End	Copies	
B/W	BL712	EX7-387139	459,586	471,340	11,754	
B/W	BL850	EX7-396327	81,643	84,735	3,092	
B/W	BL853	EX7-396220	133,826	138,096	4,270	
B/W	BL854	MX4-327458	265,183	271,018	5,835	
B/W	BL855	MX4-327604	727,541	748,847	21,306	
B/W	BL856	EX7-392695	340,652	346,557	5,905	
B/W	BL858	MX4-327605	365,675	377,090	11,415	
B/W	BL860	EX7-392587	105,267	107,007	1,740	
B/W	BL861	EX7-392502	321,142	332,049	10,907	
B/W	BL863	EX7-392658	571,539	586,640	15,101	
B/W	BL865	EX7-392702	64,029	65,284	1,255	
B/W	BL866	MX4-327650	214,384	215,866	1,482	
Meter Group	Total Copies	Covered Copies	Billable	Rate	Total	
COLOR	7,258	0	0	7,258	\$0.043000	\$312.09
					Base Amount:	\$0.00
						\$312.09
Meter Type	Equip. Number	Serial Number	Begin	End	Copies	
Color	BL854	MX4-327458	259,674	261,671	1,997	
Color	BL855	MX4-327604	24,666	25,203	537	
Color	BL858	MX4-327605	57,130	59,078	1,948	
Color	BL866	MX4-327650	81,228	84,004	2,776	
Total Grouped Overage Charges:						\$857.13
Total Grouped Base Charges:						\$0.00
Total Meter Group Charges:						\$857.13

THANK YOU FOR YOUR BUSINESS!

Invoice SubTotal	\$857.13
Tax:	\$60.00
Invoice Total	\$917.13
Balance Due:	\$917.13



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CONTRACT INVOICE

Invoice Number: 358042
 Invoice Date: 10/31/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 515 E Broadway
 Council Bluffs, IA 51503

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
103343	Due Upon Receipt	11/15/2016	\$994.61	\$994.61	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
SC3973-01		\$929.54		09/28/2013	
Remarks					
THIS IS COST PER COPY ON ALL UNITS - put on worksheet for Heartland Family					

Summary:

Contract base rate charge for this billing period	\$0.00 *
Contract overage charge for the 09/28/2016 to 10/27/2016 overage period	\$929.54 **
*Sum of equipment base charges **See overage details below	\$929.54

Detail:

Equipment included under this contract

Xerox/X5845/APTXF2

Number	Serial Number	Base Charge	Location						
6L882	EX7-395103	\$0.00	Heartland Family Service 1515 Avenue J Council Bluffs, IA 51503						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	221,872	230,040		8,168				*** See overage details below
									\$0.00

Number	Serial Number	Base Charge	Location						
6L883	EX7-394726	\$0.00	Heartland Family Service 1722 Avenue C Council Bluffs, IA 51501						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	310,946	316,602		5,656				*** See overage details below
									\$0.00

Xerox/X5855/APTXF2

Number	Serial Number	Base Charge	Location						
6L875	EX7-392588	\$0.00	Heartland Family Service 2912 9th Avenue Council Bluffs, IA 51501						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	482,884	493,694		10,810				*** See overage details below
									\$0.00

Number	Serial Number	Base Charge	Location						
6L876	EX7-398699	\$0.00	Heartland Family Service 515 E Broadway Council Bluffs, IA 51503						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	585,114	601,624	120	16,390				*** See overage details below
									\$0.00

Xerox/X7845/PTXF2



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 www.bb.ec.com

CONTRACT INVOICE

Invoice Number: 358042
 Invoice Date: 10/31/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 515 E Broadway
 Council Bluffs, IA 51503

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
103343	Due Upon Receipt	11/15/2016	\$994.61	\$994.61

Number	Serial Number	Base Charge			Location				
BL874	MX4-327593	\$0.00			Heartland Family Service 1515 Avenue J Council Bluffs, IA 51503				
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	244,847	250,999		6,152				*** See overage details below
Color	COLOR	42,080	43,859		1,779				*** See overage details below
									\$0.00

Number	Serial Number	Base Charge			Location				
BL877	MX4-327602	\$0.00			Heartland Family Service 515 E Broadway Council Bluffs, IA 51503				
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	537,037	550,519	20	13,462				*** See overage details below
Color	COLOR	41,804	43,792		1,988				*** See overage details below
									\$0.00

Number	Serial Number	Base Charge			Location				
BN523	MX4-740794	\$0.00			Heartland Family Service 705 N 16th Street Council Bluffs, IA 51501				
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	86,423	90,123		3,700				*** See overage details below
Color	COLOR	16,902	18,196		1,294				*** See overage details below
									\$0.00

Xerox/X7855/PTXF2

Number	Serial Number	Base Charge			Location				
BL873	MX4-327598	\$0.00			Heartland Family Service 2912 9th Avenue Council Bluffs, IA 51501				
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	374,182	387,298		13,116				*** See overage details below
Color	COLOR	178,974	185,083		6,109				*** See overage details below
									\$0.00



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 www.bbec.com

CONTRACT INVOICE

Invoice Number: 358042
 Invoice Date: 10/31/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 515 E Broadway
 Council Bluffs, IA 51503

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
103343	Due Upon Receipt	11/15/2016	\$994.61	\$994.61

Overage Details

Meter Group	Total Copies	Covered Copies	Credits	Billable	Rate	Total
B/W	77,594	0	140	77,454	\$0.005800	\$449.23
					Base Amount:	\$0.00
						\$449.23
Meter Type	Equip. Number	Serial Number	Begin	End	Copies	
B/W	BL873	MX4-327598	374,182	387,298	13,116	
B/W	BL874	MX4-327593	244,847	250,999	6,152	
B/W	BL875	EX7-392588	482,884	493,694	10,810	
B/W	BL876	EX7-398699	585,114	601,624	16,510	
B/W	BL877	MX4-327602	537,037	550,519	13,482	
B/W	BL882	EX7-395103	221,872	230,040	8,168	
B/W	BL883	EX7-394726	310,946	316,602	5,656	
B/W	BN523	MX4-740794	86,423	90,123	3,700	
Meter Group	Total Copies	Covered Copies	Billable	Rate	Total	
COLOR	11,170	0	0	11,170	\$0.043000	\$480.31
					Base Amount:	\$0.00
						\$480.31
Meter Type	Equip. Number	Serial Number	Begin	End	Copies	
Color	BL873	MX4-327598	178,974	185,083	6,109	
Color	BL874	MX4-327593	42,080	43,859	1,779	
Color	BL877	MX4-327602	41,804	43,792	1,988	
Color	BN523	MX4-740794	16,902	18,196	1,294	
Total Grouped Overage Charges:						\$929.54
Total Grouped Base Charges:						\$0.00
Total Meter Group Charges:						\$929.54

THANK YOU FOR YOUR BUSINESS!

Invoice SubTotal	\$929.54
Tax:	\$65.07
Invoice Total	\$994.61
Balance Due:	\$994.61



4125 S 94th St - Omaha 68127
 5253 R St - Lincoln 68504
 1.800.933.9583 / 402.537.4379 fx
 www.bbec.com

CONTRACT INVOICE

Invoice Number: 357987
 Invoice Date: 10/28/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
103343	Due Upon Receipt	11/12/2016	\$22.34	\$22.34	
Contract Number	Contract	Contract Amount	P.O. Number	Start Date	Exp. Date
SC4973-01		\$20.88	BP213	09/28/2015	01/27/2018
Remarks					
THIS CHARGE IS FOR COPIES AT COST PER COPY - put on worksheet for Heartland Family					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 09/28/2016 to 10/27/2016 overage period	\$20.88 **
	\$20.88

**See overage details below

Detail:

Equipment included under this contract

Toshiba/T355E

Number	Serial Number	Base Adj.	Location
BP213	CPG-912476	\$0.00	Heartland Family Service 2101 S 42nd Street Omaha, NE 68105-2909

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	97,819	101,419		3,600	0	3,600	\$0.005800	\$20.88
									\$20.88

THANK YOU FOR YOUR BUSINESS!

Invoice SubTotal	\$20.88
Tax:	\$1.46
Invoice Total	\$22.34
Balance Due:	\$22.34



4125 S 94th St - Omaha 68127
 5253 R St - Lincoln 68504
 1.800.933.9583 / 402.537.4379 fx
 www.bbec.com

CONTRACT INVOICE

Invoice Number: 357988
 Invoice Date: 10/28/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
103343	Due Upon Receipt	11/12/2016	\$1,318.90	\$1,318.90	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
SC4031-01		\$1,232.62	DIANE BENTON	09/28/2013	01/27/2018
Remarks					
THIS IS FOR YOUR BLACK, WHITE & COLOR COPIES AT COST PER COPY - put on worksheet for customer					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 09/28/2016 to 10/27/2016 overage period	<u>\$1,232.62 **</u>
**See overage details below	\$1,232.62

Detail:
Equipment included under this contract

Toshiba/TF654CT

Number	Serial Number	Base Adj.	Location						
BK385	CCD-110160	\$0.00	Heartland Family Service 2101 S 42nd Street Omaha, NE 68105-2909						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	261,844	265,270	289	3,137	0	3,137	\$0.005000	\$18.82
Color	COLOR	740,992	765,268		24,276	0	24,276	\$0.050000	\$1,213.80
									\$1,232.62

THANK YOU FOR YOUR BUSINESS!

Invoice SubTotal	\$1,232.62
Tax:	<u>\$86.28</u>
Invoice Total	\$1,318.90
Balance Due:	\$1,318.90



4125 S 94th St - Omaha 68127
 5253 R St - Lincoln 68504
 1.800.933.9583 / 402.537.4379 fx
 www.bbec.com

CONTRACT INVOICE

Invoice Number: 357989
 Invoice Date: 10/28/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Services Couer Group
 900 So 74th Plaza Suite 400
 Omaha, NE 68114-4667

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
103343	Due Upon Receipt	11/12/2016	\$37.24	\$37.24	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
SC5389-01	HFS Couer Group	\$34.80	HFS Couer Group	08/28/2016	01/27/2018
Remarks					
THIS CHARGE IS FOR BLACK, WHITE & COLOR COPIES ON BP504 - HFS Couer Group -AT COST PER COPY MONTHLY - PUT ON WORKSHEET WITH THE UNITS					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 09/28/2016 to 10/27/2016 overage period	\$34.80 **
**See overage details below	\$34.80

Detail:

Equipment included under this contract

Toshiba/TF354C

Number	Serial Number	Base Adj.	Location
BP504	COF-112689	\$0.00	Heartland Family Services Couer Group 900 So 74th Plaza Suite 400 Omaha, NE 68114-4667

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	234,550	237,192		2,642	0	2,642	\$0.006000	\$15.85
Color	COLOR	272,088	272,467		379	0	379	\$0.050000	\$18.95
									\$34.80

THANK YOU FOR YOUR BUSINESS!

Invoice SubTotal	\$34.80
Tax:	\$2.44
Invoice Total	\$37.24
Balance Due:	\$37.24



4125 S 94th St - Omaha 68127
 5253 R St - Lincoln 68504
 1.800.933.9583 / 402.537.4379 fx
 www.bbec.com

CONTRACT INVOICE

Invoice Number: 357990
 Invoice Date: 10/28/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Services Day Care
 4847 Sahler Street
 Omaha, NE 68104

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
103343	Due Upon Receipt	11/12/2016	\$14.51	\$14.51	
Contract Number	Contract	Contract Amount	P.O. Number	Start Date	Exp. Date
SC5390-01	HFS DAY CARE	\$13.56	HFS DAY CARE	08/28/2016	
Remarks					
THIS CHARGE IS FOR YOUR BLACK, WHITE & COLOR COPIES ON BPS03 - HFS DAY CARE- AT COST PER COPY MONTHLY - PUT ON WORKSHEET WITH ALL THE OTHER UNITS					

Summary:

Contract base rate charge for this billing period \$0.00
 Contract overage charge for the 09/28/2016 to 10/27/2016 overage period \$13.56**
 See overage details below **\$13.56

Detail:

Equipment included under this contract

Toshiba/TF454C

Number	Serial Number	Base Adj.	Location						
BP503	CMG-221125	\$0.00	Heartland Family Services Day Care 4847 Sahler Street Omaha, NE 68104						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	120,527	122,787		2,260	0	2,260	\$0.006000	\$13.56
Color	COLOR	22,886	22,886		0	0	0	\$0.050000	\$0.00
									\$13.56

THANK YOU FOR YOUR BUSINESS!

Invoice SubTotal	\$13.56
Tax:	\$0.95
Invoice Total	\$14.51
Balance Due:	\$14.51



4125 S 94th St - Omaha 68127
 5253 R St - Lincoln 68504
 1.800.933.9583 / 402.537.4379 fx
 www.bbpc.com

CONTRACT INVOICE

Invoice Number: 357991
 Invoice Date: 10/28/2016

REMIT TO:
 Bishop Business
 4125 S 94th Street
 Omaha, NE 68127

Bill To: Heartland Family Service
 2101 S 42nd Street
 Omaha, NE 68105-2909

Customer: Heartland Family Service
 437 Jefferson Road
 Fremont, NE 68025

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
103343	Due Upon Receipt	11/12/2016	\$131.34	\$131.34	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
SC3972-01		\$131.34	Diane Benton	09/28/2013	
Remarks					
THIS IS COST PER COPY FOR THIS UNIT - put on worksheet for Heartland Family					

Summary:

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 09/28/2016 to 10/27/2016 overage period	\$131.34**
	\$131.34

**See overage details below

Detail:

Equipment Included under this contract

Xerox/X5845/APTXF2

Number	Serial Number	Base Adj.	Location						
BL884	EX7-394831	\$0.00	Heartland Family Service 437 Jefferson Road Fremont, NE 68025						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	212,949	217,399		4,450				*** See overage details below
									\$0.00

Xerox/X7855/PTXF2

Number	Serial Number	Base Adj.	Location						
BL859	MX4-327661	\$0.00	Heartland Family Service - NOIC 4318 Fort St 2ND FLOOR YOUTH LINKS Omaha, NE 68111-1849						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B/W	B/W	466,436	472,257		5,821				*** See overage details below.
Color	COLOR	28,121	29,790		1,669	0	1,669	\$0.043000	\$71.77
									\$71.77

Overage Details

Meter Group	Total Copies	Covered Copies	Billable	Rate	Total
B/W	10,271	0	0	10,271	\$0.005800
					Base Amount:
					\$0.00
					\$59.57
Meter Type	Equip. Number	Serial Number	Begin	End	Copies
B/W	BL859	MX4-327661	466,436	472,257	5,821
B/W	BL884	EX7-394831	212,949	217,399	4,450
Total Grouped Overage Charges:					\$59.57
Total Grouped Base Charges:					\$0.00
Total Meter Group Charges:					\$59.57



4125 S 94th St - Omaha 68127
5253 R St - Lincoln 68504
1.800.933.9583 / 402.537.4379 fx
www.bbec.com

CONTRACT INVOICE

Invoice Number: 357991
Invoice Date: 10/28/2016

REMIT TO:
Bishop Business
4125 S 94th Street
Omaha, NE 68127

Bill To: Heartland Family Service
2101 S 42nd Street
Omaha, NE 68105-2909

Customer: Heartland Family Service
437 Jefferson Road
Fremont, NE 68025

THANK YOU FOR YOUR BUSINESS!

Invoice SubTotal	\$131.34
Tax:	\$0.00
Invoice Total	\$131.34
Balance Due:	\$131.34

10/26/2016 7410081112 PHILLIPS - 7410081112 3,445.26 0.00 3,445.26



Check: 139739 10/28/2016 WAYS TO WORK 3,445.26

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER



2101 S. 42ND ST.
OMAHA, NE 68105
402-553-3000
A United Way Member Agency

AMERICAN NATIONAL BANK
OMAHA, NEBRASKA 68114

NUMBER

27-85/1040

*THREE THOUSAND FOUR HUNDRED FORTY-FIVE AND 26 / 100

AMOUNT

*****3,445.26*

Details on line 1 Security Features Included

PAY TO THE ORDER OF

WAYS TO WORK
11700 WEST LAKE PARK DR
Milwaukee, WI 53224



10/28/2016

WAYSWRK

A SECOND SIGNATURE REQUIRED FOR CHECKS OVER 1,000 DOLLARS



THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - REG IMAGE DISAPPEARS WITH HEAT.

⑈ 139739⑈ ⑆ 104000854⑆ 3285463⑈

HEARTLAND FAMILY SERVICE

139739

FILE COPY



BUY BACK INVOICE

11700 West Lake Park Drive
 Milwaukee WI 53224
 414.359.1448, FAX 414.359.9548
 [e-mail]

DATE October 26, 2016
 CUSTOMER ID

Please remit the amount listed blow to the address listed above
 Please enclose a copy of this invoice with each check.

Acct Number	Client Name	Payoff Amt	Daily Accrual	Days Past Due
7410081112	Phillips, Latasha	\$ 3,445.26		150
Total Due				\$ 3,445.26

PAID

Prog. Serv. _____
 Amt. 3445.26
 Cler. km
 Appr. _____
 Acct. No. 4900-21

Phillips - 7410081112

Lisa Picker
 to pick-up check

Karla McKay

From: Lisa Picker
Sent: Wednesday, October 26, 2016 1:39 PM
To: Accounts Payable
Subject: Invoice
Attachments: Buy Back Invoice -Phillips.xlsx

Good afternoon everyone

Okay to pay the attached invoice. If you will email me when the check is ready, I will swing by and pick it up.

Thanks

Lisa K Picker

Loan Coordinator
Heartland Family Service
712.435.5368

Join us on



METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Steve Jensen Consulting, LLC

Contract Approved by Board of Directors: March 26, 2015

Contract Amount of: \$31,200

Amendment Approved: 12/08/16 not to exceed \$36,00

Contract Period: 04/01/15 – 06/30/16

Amendment: 04/01/15 – 06/30/17

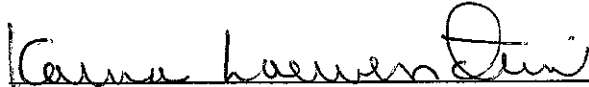
Payment #7

1. Computation of Payment

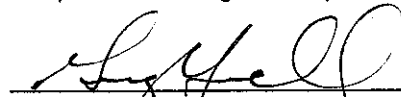
Bill to Date	\$24,180.00
Less Previous Payments	20,442.50
Payment Due this Date	<u>\$3,737.50</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:


Staff

N/A
Responsible Charge/Transportation & Data Manager


Executive Director

Payment approved by Finance Committee _____

Treasurer

December 28, 2016

Greg Youell, Executive Director
Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, NE 68102-4328

Dear Greg,

Enclosed please find an invoice for my work with MAPA on the Heartland 2050 Project from October 15th through December 28th, 2016. This invoice covers the fourth quarter of 2016.

I've also enclosed my earlier invoice for the third quarter of 2016 that has been held back because of the need to extend my contract. Hopefully that issue has been resolved so that both invoices can now be processed.

If you have any questions or would like more detail on the type of work done or hours related to each task on any of the invoices, just let me know. Also, let me know if you have any other questions or need any additional information.

Sincerely,



Steven Jensen, Principal
Steven Jensen Consulting
1516 Cuming Street
Omaha, NE 68102-4409
snjensen@cox.net
C = 402-676-9999

C: Melissa Engel

Invoice

Steven Jensen Consulting
 5619 S. 169th Street
 Omaha, Nebraska 68135

Customer

2222 Cuming Street
 Omaha, Nebraska 68102-4328

Date	Invoice No.	Dates of Service	Terms	Project
12/28/16	166	10/15/16-12/28/16		

Item	Description	Quantity	Rate	Amount
Principal 2	SLC presentation coordination, Resume review, SLC trip (2 hrs./day)	0.5	130.00	65.00
Principal 2	SLC presentation coordination, Resume review, SLC trip (2 hrs./day)	2	130.00	260.00
Principal 2	SLC presentation coordination, Resume review, SLC trip (2 hrs./day)	2	130.00	260.00
Principal 2	CD Manager Interviews,	1	130.00	130.00
Principal 2	CD Manager Interviews,	1	130.00	130.00
Principal 2	H2050 - Dream Team Mtg.,	1	130.00	130.00
Principal 2	CD Manager Interviews,	1	130.00	130.00
Principal 2	CD Manager interview,	1	130.00	130.00
Principal 2	Interview scoring	0.5	130.00	65.00
Principal 2	H2050 - Close the Gap lunch mtg., Dream Team mtg., Smart City mtg. w/Jeff K., Housing & Dev. Com. mtg.,	3	130.00	390.00
Principal 2	H2050 - Close the Gap lunch mtg., Dream Team mtg., Smart City mtg. w/Jeff K., Housing & Dev. Com. mtg.,	1	130.00	130.00
Principal 2	H2050 - Close the Gap lunch mtg., Dream Team mtg., Smart City mtg. w/Jeff K., Housing & Dev. Com. mtg.,	1.25	130.00	162.50
Principal 2	Close the Gap mtg. w/Greg, staff & Jamie B.	1	130.00	130.00
Principal 2	H2050 - SLC trip follow-up discussion w/small group, Close the Gap mtg. email response,	1.5	130.00	195.00
Principal 2	H2050 - SLC trip follow-up discussion w/small group, Close the Gap mtg. email response,	0.5	130.00	65.00
Principal 2	Dream Team Mtg., Gretna mtg. w/Matt Roth,	1.5	130.00	195.00
Principal 2	Dream Team Mtg., Gretna mtg. w/Matt Roth,	1	130.00	130.00
Principal 2	Close the Gap - Mtg. on White Paper, CTG mtg. at Chamber; Gretna - Main Street toolbox mtg.;	2	130.00	260.00
				Total

Invoice

Steven Jensen Consulting
5619 S. 169th Street
Omaha, Nebraska 68135

Customer

2222 Cuming Street
Omaha, Nebraska 68102-4328

Date	Invoice No.	Dates of Service	Terms	Project
12/28/16	166	10/15/16-12/28/16		

Item	Description	Quantity	Rate	Amount
Principal 2	Close the Gap - Mtg. on White Paper, CTG mtg. at Chamber; Gretna - Main Street toolbox mtg.;	2.5	130.00	325.00
Principal 2	Dream Team Mtg., SLC Trip Continue the Conversation mtg.	1.5	130.00	195.00
Principal 2	Dream Team Mtg., SLC Trip Continue the Conversation mtg.	2	130.00	260.00

Total \$3,737.50 ✓

Invoice

Steven Jensen Consulting
5619 S. 169th St.
Omaha, NE 68135

Customer:
Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, NE 68102-4328

	<u>2015</u>			
	<u>Jan. - Mar.</u>	<u>Apr. - June</u>	<u>July - Sept.</u>	<u>Oct. - Dec.</u>
Current Billing	\$0	\$4,290.00	\$3,607.50	\$2,990.00
Previous Billing	\$0	\$0.00	\$4,290.00	\$7,897.50
Contract to Date	\$0	\$4,290.00	\$7,897.50	\$10,887.50

	<u>2016</u>			
	<u>Jan. - Mar.</u>	<u>Apr. - June</u>	<u>July - Sept.</u>	<u>Oct. - Dec.</u>
Current Billing	\$3,737.50	\$1,625.00	\$4,192.50	\$3,737.50
Previous Billing	\$10,887.50	\$14,625.00	\$16,250.00	\$20,442.50
Contract to Date	\$14,625.00	\$16,250.00	\$20,442.50	\$24,180.00



Subcontractor Payment Authorization

Contract Number: 17504400301
Contract Party: Florence Home for the Aged
Contract Approved by Board of Directors: October 27, 2016
Contract Amount: \$43,972.00
Match Amount: \$43,972.00
Contract Period: July 1, 2016 - October 31, 2017

Payment # 1

Billed to Date: \$ 12,843.00
Less Previous Payments: \$ _____
Amount Due: \$ 12,843.00

Payment Recommended By: _____
MAPA Project Supervisor

Department Manager/Responsible Charge

MAPA Executive Director

Approved by MAPA Finance Committee: _____
Date

MAPA Treasurer/Finance Committee Member

Billing Summary

Billing Summary										
Project Name:		Florence Home for the Aged								
Contact Name:		Lois Jordan								
Billing Period:		7/1/16-11/30/16								
	TOTAL	TOTAL	TOTAL	7/1/16-11/30/16		TOTAL	Program to Date		Remaining	
BUDGET DETAIL	Year 1 Budget	BUDGET 5310	BUDGET Local Match	5310 Request	LOCAL MATCH	COST MONTH	5310 Request	LOCAL MATCH	5310 Request	LOCAL MATCH
A. OPERATING EXPENSES¹										
Grant NE-16-x039-01										
1. Personnel	\$ 26,504.00	\$ 13,252.00	\$ 13,252.00	\$ 4,184.07	\$ 4,184.07	\$ 8,368.14	\$ 4,184.07	\$ 4,184.07	\$ 9,067.93	\$ 9,067.93
2. Administrative	\$ 5,330.00	\$ 2,665.00	\$ 2,665.00	\$ 2,665.00	\$ 2,665.00	\$ 5,330.00	\$ 2,665.00	\$ 2,665.00	\$ -	\$ -
3. Insurance	\$ 14,530.00	\$ 7,265.00	\$ 7,265.00	\$ 2,569.05	\$ 2,569.05	\$ 5,138.10	\$ 2,569.05	\$ 2,569.05	\$ 4,695.95	\$ 4,695.95
4. Vehicle Fuel	\$ 2,000.00	\$ 1,000.00	\$ 1,000.00	\$ 454.60	\$ 454.60	\$ 909.20	\$ 454.60	\$ 454.60	\$ 545.40	\$ 545.40
5. Vehicle Repair/Maintenance	\$ 1,000.00	\$ 500.00	\$ 500.00	\$ 305.69	\$ 305.69	\$ 611.38	\$ 305.69	\$ 305.69	\$ 194.31	\$ 194.31
Grant NE-16-x039-01 Subtotal	\$ 49,364.00	\$ 24,682.00	\$ 24,682.00	\$ 10,178.41	\$ 10,178.41	\$ 20,356.82	\$ 10,178.41	\$ 10,178.41	\$ 14,503.59	\$ 14,503.59
Grant NE-2016-015-00										
1. Personnel	\$ 33,250.00	\$ 16,625.00	\$ 16,625.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,625.00	\$ 16,625.00
2. Administrative	\$ 5,330.00	\$ 2,665.00	\$ 2,665.00	\$ 2,665.00	\$ 2,665.00	\$ 5,330.00	\$ 2,665.00	\$ 2,665.00	\$ -	\$ -
3. Insurance						\$ -			\$ -	\$ -
4. Vehicle Fuel						\$ -			\$ -	\$ -
5. Vehicle Repair/Maintenance						\$ -			\$ -	\$ -
Grant NE-2016-015-00 Subtotal	\$ 38,580.00	\$ 19,290.00	\$ 19,290.00	\$ 2,665.00	\$ 2,665.00	\$ 5,330.00	\$ 2,665.00	\$ 2,665.00	\$ 16,625.00	\$ 16,625.00
Subtotal - Operating Expenses	\$ 87,944.00	\$ 43,972.00	\$ 43,972.00	\$ 12,843.41	\$ 12,843.41	\$ 25,686.82	\$ 12,843.41	\$ 12,843.41	\$ 31,128.59	\$ 31,128.59
B. PROGRAM TOTAL BUDGET										
	\$ 87,944	\$ 43,972	\$ 43,972	\$ 12,843	\$ 12,843	\$ 25,687	\$ 12,843	\$ 12,843	\$ 31,129	\$ 31,129
				29%	29%	29%	29%	29%	71%	71%

¹ 5310 funding for Operating Expenses may not exceed 50% of the total cost.

EXTENSION OF INFORMATION PAGE

Policy Number 0400141300

4. Premium		Premium Basis	Rate Per	Estimated
Classification	Code #	Total Estimated Annual Remuneration	\$100 Of Remuneration	Annual Premium
Period 01/01/2015 - 01/01/2016				
Nebraska				
DRUG STORE - RETAIL - & D	8045	355,000	0.65	2,308
CLERICAL OFFICE EMPLOYEES NOC	8810	1,383,000	0.28	3,872
RETIREMENT LIVING CENTER: HEALTH CARE EMPLOYEES	8824	3,375,000	4.71	158,963
RETIREMENT LIVING CENTER: FOOD SERVICE EMPLOYEES	8825	15,000	3.21	482
RETIREMENT LIVING CENTER: ALL OTHER EMPLOYEES	8826	413,000	✓ 3.84	15,859
NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL	8835	141,000	2.91	4,103
Total Manual Premium				185,587
Employers Liability (E/L) Increased Limits Factor	9812	185,587	1.10%	2,041
Total Subject Premium				187,628
Experience Modification	9898	187,628	0.860	(26,268)
Total Modified Premium				161,360
Flexible Rating Adjustment Factor	9658	161,360	0.87%	(20,977)
Total Standard Premium				140,383
Premium Discount	0063	140,383	8.5%	(11,865)
Expense Constant	0900			200
Terrorism	9740	5,682,000	1.00%	568
Catastrophe (other than Certified Acts of Terrorism)	9741	5,682,000	1.00%	568
Total Estimated Annual Premium				129,854

Total Estimated Annual Premium \$

129,854.00

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 01/05/2015

Florence Home Vehicle and Driver Summary

Dates of Service	Employee Name	Total Minutes Drive Time	Drive Time in Hours	Hourly Wage	Total Cost
Vehicle	2000 van				
Oct 4, 2016	Gayle Deitchler	135	2.25	✓ \$25.44	\$57.24
Oct 17, 2016	Michelle Blesh	120	2	✓ \$25.68	\$51.36
Oct. 25, 2016	Michelle Blesh	60	1	✓ \$25.68	\$25.68
Vehicle	2012 Van				
Nov 10-30, 2016	Mindy Manning	690	11.5	✓ \$20.90	\$240.35
Nov 10-30, 2016	Scott Reid	637	10.62	✓ \$20.92	\$222.17
Nov 1-9, 2016	Mindy Manning	210	3.5	✓ \$20.90	\$73.15
Nov 1-9, 2016	Scott Reid	265	4.42	✓ \$20.92	\$92.47
Oct 3-31, 2016	Mindy Manning	1170	19.5	✓ \$20.90	\$407.55
Oct 3-31, 2016	Scott Reid	585	9.75	✓ \$20.92	\$203.97
Aug 1-31, 2016	Mindy Manning	1115	18.58	✓ \$20.90	\$388.32
Aug 1-31, 2016	Scott Reid	820	13.67	✓ \$20.92	\$285.98
Aug 1-31, 2016	Tammy Bradley	40	0.67	✓ \$27.45	\$18.39
Jul 1-29, 2016	Mindy Manning	570	9.5	✓ \$20.90	\$198.55
Jul 1-29, 2016	Scott Reid	1205	20.08	✓ \$20.92	\$420.07
Jul 1-29, 2016	Tammy Bradley	75	1.25	✓ \$27.45	\$34.31
Vehicle	2014 Van				
Nov 1-29, 2016	Mindy Manning	610	10.17	✓ \$20.90	\$212.55
Nov 1-29, 2016	Scott Reid	360	6	✓ \$20.92	\$125.52
Nov 9-30, 2016	Mindy Manning	425	7.08	✓ \$20.90	\$147.97
Nov 9-30, 2016	Scott Reid	760	12.67	✓ \$20.92	\$265.06
Oct 5-31, 2016	Mindy Manning	445	7.42	✓ \$20.90	\$155.08
Oct 5-31, 2016	Scott Reid	830	13.83	✓ \$20.92	\$289.32
Sept 1-29, 2016	Mindy Manning	605	10.08	✓ \$20.90	\$210.67
Sept 1-29, 2016	Scott Reid	705	11.75	✓ \$20.92	\$245.81
Aug 1-31, 2016	Mindy Manning	1020	17	✓ \$20.90	\$355.30
Aug 1-31, 2016	Scott Reid	390	6.5	✓ \$20.92	\$135.98
Jul 1-29, 2016	Mindy Manning	465	7.75	✓ \$20.90	\$161.98
Jul 1-29, 2016	Scott Reid	1210	20.17	✓ \$20.92	\$421.96
Jul 1-29, 2016	Tammy Bradley	30	0.5	✓ \$27.45	\$13.73
Vehicle	2015 Toyota				
Nov 21-25, 2016	Gayle Dietchler	30	0.5	✓ \$25.44	\$12.72
Oct 24-31, 2016	Roger Evans	570	9.5	✓ \$25.75	\$244.63
Oct 17-24, 2016	Roger Evans	405	6.75	✓ \$25.75	\$173.81
Sept 1-30, 2016	Roger Evans	1890	31.5	✓ \$25.75	\$811.13
Aug 1-30, 2016	Roger Evans	1723	28.72	✓ \$25.75	\$739.54
Jul 1-29, 2016	Roger Evans	1920	32	✓ \$25.75	\$824.00
Vehicle	2016 Van				
Nov 1, 2016	Gayle Deitchler	60	1	✓ \$25.44	\$25.44
Nov 15, 2016	Roger Evans	15	0.25	✓ \$25.75	\$6.44
Oct. 25, 2016	Gayle Deitchler	165	2.75	✓ \$25.44	\$69.96
Total		22015	366.93		\$8,368.14

- included

✓

COBRA

Florence Home & Affiliates 2016 Premium Deductions

		MEDICAL - Plan A Coventry C2506.35 EMB	TOTAL PREMIUM	EMPLOYEE Contribution %	MONTHLY EMPLOYEE PORTION	BI-WEEKLY PAYCHECK DEDUCTION*	Employer Share	*Approximate PreTax Cost
632.53	SINGLE	YEARS 1 & 2	\$661.18	32.50%	\$214.88	\$107.44	\$446.30	\$161.16
	Year AFTER 3RD YR Anniversary		\$661.18	12.50%	\$82.66	\$41.33	\$578.52	\$62.00
1208.14	EMPLOYEE + ONE	YEARS 1 & 2	\$1,262.86	57.50%	\$726.14	\$363.07	\$536.72	\$544.61
	Year AFTER 3RD YR Anniversary		\$1,262.86	37.50%	\$473.58	\$236.79	\$789.28	\$355.19
1941.89	FAMILY	YEARS 1 & 2	\$2,029.84	57.50%	\$1,167.16	\$583.58	\$862.68	\$875.37
	Year AFTER 3RD YR Anniversary		\$2,029.84	37.50%	\$761.20	\$380.60	\$1,268.64	\$570.90

		MEDICAL - Plan B Coventry QHH A6000 MPL	TOTAL PREMIUM	EMPLOYEE Contribution %	MONTHLY EMPLOYEE PORTION	BI-WEEKLY PAYCHECK DEDUCTION*	Employer Share	*Approximate PreTax Cost
569.43	SINGLE	annual salary less than \$22,920	\$558.26	29.86%	\$166.72	\$83.36	\$391.54	\$66.69
	SINGLE	annual salary \$22,920 or over	\$558.26	32.50%	\$181.44	\$90.72	\$376.82	
1087.59	EMPLOYEE + ONE		\$1,066.26	57.50%	\$613.10	\$306.55	\$453.16	\$245.24
1748.12	FAMILY		\$1,713.84	57.50%	\$985.46	\$492.73	\$728.38	\$394.18

		DENTAL - Reliance Standard	TOTAL PREMIUM	EMPLOYEE Contribution %	MONTHLY EMPLOYEE PORTION	1 TIME PER MONTH DEDUCTION	Employer Share	*Approximate PreTax Cost
28.36	SINGLE		\$27.80	25%	\$6.95	\$6.95	\$20.85	\$5.56
70.83	EMPLOYEE & SPOUSE		\$69.44	60%	\$41.66	\$41.66	\$27.78	\$33.33
70.83	EMPLOYEE & CHILDREN		\$69.44	50%	\$34.72	\$34.72	\$34.72	\$27.78
70.83	FAMILY		\$69.44	60%	\$41.66	\$41.66	\$27.78	\$33.33

		VISION - Eyemed	TOTAL PREMIUM	EMPLOYEE Contribution %	MONTHLY EMPLOYEE PORTION	1 TIME PER MONTH DEDUCTION	Employer Share	*Approximate PreTax Cost
7.79	SINGLE		\$7.64	100%	\$7.64	\$7.64		\$6.11
14.82	EMPLOYEE & SPOUSE		\$14.53	100%	\$14.53	\$14.53		\$11.62
15.61	EMPLOYEE & CHILDREN		\$15.30	100%	\$15.30	\$15.30		\$12.24
22.93	FAMILY		\$22.48	100%	\$22.48	\$22.48		\$17.98

Fringe Benefit Calculation for Responsible Charge

Gayle Deitchler

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 35,089.60	2080	\$ 16.87

Insurance Cost (Per Month)

Health	\$ 578.52
Dental	\$ 20.85
Accidental Death and Dismemberment (AD&D)	\$ 4.45
Life	\$ 4.45
Vision	\$ 26.05
Other Insurance Benefits	\$ 26.05
Insurance Cost/month	\$ 629.87
Insurance Cost/hour	\$ 3.63

*Per Lois & Debra
Other Ins. is
Disability Ins.
AM
1/10/17*

Workmen's Compensation

Workman's Compensation Insurance - rate = (rate ÷ \$100 x Wage Rate = \$ per hr.)

Rate per \$100 of coverage	\$ 3.84
Effective Hourly Effective Wage Rate	\$ 16.87
Workman's Compensation Insurance Cost	\$ 0.65

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.05
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.24

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	24.4
Sick Days	4.9
Pers/Adm. Days	-
Holidays	8.0
Leave days/year	37.3
Leave hours/year	298.0
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,782.0
Effective Hourly Wage Rate	\$ 16.87
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ 2.82

Pension

Percent of Effective Wage Rate	1.02%
Pension/Retirement Cost	\$ 0.17

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$3.63	\$0.65	\$1.05	\$0.24	\$2.82	\$0.17	\$8.57

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 16.87
Fringe benefits per hour	\$ 8.57
Total hourly rate	\$ 25.44

PR Check History 07/01/2016 thru 12/31/2016

004190 Deitchler, Gayle

Hire Date 8/20/01

Employer

2016 RS cont 367.96/354 = 1.034

Check Number DD00047156		Check Date 07/08/2016		Check Type C														
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	ACTDIR	REG	Yes		80.00	16.87	1,349.60	03-60100-05-00	TAXST	T	48.45	03-23110-00-00	PTOFSL	0.00	7.50	0.00	
										UC-ST	X	0.00		SICKFT	0.00	1.50	0.00	
										TAXFED	T	142.03	03-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	81.11	03-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	18.97	03-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	975.23	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00	
										UNIMED	D	36.92	01-23160-00-00		0.00	0.00	0.00	
Weeks Worked 2						80.00		\$1,349.60				\$1,349.60	Net Amount \$0.00		0.00	9.00	0.00	

Check Number DD00047298		Check Date 07/22/2016		Check Type C														
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	ACTDIR	HOL	Yes		8.00	16.87	134.96	03-60600-05-00	TAXST	T	47.23	03-23110-00-00	PTOFSL	40.00	7.50	x 26 0.00 = 195.00	
05	00	ACTDIR	PTO	Yes		40.00	16.87	674.80	03-60400-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	x 26 0.00 = 39.00	
05	00	ACTDIR	REG	Yes		31.75	16.87	535.62	03-60100-05-00	TAXFED	T	139.20	03-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	79.95	03-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	18.70	03-23120-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	03-23150-00-00	20.85	0.00	0.00	0.00	
										ACH-%	Z	998.82	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	03-23130-00-00	578.52	0.00	0.00	0.00	
										LIFE S	D	4.21	03-23157-00-00	-	0.00	0.00	0.00	
										LIFDEP	D	1.35	03-23157-00-00	-	0.00	0.00	0.00	
										VIS-S	D	7.64	03-23155-00-00	-	0.00	0.00	0.00	
Weeks Worked 2						79.75		\$1,345.38				\$1,345.38	Net Amount \$0.00		40.00	9.00	0.00	

Check Number DD00047437		Check Date 08/05/2016		Check Type C														
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	ACTDIR	OT	Yes		0.50	25.31	12.66	03-60200-05-00	TAXST	T	49.28	03-23110-00-00	PTOFSL	0.00	7.50	0.00	
05	00	ACTDIR	REG	Yes		80.00	16.87	1,349.60	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00	
										TAXFED	T	143.92	03-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	81.90	03-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	19.15	03-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	994.20	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00	

PR Check History 07/01/2016 thru 12/31/2016

004190		Deitchler, Gayle																		
Check Number DD00047437				Check Date 08/05/2016				Check Type C												
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted			
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00			
										UNIMED	D	26.92	01-23160-00-00		0.00	0.00	0.00			
Weeks Worked 2						80.50		\$1,362.26				\$1,362.26		Net Amount \$0.00	0.00	9.00	0.00			

004190		Deitchler, Gayle																		
Check Number DD00047576				Check Date 08/19/2016				Check Type C												
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted			
05	00	ACTDIR	PTO	Yes		2.00	16.87	33.74	03-60400-05-00	TAXST	T	47.49	03-23110-00-00	PTOFSL	2.00	7.50	0.00			
05	00	ACTDIR	REG	Yes		78.00	16.87	1,315.86	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00			
										TAXFED	T	139.84	03-23100-00-00		0.00	0.00	0.00			
										TAXFIC	T	80.21	03-23120-00-00		0.00	0.00	0.00			
										TAXMED	T	18.76	03-23120-00-00		0.00	0.00	0.00			
										DENTS	D	6.95	03-23150-00-00		0.00	0.00	0.00			
										ACH-%	Z	1,001.82	01-10200-00-00		0.00	0.00	0.00			
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00			
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00			
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00			
										VIS-S	D	7.64	03-23155-00-00		0.00	0.00	0.00			
Weeks Worked 2						80.00		\$1,349.60				\$1,349.60		Net Amount \$0.00	2.00	9.00	0.00			

004190		Deitchler, Gayle																		
Check Number DD00047715				Check Date 09/02/2016				Check Type C												
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted			
05	00	ACTDIR	OT	Yes		0.75	25.31	18.98	03-60200-05-00	TAXST	T	49.70	03-23110-00-00	PTOFSL	0.00	7.50	0.00			
05	00	ACTDIR	REG	Yes		80.00	16.87	1,349.60	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00			
										TAXFED	T	144.87	03-23100-00-00		0.00	0.00	0.00			
										TAXFIC	T	82.29	03-23120-00-00		0.00	0.00	0.00			
										TAXMED	T	19.25	03-23120-00-00		0.00	0.00	0.00			
										ACH-%	Z	998.66	01-10200-00-00		0.00	0.00	0.00			
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00			
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00			
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00			
										UNIMED	D	26.92	01-23160-00-00		0.00	0.00	0.00			
Weeks Worked 2						80.75		\$1,368.58				\$1,368.58		Net Amount \$0.00	0.00	9.00	0.00			

004190		Deitchler, Gayle																		
Check Number DD00047852				Check Date 09/16/2016				Check Type C												
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted			
05	00	ACTDIR	HOL	Yes		8.00	16.87	134.96	03-60600-05-00	TAXST	T	47.90	03-23110-00-00	PTOFSL	0.00	7.50	0.00			
05	00	ACTDIR	OT	Yes		0.25	25.31	6.33	03-60200-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00			
05	00	ACTDIR	REG	Yes		72.00	16.87	1,214.64	03-60100-05-00	TAXFED	T	140.79	03-23100-00-00		0.00	0.00	0.00			

PR Check History 07/01/2016 thru 12/31/2016

004190		Deitchler, Gayle																
Check Number DD00047852				Check Date 09/16/2016				Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
										TAXFIC	T	80.60	03-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	18.85	03-23120-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	03-23150-00-00		0.00	0.00	0.00	
										ACH-%	Z	996.31	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	03-23155-00-00		0.00	0.00	0.00	
										UNIMED	D	10.00	01-23160-00-00		0.00	0.00	0.00	
				Weeks Worked 2		80.25		\$1,355.93				\$1,355.93		Net Amount \$0.00	0.00	9.00	0.00	

004190		Deitchler, Gayle																
Check Number DD00047990				Check Date 09/30/2016				Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	ACTDIR	OT	Yes		1.25	25.31	31.64	03-60200-05-00	TAXST	T	53.26	03-23110-00-00	PTOFSL	0.00	5.00	0.00	
05	00	ACTDIR	REG	Yes		80.00	16.87	1,349.60	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00	
										TAXFED	T	152.97	03-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	85.64	03-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	20.03	03-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,049.47	01-10200-00-00		0.00	0.00	0.00	
										UNIMED	D	19.87	01-23160-00-00		0.00	0.00	0.00	
				Weeks Worked 2		81.25		\$1,381.24				\$1,381.24		Net Amount \$0.00	0.00	6.50	0.00	

004190		Deitchler, Gayle																
Check Number DD00048128				Check Date 10/14/2016				Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	ACTDIR	OT	Yes		1.50	25.31	37.97	03-60200-05-00	TAXST	T	50.95	03-23110-00-00	PTOFSL	0.00	0.00	0.00	
05	00	ACTDIR	REG	Yes		80.00	16.87	1,349.60	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00	
										TAXFED	T	147.72	03-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	83.47	03-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	19.52	03-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,031.97	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00	
										UNIMED	D	7.05	01-23160-00-00		0.00	0.00	0.00	
				Weeks Worked 2		81.50		\$1,387.57				\$1,387.57		Net Amount \$0.00	0.00	1.50	0.00	

PR Check History 07/01/2016 thru 12/31/2016

004190 Deitchler, Gayle

Check Number DD00048263			Check Date 10/28/2016					Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	PTO	Yes		8.00	16.87	134.96	03-60400-05-00	TAXST	T	45.92	03-23110-00-00	PTOFSL	8.00	7.50	0.00
05	00	ACTDIR	REG	Yes		62.50	16.87	1,054.38	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
05	00	ACTDIR	RTRN	Yes		8.00	16.87	134.96	03-60100-05-00	TAXFED	T	136.04	03-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	78.64	03-23120-00-00		0.00	0.00	0.00
										TAXMED	T	18.39	03-23120-00-00		0.00	0.00	0.00
										DENTS	D	6.95	03-23150-00-00		0.00	0.00	0.00
										ACH-%	Z	963.96	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	03-23155-00-00		0.00	0.00	0.00
										UNIMED	D	19.87	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						78.50		\$1,324.30				\$1,324.30	Net Amount \$0.00		8.00	9.00	0.00

Check Number DD00048402			Check Date 11/11/2016					Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	REG	Yes		79.75	16.87	1,345.38	03-60100-05-00	TAXST	T	48.17	03-23110-00-00	PTOFSL	0.00	0.50	0.00
										UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
										TAXFED	T	141.39	03-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	80.85	03-23120-00-00		0.00	0.00	0.00
										TAXMED	T	18.91	03-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	992.12	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00
										UNIMED	D	17.05	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						79.75		\$1,345.38				\$1,345.38	Net Amount \$0.00		0.00	2.00	0.00

Check Number DD00048548			Check Date 11/25/2016					Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	PTO	Yes		7.00	16.87	118.09	03-60400-05-00	TAXST	T	46.97	03-23110-00-00	PTOFSL	7.00	7.00	0.00
05	00	ACTDIR	REG	Yes		72.50	16.87	1,223.08	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
										TAXFED	T	138.57	03-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	79.69	03-23120-00-00		0.00	0.00	0.00
										TAXMED	T	18.64	03-23120-00-00		0.00	0.00	0.00
										DENTS	D	6.95	03-23150-00-00		0.00	0.00	0.00
										ACH-%	Z	975.95	01-10200-00-00		0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

004190		Deitchler, Gayle		Check Number DD00048548					Check Date 11/25/2016			Check Type C						
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
										MD6S3	D	41.33	03-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	03-23155-00-00		0.00	0.00	0.00	
										UNIMED	D	19.87	01-23160-00-00		0.00	0.00	0.00	
Weeks Worked 2					79.50		\$1,341.17					\$1,341.17		Net Amount \$0.00		7.00	8.50	0.00

004190		Deitchler, Gayle		Check Number DD00048698					Check Date 12/09/2016			Check Type C						
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	ACTDIR	HOL	Yes		8.00	16.87	134.96	03-60600-05-00	TAXST	T	48.18	03-23110-00-00	PTOFSL	0.00	0.00	0.00	
05	00	ACTDIR	REG	Yes		72.00	16.87	1,214.64	03-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00	
										TAXFED	T	141.41	03-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	80.86	03-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	18.91	03-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	978.48	01-10200-00-00		0.00	0.00	0.00	
										LIFE S	D	4.21	03-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	03-23157-00-00		0.00	0.00	0.00	
										MDBS3	D	45.46	03-23130-00-00		0.00	0.00	0.00	
										UNIMED	D	30.74	01-23160-00-00		0.00	0.00	0.00	
Weeks Worked 2					80.00		\$1,349.60					\$1,349.60		Net Amount \$0.00		0.00	1.50	0.00

Totals for Employee ID: 004190		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
Holiday		HOL	24.00	16.87	404.88	ACH Direct Deposit	ACH-%	11,956.99	Vacation - FT (hrly-e)	PTOFSL	57.00	65.00	0.00	
Overtime		OT	4.25	25.31	107.58	Dental Insurance Srv	DENTS	34.75	Sick Pay - Full Time	SICKFT	0.00	18.00	0.00	
PTO		PTO	57.00	16.87	961.59	Life Ins - Dependent	LIFDEP	14.85			0.00	0.00	0.00	
Regular		REG	868.50	16.87	14,651.60	Life Ins - Employee	LIFE S	46.31			0.00	0.00	0.00	
Training/Orientation		RTRN	8.00	16.87	134.96	Med Ins Employee 3	MD6S3	413.30			0.00	0.00	0.00	
			0.00	0.00	0.00	Med Ins Plan B Emp	MDBS3	45.46			0.00	0.00	0.00	
			0.00	0.00	0.00	Fed Inc Tax	TAXFED	1,708.75			0.00	0.00	0.00	
			0.00	0.00	0.00	FICA Tax	TAXFIC	975.21			0.00	0.00	0.00	
			0.00	0.00	0.00	Medicare Tax	TAXMED	228.08			0.00	0.00	0.00	
			0.00	0.00	0.00	State Inc Tax	TAXST	583.50			0.00	0.00	0.00	
			0.00	0.00	0.00	Nebraska Unemploy	UC-ST	0.00			0.00	0.00	0.00	
			0.00	0.00	0.00	Unimed Pharmacy	UNIMED	215.21			0.00	0.00	0.00	
			0.00	0.00	0.00	Vision - Employee C	VIS-S	38.20			0.00	0.00	0.00	
Employee Total			Weeks Worked: 24	961.75	\$16,260.61				\$16,260.61	Net Amount \$0.00		57.00	83.00	0.00

Fringe Benefit Calculation for Responsible Charge

Michelle Blesh

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 35,484.80	2080	\$ 17.06

Insurance Cost (Per Month)

Health	\$ 578.52
Dental	\$ 20.85
Accidental Death and Dismemberment (AD&D)	\$ -
Life	\$ 4.38
Vision	\$ -
Other Insurance Benefits	\$ 25.81
Insurance Cost/month	\$ 629.56
Insurance Cost/hour	\$ 3.63

Workmen's Compensation

Workman's Compensation Insurance - rate = (rate ÷ \$100 x Wage Rate = \$ per hr.)

Rate per \$100 of coverage	\$ 3.84
Effective Hourly Effective Wage Rate	\$ 17.06
Workman's Compensation Insurance Cost	\$ 0.66

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.06
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.25

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	24.4
Sick Days	4.9
Pers/Adm. Days	-
Holidays	8.0
Leave days/year	37.3
Leave hours/year	298.0
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,782.0
Effective Hourly Wage Rate	\$ 17.06
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ 2.85

Pension

Percent of Effective Wage Rate	1.02%
Pension/Retirement Cost	\$ 0.17

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$3.63	\$0.66	\$1.06	\$0.25	\$2.85	\$0.17	\$8.62

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 17.06
Fringe benefits per hour	\$8.62
Total hourly rate	\$ 25.68

PR Check History 07/01/2016 thru 12/31/2016

2016 PS 370.21/36140.3
 Cont 1,024.00

009526 Blesh, Michelle E

Hire Date 10/6/03

Employer

Share/MD

Check Number DD00047134		Check Date 07/08/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	PTO	Yes		15.00	17.06	255.90	04-60400-05-00	TAXST	T	50.01	04-23110-00-00	PTOFSL	15.00	7.50	0.00
05	00	ACTDIR	REG	Yes		65.50	17.06	1,117.43	04-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
										TAXFED	T	145.58	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	82.58	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.31	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,025.52	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						80.50		\$1,373.33				\$1,373.33	Net Amount \$0.00		15.00	9.00	0.00

Check Number DD00047278		Check Date 07/22/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	HOL	Yes		8.00	17.06	136.48	04-60600-05-00	TAXST	T	52.71	04-23110-00-00	PTOFSL	0.00	7.50	x26 = 0.00 195.00
05	00	ACTDIR	OT	Yes		0.50	25.59	12.80	04-60200-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	x26 = 0.00 = 39.00
05	00	ACTDIR	REG	Yes		75.00	17.06	1,279.50	04-60100-05-00	TAXFED	T	151.71	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	85.12	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.91	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,054.41	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00	578.50	0.00	0.00	0.00
										VIS-S	D	7.64	04-23155-00-00	0	0.00	0.00	0.00
										DENTS	D	6.95	04-23150-00-00	20.85	0.00	0.00	0.00
Weeks Worked 2						83.50		\$1,428.78				\$1,428.78	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00047419		Check Date 08/05/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	OT	Yes		0.50	25.59	12.80	04-60200-05-00	TAXST	T	50.29	04-23110-00-00	PTOFSL	0.00	0.00	0.00
05	00	ACTDIR	REG	Yes		80.00	17.06	1,364.80	04-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
										TAXFED	T	146.23	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	82.85	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.38	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,028.52	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						80.50		\$1,377.60				\$1,377.60	Net Amount \$0.00		0.00	1.50	0.00

PR Check History 07/01/2016 thru 12/31/2016

009526		Blesh, Michelle E		Check Number DD00047557					Check Date 08/19/2016		Check Type C							
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	ACTDIR	OT	Yes		0.50	25.59	12.80	04-60200-05-00	TAXST	T	49.33	04-23110-00-00	PTOFSL	0.00	0.00	0.00	
05	00	ACTDIR	REG	Yes		80.00	17.06	1,364.80	04-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00	
										TAXFED	T	144.04	04-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	81.94	04-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	19.16	04-23120-00-00		0.00	0.00	0.00	
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,018.21	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	04-23155-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	04-23150-00-00		0.00	0.00	0.00	
Weeks Worked 2						80.50		\$1,377.60				\$1,377.60	Net Amount \$0.00		0.00	1.50	0.00	

Check Number DD00047695		Check Date 09/02/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	FL	Yes		21.75	17.06	371.06	04-60800-05-00	TAXST	T	49.45	04-23110-00-00	PTOFSL	0.00	0.00	0.00
05	00	ACTDIR	REG	Yes		58.25	17.06	993.75	04-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
										TAXFED	T	144.31	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	82.06	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.19	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,019.47	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,364.81				\$1,364.81	Net Amount \$0.00		0.00	1.50	0.00

Check Number DD00047832		Check Date 09/16/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	HOL	Yes		8.00	17.06	136.48	04-60600-05-00	TAXST	T	50.04	04-23110-00-00	PTOFSL	0.00	0.00	0.00
05	00	ACTDIR	OT	Yes		0.25	25.59	6.40	04-60200-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
05	00	ACTDIR	REG	Yes		73.00	17.06	1,245.38	04-60100-05-00	TAXFED	T	145.64	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	82.61	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.32	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,025.73	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	04-23155-00-00		0.00	0.00	0.00
										DENTS	D	6.95	04-23150-00-00		0.00	0.00	0.00
Weeks Worked 2						81.25		\$1,388.26				\$1,388.26	Net Amount \$0.00		0.00	1.50	0.00

PR Check History 07/01/2016 thru 12/31/2016

009526		Blesh, Michelle E															
Check Number DD00047970				Check Date 09/30/2016				Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	OT	Yes		4.75	25.59	121.55	04-60200-05-00	TAXST	T	60.18	04-23110-00-00	PTOFSL	0.00	0.00	0.00
05	00	ACTDIR	REG	Yes		80.00	17.06	1,364.80	04-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
										TAXFED	T	168.74	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	92.15	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.55	04-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,143.73	01-10200-00-00		0.00	0.00	0.00
Weeks Worked 2						84.75		\$1,486.35				\$1,486.35	Net Amount \$0.00		0.00	1.50	0.00

Check Number DD00048107		Check Date 10/14/2016				Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
15	00	REC	OT	Yes		1.00	25.59	25.59	03-60200-15-00	TAXST	T	53.67	04-23110-00-00	PTOFSL	0.00	0.00	0.00
05	00	ACTDIR	OT	Yes		1.50	25.59	38.39	04-60200-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
15	00	REC	REG	Yes		1.00	17.06	17.06	03-60100-15-00	TAXFED	T	153.90	04-23100-00-00		0.00	0.00	0.00
05	00	ACTDIR	REG	Yes		79.00	17.06	1,347.74	04-60100-05-00	TAXFIC	T	86.02	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	20.12	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,064.74	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						82.50		\$1,428.78				\$1,428.78	Net Amount \$0.00		0.00	1.50	0.00

Check Number DD00048241		Check Date 10/28/2016				Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	OT	Yes		2.00	25.59	51.18	04-60200-05-00	TAXST	T	52.42	04-23110-00-00	PTOFSL	8.00	7.50	0.00
05	00	ACTDIR	PTO	Yes		8.00	17.06	136.48	04-60400-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
05	00	ACTDIR	REG	Yes		64.50	17.06	1,100.37	04-60100-05-00	TAXFED	T	151.07	04-23100-00-00		0.00	0.00	0.00
05	00	ACTDIR	RTRN	Yes		8.00	17.06	136.48	04-60100-05-00	TAXFIC	T	84.85	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.84	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,051.41	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	04-23155-00-00		0.00	0.00	0.00
										DENTS	D	6.95	04-23150-00-00		0.00	0.00	0.00
Weeks Worked 2						82.50		\$1,424.51				\$1,424.51	Net Amount \$0.00		8.00	9.00	0.00

Check Number DD00048384		Check Date 11/11/2016				Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	PTO	Yes		6.50	17.06	110.89	04-60400-05-00	TAXST	T	49.45	04-23110-00-00	PTOFSL	6.50	7.00	0.00
05	00	ACTDIR	REG	Yes		73.50	17.06	1,253.91	04-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00

PR Check History 07/01/2016 thru 12/31/2016

009526 Blesh, Michelle E

Check Number DD00048384		Check Date 11/11/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
										TAXFED	T	144.31	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	82.06	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.19	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,019.46	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,364.80				\$1,364.80	Net Amount \$0.00		6.50	8.50	0.00

Check Number DD00048528		Check Date 11/25/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	PTO	Yes		16.50	17.06	281.49	04-60400-05-00	TAXST	T	48.49	04-23110-00-00	PTOFSL	16.50	7.50	0.00
05	00	ACTDIR	REG	Yes		63.50	17.06	1,083.31	04-60100-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
										TAXFED	T	142.12	04-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	81.15	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	18.98	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,009.14	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	04-23130-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	04-23155-00-00		0.00	0.00	0.00
										DENTS	D	6.95	04-23150-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,364.80				\$1,364.80	Net Amount \$0.00		16.50	9.00	0.00

Check Number DD00048678		Check Date 12/09/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	ACTDIR	HOL	Yes		8.00	17.06	136.48	04-60600-05-00	TAXST	T	49.60	04-23110-00-00	PTOFSL	10.00	7.50	0.00
05	00	ACTDIR	OT	Yes		0.25	25.59	6.40	04-60200-05-00	UC-ST	X	0.00		SICKFT	0.00	1.50	0.00
05	00	ACTDIR	PTO	Yes		10.00	17.06	170.60	04-60400-05-00	TAXFED	T	144.65	04-23100-00-00		0.00	0.00	0.00
05	00	ACTDIR	REG	Yes		62.00	17.06	1,057.72	04-60100-05-00	TAXFIC	T	82.20	04-23120-00-00		0.00	0.00	0.00
										TAXMED	T	19.22	04-23120-00-00		0.00	0.00	0.00
										LIFE S	D	9.00	04-23157-00-00		0.00	0.00	0.00
										ACH-%	Z	1,021.07	01-10200-00-00		0.00	0.00	0.00
										MDBS3	D	45.46	04-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						80.25		\$1,371.20				\$1,371.20	Net Amount \$0.00		10.00	9.00	0.00

Totals for Employee ID: 009526		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
Earnings Description													
Funeral Leave		FL	21.75	17.06	371.06	ACH Direct Deposit	ACH-%	12,481.41	Vacation - FT (hrly-e)	PTOFSL	56.00	44.50	0.00
Holiday		HOL	24.00	17.06	409.44	Dental Insurance Sit	DENTS	34.75	Sick Pay - Full Time	SICKFT	0.00	18.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

009526 Blesh, Michelle E

Totals for Employee ID: 009526													
Earnings Description	Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
Overtime	OT	11.25	25.59	287.91	Life Ins - Employee	LIFE S	99.00			0.00	0.00	0.00	
PTO	PTO	56.00	17.06	955.36	Med Ins Employee 3	MD6S3	413.30			0.00	0.00	0.00	
Regular	REG	855.25	17.06	14,590.57	Med Ins Plan B Emp	MDBS3	45.46			0.00	0.00	0.00	
Training/Orientation	RTRN	8.00	17.06	136.48	Fed Inc Tax	TAXFED	1,782.30			0.00	0.00	0.00	
		0.00	0.00	0.00	FICA Tax	TAXFIC	1,005.59			0.00	0.00	0.00	
		0.00	0.00	0.00	Medicare Tax	TAXMED	235.17			0.00	0.00	0.00	
		0.00	0.00	0.00	State Inc Tax	TAXST	615.64			0.00	0.00	0.00	
		0.00	0.00	0.00	Nebraska Unemploy	UC-ST	0.00			0.00	0.00	0.00	
		0.00	0.00	0.00	Vision - Employee C	VIS-S	38.20			0.00	0.00	0.00	
Employee Total	Weeks Worked: 24	976.25		\$16,750.82			\$16,750.82	Net Amount \$0.00		56.00	62.50	0.00	

Fringe Benefit Calculation for Responsible Charge

Mindy Manning

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 29,161.60	2080	\$ 14.02

Insurance Cost (Per Month)

Health	\$ 578.52
Dental	\$ 20.85
Accidental Death and Dismemberment (AD&D)	\$ -
Life	\$ 1.27
Vision	\$ -
Other Insurance Benefits	\$ -
Insurance Cost/month	\$ 600.64
Insurance Cost/hour	\$ 3.47

Workmen's Compensation

Workman's Compensation Insurance - rate = (rate ÷ \$100 x Wage Rate = \$ per hr.)

Rate per \$100 of coverage	\$ 3.84
Effective Hourly Effective Wage Rate	\$ 14.02
Workman's Compensation Insurance Cost	\$ 0.54

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 0.87
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.20

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	15.4
Sick Days	4.1
Pers/Adm. Days	-
Holidays	8.0
Leave days/year	27.5
Leave hours/year	220.0
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,860.0
Effective Hourly Wage Rate	\$ 14.02
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ 1.66

Pension

Percent of Effective Wage Rate	1.02%
Pension/Retirement Cost	\$ 0.14

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$3.47	\$0.54	\$0.87	\$0.20	\$1.66	\$0.14	\$6.88

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 14.02
Fringe benefits per hour	\$6.88
Total hourly rate	\$ 20.90

PR Check History 07/01/2016 thru 12/31/2016

009663 Manning, Mindy

Hire Date 8/17/10

Employer Share/MO

PS cont 296.08 2016

Check Number DD00047208		Check Date 07/08/2016		Check Type C														
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	PTO	Yes		11.25	14.02	157.73	01-60400-57-00	TAXST	T	33.17	01-23110-00-00	PTOFN	11.25	4.75	0.00	28904.00
57	00	TAIDE	REG	Yes		68.25	14.02	956.87	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	= 1.02
										TAXFED	T	58.46	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	65.89	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	15.41	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	873.98	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00	
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00	
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00	
Weeks Worked 2						79.50		\$1,114.60				\$1,114.60		Net Amount \$0.00	11.25	6.00	0.00	

Check Number DD00047349		Check Date 07/22/2016		Check Type C														
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	HOL	Yes		8.00	14.02	112.16	01-60600-57-00	TAXST	T	33.89	01-23110-00-00	PTOFN	0.00	4.75	0.00	= 123.50
57	00	TAIDE	OT	Yes		0.75	21.03	15.77	01-60200-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	= 32.50
57	00	TAIDE	REG	Yes		72.25	14.02	1,012.95	01-60100-57-00	TAXFED	T	60.21	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	66.61	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	15.58	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	882.31	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00	
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00	
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00	
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00	
Weeks Worked 2						81.00		\$1,140.88				\$1,140.88		Net Amount \$0.00	0.00	6.00	0.00	

Check Number DD00047488		Check Date 08/05/2016		Check Type C														
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	PTO	Yes		40.00	14.02	560.80	01-60400-57-00	TAXST	T	33.60	01-23110-00-00	PTOFN	40.00	4.75	0.00	
57	00	TAIDE	REG	Yes		40.00	14.02	560.80	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	
										TAXFED	T	59.51	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	66.32	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	15.51	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	878.97	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	

PR Check History 07/01/2016 thru 12/31/2016

009663		Manning, Mindy		Check Number DD00047488					Check Date 08/05/2016		Check Type C							
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00	
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00	
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00	
Weeks Worked 2						80.00		\$1,121.60				\$1,121.60	Net Amount \$0.00		40.00	6.00	0.00	

Check Number DD00047626		Check Date 08/19/2016					Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	OT	Yes		4.50	21.03	94.64	01-60200-57-00	TAXST	T	38.57	01-23110-00-00	PTOFN)	2.25	4.75	0.00	
57	00	TAIDE	PTO	Yes		2.25	14.02	31.55	01-60400-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	
57	00	TAIDE	REG	Yes		77.75	14.02	1,090.06	01-60100-57-00	TAXFED	T	71.52	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	71.28	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	16.67	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	935.93	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00	
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00	
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00	
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00	
Weeks Worked 2						84.50		\$1,216.25				\$1,216.25	Net Amount \$0.00		2.25	6.00	0.00	

Check Number DD00047765		Check Date 09/02/2016					Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	OT	Yes		0.25	21.03	5.26	01-60200-57-00	TAXST	T	30.50	01-23110-00-00	PTOFN)	0.00	4.75	0.00	
57	00	TAIDE	REG	Yes		75.75	14.02	1,062.02	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	
										TAXFED	T	51.36	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	62.95	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	14.72	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	840.06	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00	
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00	
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00	
Weeks Worked 2						76.00		\$1,067.28				\$1,067.28	Net Amount \$0.00		0.00	6.00	0.00	

Check Number DD00047902		Check Date 09/16/2016					Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	DOUB	Yes		1.25	28.04	35.05	01-60200-57-00	TAXST	T	35.46	01-23110-00-00	PTOFN)	0.00	4.75	0.00	

PR Check History 07/01/2016 thru 12/31/2016

009663 Manning, Mindy

Check Number DD00047902			Check Date 09/16/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	HOL	Yes		6.75	14.02	94.64	01-60600-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	
55	02	CNAMEN	REG	Yes		3.00	16.02	48.06	01-60100-55-02	TAXFED	T	64.00	01-23100-00-00		0.00	0.00	0.00	
57	00	TAIDE	REG	Yes		70.50	14.02	988.41	01-60100-57-00	TAXFIC	T	68.18	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	15.95	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	900.29	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00	
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00	
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00	
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00	
Weeks Worked 2						81.50		\$1,166.16				\$1,166.16	Net Amount \$0.00		0.00	6.00	0.00	

Check Number DD00048040			Check Date 09/30/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
55	00	CNAHOH	OT	Yes		7.50	21.03	157.73	04-60200-55-00	TAXST	T	46.60	01-23110-00-00	PTOFN)	2.75	4.75	0.00	
57	00	TAIDE	PTO	Yes		2.75	14.02	38.56	01-60400-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	
57	00	TAIDE	REG	Yes		76.75	14.02	1,076.04	01-60100-57-00	TAXFED	T	90.95	01-23100-00-00		0.00	0.00	0.00	
55	00	CNAHOH	REG	Yes		0.50	14.02	7.01	04-60100-55-00	TAXFIC	T	79.32	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	18.55	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,043.92	01-10200-00-00		0.00	0.00	0.00	
Weeks Worked 2						87.50		\$1,279.34				\$1,279.34	Net Amount \$0.00		2.75	6.00	0.00	

Check Number DD00048176			Check Date 10/14/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	TAIDE	OT	Yes		1.75	21.03	36.80	01-60200-57-00	TAXST	T	45.66	01-23110-00-00	PTOFN)	0.00	4.75	0.00	
55	00	CNAHOH	OT	Yes		7.50	21.03	157.73	04-60200-55-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00	
57	00	TAIDE	REG	Yes		80.00	14.02	1,121.60	01-60100-57-00	TAXFED	T	88.69	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	78.38	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	18.33	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,017.38	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00	
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00	
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00	
Weeks Worked 2						89.25		\$1,316.13				\$1,316.13	Net Amount \$0.00		0.00	6.00	0.00	

PR Check History 07/01/2016 thru 12/31/2016

009663 Manning, Mindy

Check Number DD00048312		Check Date 10/28/2016		Check Type C															
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted		
57	00	TAIDE	OT	Yes		4.75	21.03	99.89	01-60200-57-00	TAXST	T	44.54	01-23110-00-00	PTOFN)	6.50	4.75	0.00		
57	00	TAIDE	PTO	Yes		6.50	14.02	91.13	01-60400-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00		
57	00	TAIDE	REG	Yes		80.00	14.02	1,121.60	01-60100-57-00	TAXFED	T	85.97	01-23100-00-00		0.00	0.00	0.00		
										TAXFIC	T	77.26	01-23120-00-00		0.00	0.00	0.00		
										TAXMED	T	18.07	01-23120-00-00		0.00	0.00	0.00		
										ACH-%	Z	1,004.50	01-10200-00-00		0.00	0.00	0.00		
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00		
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00		
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00		
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00		
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00		
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00		
Weeks Worked 2						91.25		\$1,312.62				\$1,312.62	Net Amount \$0.00		6.50	6.00	0.00		

Check Number DD00048452		Check Date 11/11/2016		Check Type C															
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted		
57	00	TAIDE	OT	Yes		0.50	21.03	10.52	01-60200-57-00	TAXST	T	39.91	01-23110-00-00	PTOFN)	0.00	4.75	0.00		
55	00	CNAHOH	OT	Yes		7.50	21.03	157.73	04-60200-55-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00		
57	00	TAIDE	REG	Yes		75.25	14.02	1,055.01	01-60100-57-00	TAXFED	T	74.76	01-23100-00-00		0.00	0.00	0.00		
										TAXFIC	T	72.62	01-23120-00-00		0.00	0.00	0.00		
										TAXMED	T	16.98	01-23120-00-00		0.00	0.00	0.00		
										ACH-%	Z	951.30	01-10200-00-00		0.00	0.00	0.00		
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00		
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00		
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00		
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00		
Weeks Worked 2						83.25		\$1,223.26				\$1,223.26	Net Amount \$0.00		0.00	6.00	0.00		

Check Number DD00048600		Check Date 11/25/2016		Check Type C															
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted		
57	00	TAIDE	OT	Yes		1.00	21.03	21.03	01-60200-57-00	TAXST	T	34.00	01-23110-00-00	PTOFN)	0.00	4.75	0.00		
57	00	TAIDE	REG	Yes		80.00	14.02	1,121.60	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00		
										TAXFED	T	60.47	01-23100-00-00		0.00	0.00	0.00		
										TAXFIC	T	66.72	01-23120-00-00		0.00	0.00	0.00		
										TAXMED	T	15.60	01-23120-00-00		0.00	0.00	0.00		
										ACH-%	Z	883.56	01-10200-00-00		0.00	0.00	0.00		
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00		

PR Check History 07/01/2016 thru 12/31/2016

009663 Manning, Mindy

Check Number DD00048600		Check Date 11/25/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00
Weeks Worked 2						81.00		\$1,142.63				\$1,142.63	Net Amount \$0.00		0.00	6.00	0.00

Check Number DD00048747		Check Date 12/09/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	HOL	Yes		8.00	14.02	112.16	01-60600-57-00	TAXST	T	33.08	01-23110-00-00	PTOFN	16.00	4.75	0.00
57	00	TAIDE	PTO	Yes		16.00	14.02	224.32	01-60400-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00
57	00	TAIDE	REG	Yes		56.00	14.02	785.12	01-60100-57-00	TAXFED	T	58.24	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	65.80	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	15.39	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	872.97	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	49.76	01-23130-00-00		0.00	0.00	0.00
										STDIS	D	11.28	01-23156-00-00		0.00	0.00	0.00
										CLACC	D	10.58	01-23159-00-00		0.00	0.00	0.00
										CLCI	D	4.50	01-23159-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,121.60				\$1,121.60	Net Amount \$0.00		16.00	6.00	0.00

Totals for Employee ID: 009663		Earnings Description			Deduction Description		Deduct Code		Benefit Description		Benefits Taken		Benefits Earned		Benefits Adjusted	
	Earning Code	Hours	Rate	Earnings	Description	Deduct Code	Deduct Amount	Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted				
Double	DOUB	1.25	28.04	35.05	ACH Direct Deposit	ACH-%	11,085.17	Vacation - Full Time	PTOFNX	78.75	57.00	0.00				
Holiday	HOL	22.75	14.02	318.96	Accident Insurance	CLACC	116.38	Sick Pay - Full Time	SICKFT	0.00	15.00	0.00				
Overtime	OT	36.00	21.03	757.10	Critical Illness Insur	CLCI	49.50			0.00	0.00	0.00				
PTO	PTO	78.75	14.02	1,104.09	Dental Insurance Sir	DENTS	34.75			0.00	0.00	0.00				
Regular	REG	856.00	14.03	12,007.15	Med Ins Employee 2	MD6S3	463.06			0.00	0.00	0.00				
		0.00	0.00	0.00	STDisability (AHL) A	STDIS	124.08			0.00	0.00	0.00				
		0.00	0.00	0.00	Fed Inc Tax	TAXFED	824.14			0.00	0.00	0.00				
		0.00	0.00	0.00	FICA Tax	TAXFIC	841.33			0.00	0.00	0.00				
		0.00	0.00	0.00	Medicare Tax	TAXMED	196.76			0.00	0.00	0.00				
		0.00	0.00	0.00	State Inc Tax	TAXST	448.98			0.00	0.00	0.00				
		0.00	0.00	0.00	Nebraska Unemploy	UC-ST	0.00			0.00	0.00	0.00				
		0.00	0.00	0.00	Vision - Employee C	VIS-S	38.20			0.00	0.00	0.00				
Employee Total		Weeks Worked: 24		994.75			\$14,222.35			\$14,222.35	Net Amount \$0.00	78.75	72.00	0.00		

Fringe Benefit Calculation for Responsible Charge

LeRoy (Scott) Ried

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 27,164.80	2080	\$ 13.06

Insurance Cost (Per Month)

Health	\$ 789.28
Dental	\$ 20.85
Accidental Death and Dismemberment (AD&D)	\$ -
Life	\$ 1.27
Vision	\$ -
Other Insurance Benefits	\$ -
Insurance Cost/month	\$ 811.40
Insurance Cost/hour	\$ 4.68

Workmen's Compensation

Workman's Compensation Insurance - rate = (rate ÷ \$100 x Wage Rate = \$ per hr.)

Rate per \$100 of coverage	\$ 3.84
Effective Hourly Effective Wage Rate	\$ 13.06
Workman's Compensation Insurance Cost	\$ 0.50

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 0.81
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.19

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	15.4
Sick Days	4.1
Pers/Adm. Days	-
Holidays	8.0
Leave days/year	27.5
Leave hours/year	220.0
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,860.0
Effective Hourly Wage Rate	\$ 13.06
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ 1.54

Pension

Percent of Effective Wage Rate	1.02%
Pension/Retirement Cost	\$ 0.13

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$4.68	\$0.50	\$0.81	\$0.19	\$1.54	\$0.13	\$7.86

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 13.06
Fringe benefits per hour	\$ 7.86
Total hourly rate	\$ 20.92

PR Check History 07/01/2016 thru 12/31/2016

005390 Ried, LeRoy

hire date 12/24/10

Employer share/NO

PS Cont. 250.00/2441.11 = 1,024.5

Check Number DD00047236																	
Check Date 07/08/2016																	
Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	PTO	Yes		15.25	13.06	199.17	01-60400-57-00	TAXST	T	23.91	01-23110-00-00	PTOFN	15.25	4.75	0.00
57	00	TAIDE	REG	Yes		64.75	13.06	845.64	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00
										TAXFED	T	0.00			0.00	0.00	0.00
										TAXFIC	T	50.10	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	11.72	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	722.29	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00
						Weeks Worked 2	80.00	\$1,044.81				\$1,044.81	Net Amount \$0.00	15.25	6.00	0.00	

Check Number DD00047376																	
Check Date 07/22/2016																	
Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	HOL	Yes		8.00	13.06	104.48	01-60600-57-00	TAXST	T	25.41	01-23110-00-00	PTOFN	0.00	4.75	x26 0.00 = 123.50
57	00	TAIDE	OT	Yes		1.25	19.59	24.49	01-60200-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	x26 0.00 = 32.50
57	00	TAIDE	REG	Yes		73.00	13.06	953.38	01-60100-57-00	TAXFED	T	0.00			0.00	0.00	0.00
										TAXFIC	T	51.99	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	12.16	01-23120-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00	20.85	0.00	0.00	0.00
										ACH-%	Z	749.05	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	236.79	01-23130-00-00	189.28	0.00	0.00	0.00
						Weeks Worked 2	82.25	\$1,082.35				\$1,082.35	Net Amount \$0.00	0.00	6.00	0.00	

Check Number DD00047515																	
Check Date 08/05/2016																	
Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	OT	Yes		0.25	19.59	4.90	01-60200-57-00	TAXST	T	24.15	01-23110-00-00	PTOFN	0.00	4.75	0.00
57	00	TAIDE	REG	Yes		80.00	13.06	1,044.80	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00
										TAXFED	T	0.00			0.00	0.00	0.00
										TAXFIC	T	50.40	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	11.79	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	726.57	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00
						Weeks Worked 2	80.25	\$1,049.70				\$1,049.70	Net Amount \$0.00	0.00	6.00	0.00	

Check Number DD00047654																	
Check Date 08/19/2016																	
Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	OT	Yes		0.75	19.59	14.69	01-60200-57-00	TAXST	T	24.29	01-23110-00-00	PTOFN	0.00	4.75	0.00
57	00	TAIDE	REG	Yes		55.50	13.06	724.83	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00
45	00	MASST	REG	Yes		24.50	13.06	319.97	01-60100-45-00	TAXFED	T	0.00			0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

005390		Ried, LeRoy		Check Number DD00047654				Check Date 08/19/2016		Check Type C							
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
										TAXFIC	T	50.58	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	11.83	01-23120-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										ACH-%	Z	729.05	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						80.75		\$1,059.49				\$1,059.49	Net Amount \$0.00		0.00	6.00	0.00

Check Number DD00047791		Check Date 09/02/2016				Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	REG	Yes		76.75	13.06	1,002.36	01-60100-57-00	TAXST	T	21.83	01-23110-00-00	PTOFN)	0.00	4.75	0.00
										UC-ST	X	0.00		SICKFT	0.00	1.25	0.00
										TAXFED	T	0.00			0.00	0.00	0.00
										TAXFIC	T	47.47	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	11.10	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	685.17	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						76.75		\$1,002.36				\$1,002.36	Net Amount \$0.00		0.00	6.00	0.00

Check Number DD00047931		Check Date 09/16/2016				Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	HOL	Yes		8.00	13.06	104.48	01-60600-57-00	TAXST	T	24.21	01-23110-00-00	PTOFN)	0.00	4.75	0.00
57	00	TAIDE	REG	Yes		57.25	13.06	747.69	01-60100-57-00	UC-ST	X	0.00		SICKFT	15.75	1.25	0.00
57	00	TAIDE	SICK	Yes		15.75	13.06	205.70	01-60400-57-00	TAXFED	T	0.00			0.00	0.00	0.00
										TAXFIC	T	50.48	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	11.80	01-23120-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										ACH-%	Z	727.64	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						81.00		\$1,057.87				\$1,057.87	Net Amount \$0.00		15.75	6.00	0.00

Check Number DD00048068		Check Date 09/30/2016				Check Type C											
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	OT	Yes		2.00	19.59	39.18	01-60200-57-00	TAXST	T	38.62	01-23110-00-00	PTOFN)	0.00	4.75	0.00
57	00	TAIDE	REG	Yes		79.50	13.06	1,038.27	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00
										TAXFED	T	0.00			0.00	0.00	0.00
										TAXFIC	T	66.80	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	15.62	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	956.41	01-10200-00-00		0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

005390	Ried, LeRoy																		
Weeks Worked 2		81.50	\$1,077.45	\$1,077.45	Net Amount \$0.00	0.00	6.00	0.00											

Check Number DD00048204																		Check Date 10/14/2016																		Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted																																				
57	00	TAIDE	PTO	Yes		4.50	13.06	58.77	01-60400-57-00	TAXST	T	23.27	01-23110-00-00	PTOFN	4.50	4.75	0.00																																				
57	00	TAIDE	REG	Yes		74.50	13.06	972.97	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00																																				
										TAXFED	T	0.00			0.00	0.00	0.00																																				
										TAXFIC	T	49.29	01-23120-00-00		0.00	0.00	0.00																																				
										TAXMED	T	11.53	01-23120-00-00		0.00	0.00	0.00																																				
										ACH-%	Z	710.86	01-10200-00-00		0.00	0.00	0.00																																				
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00																																				
Weeks Worked 2		79.00	\$1,031.74	\$1,031.74	Net Amount \$0.00	4.50	6.00	0.00																																													

Check Number DD00048343																		Check Date 10/28/2016																		Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted																																				
57	00	TAIDE	OT	Yes		1.25	19.59	24.49	01-60200-57-00	TAXST	T	24.77	01-23110-00-00	PTOFN	2.75	4.75	0.00																																				
57	00	TAIDE	PTO	Yes		2.75	13.06	35.92	01-60400-57-00	UC-ST	X	0.00		SICKFT	5.50	1.25	0.00																																				
57	00	TAIDE	REG	Yes		71.75	13.06	937.06	01-60100-57-00	TAXFED	T	0.00			0.00	0.00	0.00																																				
57	00	TAIDE	SICK	Yes		5.50	13.06	71.83	01-60400-57-00	TAXFIC	T	51.18	01-23120-00-00		0.00	0.00	0.00																																				
										TAXMED	T	11.97	01-23120-00-00		0.00	0.00	0.00																																				
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00																																				
										ACH-%	Z	737.64	01-10200-00-00		0.00	0.00	0.00																																				
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00																																				
Weeks Worked 2		81.25	\$1,069.30	\$1,069.30	Net Amount \$0.00	8.25	6.00	0.00																																													

Check Number DD00048485																		Check Date 11/11/2016																		Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted																																				
57	00	TAIDE	REG	Yes		76.25	13.06	995.83	01-60100-57-00	TAXST	T	21.51	01-23110-00-00	PTOFN	0.00	4.75	0.00																																				
										UC-ST	X	0.00		SICKFT	0.00	1.25	0.00																																				
										TAXFED	T	0.00			0.00	0.00	0.00																																				
										TAXFIC	T	47.06	01-23120-00-00		0.00	0.00	0.00																																				
										TAXMED	T	11.01	01-23120-00-00		0.00	0.00	0.00																																				
										ACH-%	Z	679.46	01-10200-00-00		0.00	0.00	0.00																																				
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00																																				
Weeks Worked 2		76.25	\$995.83	\$995.83	Net Amount \$0.00	0.00	6.00	0.00																																													

Check Number DD00048632																		Check Date 11/25/2016																		Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted																																				
57	00	TAIDE	PTO	Yes		6.00	13.06	78.36	01-60400-57-00	TAXST	T	23.57	01-23110-00-00	PTOFN	6.00	4.75	0.00																																				
57	00	TAIDE	REG	Yes		74.00	13.06	966.44	01-60100-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00																																				

PR Check History 07/01/2016 thru 12/31/2016

005390 Ried, LeRoy

Check Number DD00048632		Check Date 11/25/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
										TAXFED	T	0.00			0.00	0.00	0.00
										TAXFIC	T	49.67	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	11.62	01-23120-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										ACH-%	Z	716.20	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	236.79	01-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,044.80				\$1,044.80	Net Amount \$0.00		6.00	6.00	0.00

Check Number DD00048778		Check Date 12/09/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	TAIDE	HOL	Yes		8.00	13.06	104.48	01-60600-57-00	TAXST	T	24.18	01-23110-00-00	PTOFND	8.00	4.75	0.00
57	00	TAIDE	OT	Yes		2.75	19.59	53.87	01-60200-57-00	UC-ST	X	0.00		SICKFT	0.00	1.25	0.00
57	00	TAIDE	PTO	Yes		8.00	13.06	104.48	01-60400-57-00	TAXFED	T	0.00			0.00	0.00	0.00
57	00	TAIDE	REG	Yes		64.00	13.06	835.84	01-60100-57-00	TAXFIC	T	50.44	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	11.80	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	727.16	01-10200-00-00		0.00	0.00	0.00
										MD6E+3	D	285.09	01-23130-00-00		0.00	0.00	0.00
Weeks Worked 2						82.75		\$1,098.67				\$1,098.67	Net Amount \$0.00		8.00	6.00	0.00

Totals for Employee ID: 005390		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
Earnings Description													
Holiday		HOL	24.00	13.06	313.44	ACH Direct Deposit	ACH-%	8,867.50	Vacation - Full Time	PTOFNX	36.50	57.00	0.00
Overtime		OT	8.25	19.59	161.62	Dental Insurance Sii	DENTS	34.75	Sick Pay - Full Time	SICKFT	21.25	15.00	0.00
PTO		PTO	36.50	13.06	476.70	Med Ins Employee+	MD6E+3	2,652.99			0.00	0.00	0.00
Regular		REG	871.75	13.06	11,385.08	Fed Inc Tax	TAXFED	0.00			0.00	0.00	0.00
Sick Pay		SICK	21.25	13.06	277.53	FICA Tax	TAXFIC	615.46			0.00	0.00	0.00
			0.00	0.00	0.00	Medicare Tax	TAXMED	143.95			0.00	0.00	0.00
			0.00	0.00	0.00	State Inc Tax	TAXST	299.72			0.00	0.00	0.00
			0.00	0.00	0.00	Nebraska Unemploy	UC-ST	0.00			0.00	0.00	0.00
Employee Total			Weeks Worked: 24		961.75	\$12,614.37		\$12,614.37	Net Amount \$0.00		57.75	72.00	0.00

Fringe Benefit Calculation for Responsible Charge

Roger Evans

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 41,433.60	2080	\$ 19.92

Insurance Cost (Per Month)

Health	\$ -
Dental	\$ -
Accidental Death and Dismemberment (AD&D)	\$ -
Life	\$ 1.27
Vision	\$ -
Other Insurance Benefits	\$ -
Insurance Cost/month	\$ 1.27
Insurance Cost/hour	\$ 0.01

Workmen's Compensation

Workman's Compensation Insurance - rate = (rate ÷ \$100 x Wage Rate = \$ per hr.)

Rate per \$100 of coverage	\$ 3.84
Effective Hourly Effective Wage Rate	\$ 19.92
Workman's Compensation Insurance Cost	\$ 0.76

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.24
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.29

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	24.4
Sick Days	4.9
Pers/Adm. Days	-
Holidays	8.0
Leave days/year	37.3
Leave hours/year	298.0

Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,782.0
Effective Hourly Wage Rate	\$ 19.92

Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost \$ 3.33

Pension

Percent of Effective Wage Rate	1.02%
Pension/Retirement Cost	\$ 0.20

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$0.01	\$0.76	\$1.24	\$0.29	\$3.33	\$0.20	\$5.83

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 19.92
Fringe benefits per hour	\$5.83
Total hourly rate	\$ 25.75

PR Check History 07/01/2016 thru 12/31/2016

PS
Cont 375.13/36620.1
2016 = 1-07407

001230 Evans, Roger L Hire Date 2/4/1991 Employer Share/MD

Check Number DD00047166		Check Date 07/08/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	TAIDAL	PTO	Yes		2.75	19.92	54.78	04-60400-05-00	TAXFIC	T	86.45	04-23120-00-00	PTOFSL	2.75	7.50	0.00
05	00	TAIDAL	REG	Yes		67.25	19.92	1,339.62	04-60100-05-00	TAXMED	T	20.22	04-23120-00-00	SICKFT	0.00	1.50	0.00
										TAXFED	T	100.79	04-23100-00-00		0.00	0.00	0.00
										TAXST	T	38.23	04-23110-00-00		0.00	0.00	0.00
										UC-ST	X	0.00			0.00	0.00	0.00
										ACH-%	Z	1,148.71	01-10200-00-00		0.00	0.00	0.00
Weeks Worked 2						70.00		\$1,394.40				\$1,394.40	Net Amount \$0.00		2.75	9.00	0.00

No Medical or Dental

Check Number DD00047308		Check Date 07/22/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	TAIDAL	HOL	Yes		8.00	19.92	159.36	04-60600-05-00	TAXFIC	T	103.13	04-23120-00-00	PTOFSL	0.00	6.25	0.00
05	00	TAIDAL	OT	Yes		5.00	29.88	149.40	04-60200-05-00	TAXMED	T	24.12	04-23120-00-00	SICKFT	0.00	1.50	0.00
05	00	TAIDAL	REG	Yes		68.00	19.92	1,354.56	04-60100-05-00	TAXFED	T	141.13	04-23100-00-00		0.00	0.00	0.00
										TAXST	T	52.14	04-23110-00-00		0.00	0.00	0.00
										UC-ST	X	0.00			0.00	0.00	0.00
										ACH-%	Z	1,342.80	01-10200-00-00		0.00	0.00	0.00
Weeks Worked 2						81.00		\$1,663.32				\$1,663.32	Net Amount \$0.00		0.00	7.75	0.00

Check Number DD00047447		Check Date 08/05/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	TAIDAL	PTO	Yes		7.00	19.92	139.44	04-60400-05-00	TAXFIC	T	96.02	04-23120-00-00	PTOFSL	7.00	7.00	0.00
05	00	TAIDAL	REG	Yes		70.75	19.92	1,409.34	04-60100-05-00	TAXMED	T	22.46	04-23120-00-00	SICKFT	0.00	1.50	0.00
										TAXFED	T	123.95	04-23100-00-00		0.00	0.00	0.00
										TAXST	T	45.81	04-23110-00-00		0.00	0.00	0.00
										UC-ST	X	0.00			0.00	0.00	0.00
										ACH-%	Z	1,260.54	01-10200-00-00		0.00	0.00	0.00
Weeks Worked 2						77.75		\$1,548.78				\$1,548.78	Net Amount \$0.00		7.00	8.50	0.00

Check Number DD00047584		Check Date 08/19/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
05	00	TAIDAL	REG	Yes		70.50	19.92	1,404.36	04-60100-05-00	TAXFIC	T	87.07	04-23120-00-00	PTOFSL	0.00	0.00	0.00
										TAXMED	T	20.36	04-23120-00-00	SICKFT	0.00	1.50	0.00
										TAXFED	T	102.29	04-23100-00-00		0.00	0.00	0.00
										TAXST	T	38.71	04-23110-00-00		0.00	0.00	0.00
										UC-ST	X	0.00			0.00	0.00	0.00
										ACH-%	Z	1,155.93	01-10200-00-00		0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

001230	Evans, Roger L	Weeks Worked 2	70.50	\$1,404.36	\$1,404.36	Net Amount \$0.00	0.00	1.50	0.00
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Check Number DD00047724			Check Date 09/02/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	PTO	Yes		15.25	19.92	303.78	04-60400-05-00	TAXFIC	T	86.45	04-23120-00-00	PTOFSL	15.25	7.50	0.00	
05	00	TAIDAL	REG	Yes		54.75	19.92	1,090.62	04-60100-05-00	TAXMED	T	20.22	04-23120-00-00	SICKFT	0.00	1.50	0.00	
										TAXFED	T	100.79	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	38.23	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,148.71	01-10200-00-00		0.00	0.00	0.00	
Weeks Worked 2			70.00	\$1,394.40	\$1,394.40	Net Amount \$0.00	15.25	9.00	0.00									

Check Number DD00047860			Check Date 09/16/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	HOL	Yes		8.00	19.92	159.36	04-60600-05-00	TAXFIC	T	92.01	04-23120-00-00	PTOFSL	0.00	7.50	0.00	
05	00	TAIDAL	REG	Yes		66.50	19.92	1,324.68	04-60100-05-00	TAXMED	T	21.52	04-23120-00-00	SICKFT	0.00	1.50	0.00	
										TAXFED	T	114.24	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	42.63	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,213.64	01-10200-00-00		0.00	0.00	0.00	
Weeks Worked 2			74.50	\$1,484.04	\$1,484.04	Net Amount \$0.00	0.00	9.00	0.00									

Check Number DD00047998			Check Date 09/30/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	PTO	Yes		21.00	19.92	418.32	04-60400-05-00	TAXFIC	T	88.92	04-23120-00-00	PTOFSL	21.00	7.50	0.00	
05	00	TAIDAL	REG	Yes		51.00	19.92	1,015.92	04-60100-05-00	TAXMED	T	20.80	04-23120-00-00	SICKFT	0.00	1.50	0.00	
										TAXFED	T	106.77	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	40.18	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,177.57	01-10200-00-00		0.00	0.00	0.00	
Weeks Worked 2			72.00	\$1,434.24	\$1,434.24	Net Amount \$0.00	21.00	9.00	0.00									

Check Number DD00048136			Check Date 10/14/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	PTO	Yes		21.00	19.92	418.32	04-60400-05-00	TAXFIC	T	90.78	04-23120-00-00	PTOFSL	21.00	7.50	0.00	
05	00	TAIDAL	REG	Yes		52.50	19.92	1,045.80	04-60100-05-00	TAXMED	T	21.23	04-23120-00-00	SICKFT	0.00	1.50	0.00	
										TAXFED	T	111.25	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	41.65	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,199.21	01-10200-00-00		0.00	0.00	0.00	

PR Check History 07/01/2016 thru 12/31/2016

001230	Evans, Roger L		Weeks Worked 2	73.50	\$1,464.12	\$1,464.12	Net Amount \$0.00	21.00	9.00	0.00
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Check Number DD00048271			Check Date 10/28/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	PTO	Yes		24.00	19.92	478.08	04-60400-05-00	TAXFIC	T	89.85	04-23120-00-00	PTOFSL	24.00	7.50	0.00	
05	00	TAIDAL	REG	Yes		48.75	19.92	971.10	04-60100-05-00	TAXMED	T	21.01	04-23120-00-00	SICKFT	0.00	1.50	0.00	
										TAXFED	T	109.01	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	40.91	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,188.40	01-10200-00-00		0.00	0.00	0.00	
Weeks Worked 2					72.75			\$1,449.18				\$1,449.18		Net Amount \$0.00	24.00	9.00	0.00	

Check Number DD00048411			Check Date 11/11/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	REG	Yes		70.00	19.92	1,394.40	04-60100-05-00	TAXFIC	T	86.45	04-23120-00-00	PTOFSL	0.00	7.50	0.00	
										TAXMED	T	20.22	04-23120-00-00	SICKFT	0.00	1.50	0.00	
										TAXFED	T	100.79	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	38.23	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,148.71	01-10200-00-00		0.00	0.00	0.00	
Weeks Worked 2					70.00			\$1,394.40				\$1,394.40		Net Amount \$0.00	0.00	9.00	0.00	

Check Number DD00048557			Check Date 11/25/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	REG	Yes		69.25	19.92	1,379.46	04-60100-05-00	TAXFIC	T	85.53	04-23120-00-00	PTOFSL	0.00	0.00	0.00	
										TAXMED	T	20.00	04-23120-00-00	SICKFT	0.00	0.00	0.00	
										TAXFED	T	98.55	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	37.49	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,137.89	01-10200-00-00		0.00	0.00	0.00	
Weeks Worked 2					69.25			\$1,379.46				\$1,379.46		Net Amount \$0.00	0.00	0.00	0.00	

Check Number DD00048706			Check Date 12/09/2016					Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
05	00	TAIDAL	HOL	Yes		8.00	19.92	159.36	04-60600-05-00	TAXFIC	T	98.80	04-23120-00-00	PTOFSL	32.00	7.50	0.00	
05	00	TAIDAL	PTO	Yes		32.00	19.92	637.44	04-60400-05-00	TAXMED	T	23.11	04-23120-00-00	SICKFT	0.00	1.50	0.00	
05	00	TAIDAL	REG	Yes		40.00	19.92	796.80	04-60100-05-00	TAXFED	T	130.67	04-23100-00-00		0.00	0.00	0.00	
										TAXST	T	48.01	04-23110-00-00		0.00	0.00	0.00	
										UC-ST	X	0.00			0.00	0.00	0.00	
										ACH-%	Z	1,293.01	01-10200-00-00		0.00	0.00	0.00	

PR Check History 07/01/2016 thru 12/31/2016

001230 Evans, Roger L
 Weeks Worked 2 80.00 \$1,593.60 \$1,593.60 Net Amount \$0.00 32.00 9.00 0.00

Totals for Employee ID: 001230		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
Earnings Description													
Holiday	HOL	24.00	19.92	478.08	ACH Direct Deposit	ACH-%	14,415.12	Vacation - FT (hrly-e)	PTOFSL	123.00	73.25	0.00	
Overtime	OT	5.00	29.88	149.40	Fed Inc Tax	TAXFED	1,340.23	Sick Pay - Full Time	SICKFT	0.00	16.50	0.00	
PTO	PTO	123.00	19.92	2,450.16	FICA Tax	TAXFIC	1,091.46			0.00	0.00	0.00	
Regular	REG	729.25	19.92	14,526.66	Medicare Tax	TAXMED	255.27			0.00	0.00	0.00	
		0.00	0.00	0.00	State Inc Tax	TAXST	502.22			0.00	0.00	0.00	
		0.00	0.00	0.00	Nebraska Unemploy	UC-ST	0.00			0.00	0.00	0.00	
Employee Total	Weeks Worked: 24	881.25		\$17,604.30			\$17,604.30	Net Amount \$0.00		123.00	89.75	0.00	

Fringe Benefit Calculation for Responsible Charge

Tammy Bradley-Larsen

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 39,224.64	2080	\$ 18.86

Insurance Cost (Per Month)

Health	\$ 578.52	✓
Dental	\$ 20.85	✓
Accidental Death and Dismemberment (AD&D)	\$ -	✓
Life	\$ 4.99	
Vision	\$ -	
Other Insurance Benefits	\$ 29.35	
Insurance Cost/month	\$ 633.71	
Insurance Cost/hour	\$ 3.66	

Disability hrs.

Workmen's Compensation

Workman's Compensation Insurance - rate = (rate + \$100 x Wage Rate = \$ per hr.)

Rate per \$100 of coverage	\$ 0.28
Effective Hourly Effective Wage Rate	\$ 18.86
Workman's Compensation Insurance Cost	\$ 0.05

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.17
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.27

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	24.4
Sick Days	4.9
Pers/Adm. Days	-
Holidays	8.0
Leave days/year	37.3
Leave hours/year	298.0
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,782.0
Effective Hourly Wage Rate	\$ 18.86
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ 3.15

Pension

Percent of Effective Wage Rate	1.51%
Pension/Retirement Cost	\$ 0.28

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$3.66	\$0.05	\$1.17	\$0.27	\$3.15	\$0.28	\$8.59

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 18.86
Fringe benefits per hour	\$8.59
Total hourly rate	\$ 27.45

PR Check History 07/01/2016 thru 12/31/2016

004424 Bradley-Larsen, Tammy M

Hire Date 11/3/03

Employer
Share/MO

PS 187.50+
Covt 399.01/38952.1
2016 = 1,506.90

Check Number DD00047138		Check Date 07/08/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	PTO	Yes		0.50	0.00	9.43	01-60400-57-00	TAXST	T	44.66	01-23110-00-00	PTOFE)	0.50	7.50	0.00
57	00	MRCOR	REG	Yes		79.50	0.00	1,499.21	01-60000-57-00	UC-ST	X	0.00		SICKEK	0.00	1.50	0.00
										TAXFED	T	165.88	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	90.97	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.28	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,093.67	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	30.00	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,508.64				\$1,508.64	Net Amount \$0.00		0.50	9.00	0.00

Check Number DD00047281		Check Date 07/22/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	HOL	Yes		8.00	0.00	150.86	01-60600-57-00	TAXST	T	44.20	01-23110-00-00	PTOFE)	4.75	7.50	0.00 = 195
57	00	MRCOR	PTO	Yes		4.75	0.00	89.58	01-60400-57-00	UC-ST	X	0.00		SICKEK	0.00	1.50	0.00 = 39
57	00	MRCOR	REG	Yes		67.25	0.00	1,268.20	01-60000-57-00	TAXFED	T	164.75	01-23100-00-00		0.00	0.00	0.00
57	00	MRCOR	OT	Yes		0.25	0.00	7.07	01-60200-57-00	TAXFIC	T	90.51	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.17	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,118.31	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00	20.85	0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00	8	0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00	578.52	0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00	-	0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00	-	0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00	-	0.00	0.00	0.00
Weeks Worked 2						80.25		\$1,515.71				\$1,515.71	Net Amount \$0.00		4.75	9.00	0.00

Check Number DD00047421		Check Date 08/05/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	TAXST	T	52.40	01-23110-00-00	PTOFE)	0.00	7.50	0.00
57	00	MRCOR	OT	Yes		4.25	28.29	120.22	01-60200-57-00	UC-ST	X	0.00		SICKEK	0.00	1.50	0.00
										TAXFED	T	183.91	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	98.43	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	23.02	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,208.92	01-10200-00-00		0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00047421		Check Date 08/05/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
Weeks Worked 2						84.25		\$1,628.86				\$1,628.86	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00047560		Check Date 08/19/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	TAXST	T	53.99	01-23110-00-00	PTOFE)	0.00	7.50	0.00
57	00	MRCOR	OT	Yes		5.50	0.00	158.90	01-60200-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	187.53	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	99.92	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	23.37	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,195.96	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	30.00	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						85.50		\$1,667.54				\$1,667.54	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00047698		Check Date 09/02/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	PTO	Yes		48.00	0.00	905.18	01-60400-57-00	TAXST	T	44.66	01-23110-00-00	PTOFE)	48.00	7.50	0.00
57	00	MRCOR	REG	Yes		32.00	0.00	603.46	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	165.88	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	90.97	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.28	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,099.53	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	24.14	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,508.64				\$1,508.64	Net Amount \$0.00		48.00	9.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00047835		Check Date 09/16/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	HOL	Yes		8.00	0.00	150.86	01-60600-57-00	TAXST	T	45.80	01-23110-00-00	PTOFEX	0.00	7.50	0.00
57	00	MRCOR	OT	Yes		1.25	0.00	33.00	01-60200-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
57	00	MRCOR	REG	Yes		72.50	0.00	1,357.78	01-60000-57-00	TAXFED	T	168.64	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	92.11	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.54	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,136.78	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
Weeks Worked 2						81.75		\$1,541.64				\$1,541.64	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00047973		Check Date 09/30/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		1.75	0.00	49.51	01-60200-57-00	TAXST	T	50.47	01-23110-00-00	PTOFEX	0.00	7.50	0.00
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	179.51	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	96.61	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	22.59	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,153.97	01-10200-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	40.00	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						81.75		\$1,558.15				\$1,558.15	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00048111		Check Date 10/14/2016		Check Type C													
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		9.25	0.00	174.44	01-60200-57-00	TAXST	T	55.98	01-23110-00-00	PTOFEX	0.00	7.50	0.00
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	192.05	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	101.79	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	23.81	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,247.27	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00048111		Check Date 10/14/2016						Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
Weeks Worked 2		89.25		\$1,683.08		\$1,683.08		Net Amount \$0.00		0.00		9.00		0.00			

Check Number DD00048245		Check Date 10/28/2016						Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		2.50	0.00	70.73	01-60200-57-00	TAXST	T	46.97	01-23110-00-00	PTOFE)	0.00	7.50	0.00
57	00	MRCOR	REG	Yes		79.00	0.00	1,489.78	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	171.47	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	93.28	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.82	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,140.20	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	10.00	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2		81.50		\$1,560.51		\$1,560.51		Net Amount \$0.00		0.00		9.00		0.00			

Check Number DD00048386		Check Date 11/11/2016						Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		4.00	0.00	113.16	01-60200-57-00	TAXST	T	51.94	01-23110-00-00	PTOFE)	5.25	7.50	0.00
57	00	MRCOR	PTO	Yes		5.25	0.00	99.00	01-60400-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
57	00	MRCOR	REG	Yes		74.75	0.00	1,409.64	01-60000-57-00	TAXFED	T	182.86	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	97.99	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	22.92	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,203.91	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
Weeks Worked 2		84.00		\$1,621.80		\$1,621.80		Net Amount \$0.00		5.25		9.00		0.00			

Check Number DD00048531		Check Date 11/25/2016						Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		3.00	0.00	84.87	01-60200-57-00	TAXST	T	49.11	01-23110-00-00	PTOFE)	0.00	7.50	0.00
57	00	MRCOR	REG	Yes		65.00	0.00	1,225.77	01-60000-57-00	UC-ST	X	0.00		SICKEX	15.00	1.50	0.00

PR Check History 07/01/2016 thru 12/31/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00048531		Check Date 11/25/2016						Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	SICK	Yes		15.00	0.00	282.87	01-60400-57-00	TAXFED	T	176.42	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	95.33	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	22.30	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,163.58	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	10.00	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						83.00		\$1,593.51				\$1,593.51	Net Amount \$0.00		15.00	9.00	0.00

Check Number DD00048681		Check Date 12/09/2016						Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	HOL	Yes		8.00	0.00	150.86	01-60600-57-00	TAXST	T	44.14	01-23110-00-00	PTOFEX	28.00	7.50	0.00
57	00	MRCOR	PTO	Yes		28.00	0.00	528.02	01-60400-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
57	00	MRCOR	REG	Yes		44.00	0.00	829.75	01-60000-57-00	TAXFED	T	164.62	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	90.45	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.15	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,117.66	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	49.76	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,508.63				\$1,508.63	Net Amount \$0.00		28.00	9.00	0.00

Totals for Employee ID: 004424		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
Holiday		HOL	24.00	18.86	452.58	401(k) Roth Contribu	401ROT	180.00	Vacation - Full Time	PTOFEX	86.50	90.00	0.00
Overtime		OT	31.75	25.57	811.90	ACH Direct Deposit	ACH-%	13,879.76	Sick Pay - Exempt	SICKEX	15.00	18.00	0.00
PTO		PTO	86.50	18.86	1,631.21	Dental Insurance Sir	DENTS	34.75			0.00	0.00	0.00
Regular		REG	834.00	18.85	15,718.15	Life Ins - Dependent	LIFDEP	14.85			0.00	0.00	0.00
Sick Pay		SICK	15.00	18.86	282.87	Life Ins - Employee	LIFE S	49.50			0.00	0.00	0.00
			0.00	0.00	0.00	Med Ins Employee 3	MD6S3	463.06			0.00	0.00	0.00
			0.00	0.00	0.00	Fed Inc Tax	TAXFED	2,103.52			0.00	0.00	0.00
			0.00	0.00	0.00	FICA Tax	TAXFIC	1,138.36			0.00	0.00	0.00
			0.00	0.00	0.00	Medicare Tax	TAXMED	266.25			0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/31/2016

004424 Bradley-Larsen, Tammy M

Totals for Employee ID: 004424 Earnings Description		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
			0.00	0.00	0.00	State Inc Tax	TAXST	584.32			0.00	0.00	0.00
			0.00	0.00	0.00	Nebraska Unemploy	UC-ST	0.00			0.00	0.00	0.00
			0.00	0.00	0.00	Unimed Pharmacy	UNIMED	144.14			0.00	0.00	0.00
			0.00	0.00	0.00	Vision - Employee C	VIS-S	38.20			0.00	0.00	0.00
Employee Total	Weeks Worked: 24		991.25		\$18,896.71			\$18,896.71	Net Amount \$0.00		101.50	108.00	0.00

PR Check History 07/01/2016 thru 12/09/2016

004424 Bradley-Larsen, Tammy M

Totals for Employee ID: 004424 Earnings Description		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
			0.00	0.00	0.00	State Inc Tax	TAXST	584.32			0.00	0.00	0.00
			0.00	0.00	0.00	Nebraska Unemploy	UC-ST	0.00			0.00	0.00	0.00
			0.00	0.00	0.00	Unimed Pharmacy	UNIMED	144.14			0.00	0.00	0.00
			0.00	0.00	0.00	Vision - Employee C	VIS-S	38.20			0.00	0.00	0.00
Employee Total	Weeks Worked: 24		991.25		\$18,896.71			\$18,896.71	Net Amount \$0.00		101.50	108.00	0.00

Administrative time 834.00 Actual Am
 Less drive time Reported ~~(1.17)~~ (2.42)
 Net Hours for Administrative 832.83
 Total Hourly Rate w/ Benefits \$27.45 * 2745
 Total Administration Costs \$22,861 * 22,826.87

Per Lois Jordan & Debra
 Thacker Tammy's time is 100%
 5310 eligible activities only \$19,600 required for current budget period.
 (Administrative & Drive Time).
 AM 11/10/17

Administrative Category Documentation
PR Check History 07/01/2016 thru 12/09/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00047138				Check Date 07/08/2016				Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	MRCOR	PTO	Yes		0.50	0.00	9.43	01-60400-57-00	TAXST	T	44.66	01-23110-00-00	PTOFE>	0.50	7.50	0.00	
57	00	MRCOR	REG	Yes		79.50	0.00	1,499.21	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00	
										TAXFED	T	165.88	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	90.97	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	21.28	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,093.67	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00	
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00	
										UNIMED	D	30.00	01-23160-00-00		0.00	0.00	0.00	
Weeks Worked 2						80.00		\$1,508.64				\$1,508.64	Net Amount \$0.00		0.50	9.00	0.00	

Check Number DD00047281				Check Date 07/22/2016				Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	MRCOR	HOL	Yes		8.00	0.00	150.86	01-60600-57-00	TAXST	T	44.20	01-23110-00-00	PTOFE>	4.75	7.50	0.00	
57	00	MRCOR	PTO	Yes		4.75	0.00	89.58	01-60400-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00	
57	00	MRCOR	REG	Yes		67.25	0.00	1,268.20	01-60000-57-00	TAXFED	T	164.75	01-23100-00-00		0.00	0.00	0.00	
57	00	MRCOR	OT	Yes		0.25	0.00	7.07	01-60200-57-00	TAXFIC	T	90.51	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	21.17	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,118.31	01-10200-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00	
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00	
Weeks Worked 2						80.25		\$1,515.71				\$1,515.71	Net Amount \$0.00		4.75	9.00	0.00	

Check Number DD00047421				Check Date 08/05/2016				Check Type C										
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	TAXST	T	52.40	01-23110-00-00	PTOFE>	0.00	7.50	0.00	
57	00	MRCOR	OT	Yes		4.25	28.29	120.22	01-60200-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00	
										TAXFED	T	183.91	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	98.43	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	23.02	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,208.92	01-10200-00-00		0.00	0.00	0.00	

PR Check History 07/01/2016 thru 12/09/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00047421				Check Date 08/05/2016				Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
Weeks Worked 2						84.25		\$1,628.86				\$1,628.86	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00047560				Check Date 08/19/2016				Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	TAXST	T	53.99	01-23110-00-00	PTOFE	0.00	7.50	0.00
57	00	MRCOR	OT	Yes		5.50	0.00	158.90	01-60200-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	187.53	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	99.92	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	23.37	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,195.96	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	30.00	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						85.50		\$1,667.54				\$1,667.54	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00047698				Check Date 09/02/2016				Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	PTO	Yes		48.00	0.00	905.18	01-60400-57-00	TAXST	T	44.66	01-23110-00-00	PTOFE	48.00	7.50	0.00
57	00	MRCOR	REG	Yes		32.00	0.00	603.46	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	165.88	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	90.97	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.28	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,099.53	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	24.14	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,508.64				\$1,508.64	Net Amount \$0.00		48.00	9.00	0.00

PR Check History 07/01/2016 thru 12/09/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00047835 Check Date 09/16/2016 Check Type C

Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	HOL	Yes		8.00	0.00	150.86	01-60600-57-00	TAXST	T	45.80	01-23110-00-00	PTOFE	0.00	7.50	0.00
57	00	MRCOR	OT	Yes		1.25	0.00	33.00	01-60200-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
57	00	MRCOR	REG	Yes		72.50	0.00	1,357.78	01-60000-57-00	TAXFED	T	168.64	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	92.11	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.54	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,136.78	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
					Weeks Worked 2	81.75		\$1,541.64				\$1,541.64	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00047973 Check Date 09/30/2016 Check Type C

Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		1.75	0.00	49.51	01-60200-57-00	TAXST	T	50.47	01-23110-00-00	PTOFE	0.00	7.50	0.00
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	179.51	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	96.61	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	22.59	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,153.97	01-10200-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	40.00	01-23160-00-00		0.00	0.00	0.00
					Weeks Worked 2	81.75		\$1,558.15				\$1,558.15	Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00048111 Check Date 10/14/2016 Check Type C

Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		9.25	0.00	174.44	01-60200-57-00	TAXST	T	55.98	01-23110-00-00	PTOFE	0.00	7.50	0.00
57	00	MRCOR	REG	Yes		80.00	0.00	1,508.64	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
										TAXFED	T	192.05	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	101.79	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	23.81	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,247.27	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00

PR Check History 07/01/2016 thru 12/09/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00048111																		
Check Date 10/14/2016																		
Check Type C																		
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00	
Weeks Worked 2					89.25		\$1,683.08					\$1,683.08		Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00048245																		
Check Date 10/28/2016																		
Check Type C																		
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	MRCOR	OT	Yes		2.50	0.00	70.73	01-60200-57-00	TAXST	T	46.97	01-23110-00-00	PTOFE>	0.00	7.50	0.00	
57	00	MRCOR	REG	Yes		79.00	0.00	1,489.78	01-60000-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00	
										TAXFED	T	171.47	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	93.28	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	21.82	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,140.20	01-10200-00-00		0.00	0.00	0.00	
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00	
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00	
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00	
										UNIMED	D	10.00	01-23160-00-00		0.00	0.00	0.00	
Weeks Worked 2					81.50		\$1,560.51					\$1,560.51		Net Amount \$0.00		0.00	9.00	0.00

Check Number DD00048386																		
Check Date 11/11/2016																		
Check Type C																		
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted	
57	00	MRCOR	OT	Yes		4.00	0.00	113.16	01-60200-57-00	TAXST	T	51.94	01-23110-00-00	PTOFE>	5.25	7.50	0.00	
57	00	MRCOR	PTO	Yes		5.25	0.00	99.00	01-60400-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00	
57	00	MRCOR	REG	Yes		74.75	0.00	1,409.64	01-60000-57-00	TAXFED	T	182.86	01-23100-00-00		0.00	0.00	0.00	
										TAXFIC	T	97.99	01-23120-00-00		0.00	0.00	0.00	
										TAXMED	T	22.92	01-23120-00-00		0.00	0.00	0.00	
										ACH-%	Z	1,203.91	01-10200-00-00		0.00	0.00	0.00	
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00	
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00	
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00	
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00	
Weeks Worked 2					84.00		\$1,621.80					\$1,621.80		Net Amount \$0.00		5.25	9.00	0.00

Check Number DD00048531																	
Check Date 11/25/2016																	
Check Type C																	
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	OT	Yes		3.00	0.00	84.87	01-60200-57-00	TAXST	T	49.11	01-23110-00-00	PTOFE>	0.00	7.50	0.00
57	00	MRCOR	REG	Yes		65.00	0.00	1,225.77	01-60000-57-00	UC-ST	X	0.00		SICKEX	15.00	1.50	0.00

PR Check History 07/01/2016 thru 12/09/2016

004424 Bradley-Larsen, Tammy M

Check Number DD00048531			Check Date 11/25/2016					Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	SICK	Yes		15.00	0.00	282.87	01-60400-57-00	TAXFED	T	176.42	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	95.33	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	22.30	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,163.58	01-10200-00-00		0.00	0.00	0.00
										DENTS	D	6.95	01-23150-00-00		0.00	0.00	0.00
										VIS-S	D	7.64	01-23155-00-00		0.00	0.00	0.00
										MD6S3	D	41.33	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
										UNIMED	D	10.00	01-23160-00-00		0.00	0.00	0.00
Weeks Worked 2						83.00		\$1,593.51				\$1,593.51	Net Amount \$0.00		15.00	9.00	0.00

Check Number DD00048681			Check Date 12/09/2016					Check Type C									
Dept	Loc	Job Class	Earning Code	Add Hrs	Visits	Hours	Rate	Earnings	Earnings GL Account Code	Deduct Code	Ded Type	Deduct Amount	Deduction GL Account Code	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
57	00	MRCOR	HOL	Yes		8.00	0.00	150.86	01-60600-57-00	TAXST	T	44.14	01-23110-00-00	PTOFEX	28.00	7.50	0.00
57	00	MRCOR	PTO	Yes		28.00	0.00	528.02	01-60400-57-00	UC-ST	X	0.00		SICKEX	0.00	1.50	0.00
57	00	MRCOR	REG	Yes		44.00	0.00	829.75	01-60000-57-00	TAXFED	T	164.62	01-23100-00-00		0.00	0.00	0.00
										TAXFIC	T	90.45	01-23120-00-00		0.00	0.00	0.00
										TAXMED	T	21.15	01-23120-00-00		0.00	0.00	0.00
										ACH-%	Z	1,117.66	01-10200-00-00		0.00	0.00	0.00
										MD6S3	D	49.76	01-23130-00-00		0.00	0.00	0.00
										LIFE S	D	4.50	01-23157-00-00		0.00	0.00	0.00
										LIFDEP	D	1.35	01-23157-00-00		0.00	0.00	0.00
										401ROT	D	15.00	01-23180-00-00		0.00	0.00	0.00
Weeks Worked 2						80.00		\$1,508.63				\$1,508.63	Net Amount \$0.00		28.00	9.00	0.00

Totals for Employee ID: 004424		Earning Code	Hours	Rate	Earnings	Deduction Description	Deduct Code	Deduct Amount	Benefit Description	Benefit Code	Benefits Taken	Benefits Earned	Benefits Adjusted
Earnings Description													
Holiday		HOL	24.00	18.86	452.58	401(k) Roth Contrib	401ROT	180.00	Vacation - Full Time	PTOFEX	86.50	90.00	0.00
Overtime		OT	31.75	25.57	811.90	ACH Direct Deposit	ACH-%	13,879.76	Sick Pay - Exempt	SICKEX	15.00	18.00	0.00
PTO		PTO	86.50	18.86	1,631.21	Dental Insurance Str	DENTS	34.75			0.00	0.00	0.00
Regular		REG	834.00	18.85	15,718.15	Life Ins - Dependent	LIFDEP	14.85			0.00	0.00	0.00
Sick Pay		SICK	15.00	18.86	282.87	Life Ins - Employee	LIFE S	49.50			0.00	0.00	0.00
			0.00	0.00	0.00	Med Ins Employee 3	MD6S3	463.06			0.00	0.00	0.00
			0.00	0.00	0.00	Fed Inc Tax	TAXFED	2,103.52			0.00	0.00	0.00
			0.00	0.00	0.00	FICA Tax	TAXFIC	1,138.36			0.00	0.00	0.00
			0.00	0.00	0.00	Medicare Tax	TAXMED	266.25			0.00	0.00	0.00

Account number 79157131

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Previous balance (\$)	Installment amount (\$)	Taxes / surcharge (\$)	Fees (\$)	Payment / credits	Balance due (\$)
79157131 Midwest Geriatrics, Inc.										
Nrs Hom Pkg	PHPK1488873	05/01/2016 - 17 25% & 9	13,312.00	0.00	0.00	***4,437.36	0.00	0.00	-672.40	4437.36 3,764.96
			13,312.00	0.00	0.00	4,437.36	0.00	0.00	-672.40	3,764.96
Payments will be allocated towards these charges first per Denise the @ Aon credit is incorrect										Total Balance: 3,764.96

5/1/16-5/1/17 policy year
 LESS Gerimed Pharmacy car
 LESS Empower Home Care car
 Net
 Monthly Expense
 July - Nov Expense

\$ 13,312.00
 (1,316.89)
 (1,385.89)

 10,609.22 / 12
 884.10 * 5

 \$ 4,420.50

Added 2016 Ford Van
 Aug 2016 not included
 in policy renewal
 at left
 (see 10/1/16 invoice attached)
 July - Nov Expense
 Add 5/1/16-5/1/17 from left

\$ 1,194 / 5 mos
 to pay
 239.20 installments
 x 3rd pd July - Nov

 \$ 717.60

 4,420.50

 \$ 5,138.10

total

make copies
 for Patty for gm
 & you for EHC -
 Thanks!
 tk

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK1488873

Additional Insured

Blanket Additional Insured

CA2048 - Commercial Automobile

POLICY NUMBER: PHPK1488873

COMMERCIAL AUTO
CA DS 03 10 13

BUSINESS AUTO DECLARATIONS

ITEM ONE

Company Name: Philadelphia Indemnity Insurance Company
Producer Name: Aon Risk Services Central Inc.
Named Insured And Mailing Address: Midwest Geriatrics, Inc. 7915 N 30th St Omaha, NE 68112-2418
Policy Period
From: 05/01/2016
To: 05/01/2017 At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number: PHPK1327771
Form Of Business: CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium Shown Is Payable At Inception: \$ <input type="checkbox"/> Included
Audit Period (if applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
SEE SCHEDULE

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

Note

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	01	\$ 1,000,000 CSL	\$ 10,061.00
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	\$
Auto Medical Payments	02	\$ 5,000 Each Insured	\$ 311.00
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	02	\$ 1,000,000 CSL	\$ 426.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	02	\$ 1,000,000 CSL	\$ INCL

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	02, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning See Item Four for Hired or Borrowed Autos.	\$ 823.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	02, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$ 1,448.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 18.00
Premium For Endorsements			\$ 225.00
Estimated Total Premium*			\$ 13,312.00
*This policy may be subject to final audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:						
Town And State Where The Covered Auto Will Be Principally Garaged: SEE SCHEDULE						
Covered Auto Description						
Year:	Model:			Trade Name:		
Body Type:				Serial Number(s):		
Vehicle Identification Number (VIN):						
Classification						
Original Cost New	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$ SEE SCHEDULE						
<p>Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:</p> <p>SEE SCHEDULE, IF APPLICABLE</p>						

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Previous balance (\$) ⊕	Installment amount (\$) ⊕	Taxes / surcharge (\$) ⊕	Fees (\$) ⊕	Payment / credits ⊖	Balance due (\$)
79157131 Midwest Geriatrics, Inc.										
Nrs Hom Pkg.	PHPK1488873	05/01/2016 - 17 25% & 9	13,312.00	0.00	4,437.36	1,109.33 3 of 9	0.00	0.00	-5,109.76	436.93
			13,312.00	0.00	4,437.36	1,109.33	0.00	0.00	-5,109.76	436.93
										Total Balance: 436.93

Payments will be allocated towards these charges first

01-14100-00-00
 03-14100-00-00
 04-14100-00-00

711.30
 129.02
 269.01

 1109.33

OK
 7/7/16

OK

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Previous balance (\$) ⊕	Installment amount (\$) ⊕	Taxes / surcharge (\$) ⊕	Fees (\$) ⊕	Payment / credits ⊖	Balance due (\$)
79157131 Midwest Geriatrics, Inc.										
Nrs Hom Pkg	PHPK1488873	05/01/2016 - 17 25% & 9	13,312.00	-5,109.76	436.93	1,109.33 4 of 9	0.00	0.00	-1,109.33	436.93
			13,312.00	-5,109.76	436.93	1,109.33	0.00	0.00	-1,109.33	436.93

Payments will be allocated towards these charges first

Total Balance: 436.93

01-14100-00-00 \$ 711.30
 03-14100-00-00 129.08
 04-14100-00-00 769.01

 \$ 1149.33

Dr
8/11/16

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Previous balance (\$) ⊕	Installment amount (\$) ⊕	Taxes / surcharge (\$) ⊕	Fees (\$) ⊕	Payment / credits ⊖	Balance due (\$)
79157131 Midwest Geriatrics, Inc.										
Nrs Hom Pkg	PHPK1488873	05/01/2016 - 17 25% & 9	13,312.00	-6,219.09	436.93	1,109.33 <i>5x of 9</i>	0.00	0.00	-1,109.33	436.93
			13,312.00	-6,219.09	436.93	1,109.33	0.00	0.00	-1,109.33	436.93

Payments will be allocated towards these charges first

Total Balance: 436.93

Handwritten notes:
 9/16
 01-14100-00-00
 03-14100-00-00
 04-14100-00-00
 7/11/20
 8/1/21
 2/6/21
 11/1/21

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Previous balance (\$) ⊕	Installment amount (\$) ⊕	Taxes / surcharge (\$) ⊕	Fees (\$) ⊕	Payment / credits ⊖	Balance due (\$)
79157131 Midwest Geriatrics, Inc.										
Nrs Hom Pkg	PHPK1488873	05/01/2016 - 17 25% & 9	14,508.00*	-7,328.42	436.93	1,348.53 6 of 9	0.00	0.00	-1,109.33	676.13
Endorsements to be applied across remaining installments: 7 3: Add Veh 10; 2016 Ford Econoline VIN: 1FDFF4FS6GDC51440:2016-08-02 00:00:00 Added: 1,196.00 per Return: 0.00 14,508.00 -7,328.42 <i>Policy Change document</i>										
					436.93	1,348.53	0.00	0.00	-1,109.33	676.13
										Total Balance: 676.13

10/1 installment

01-14100-00-00 711.30
 03-14100-00-00 129.02
 04-14100-00-00 269.01

1109.33

dw

10/12/16

Account number 79157131

11/1/16

PHILADELPHIA INSURANCE COMPANIES

Rec'd 11/9/16 page 2

Your account summary

bill date

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Previous balance (\$)	Installment amount (\$)	Taxes / surcharge (\$)	Fees (\$)	Payment / credits	Balance due (\$)
79157131 Midwest Geriatrics, Inc.										
Nrs Hom Pkg	PHPK1488873	05/01/2016 - 17 25% & 9	14,508.00	-8,437.75	676.13	1,348.53 7 of 9	0.00	0.00	-436.93	1,587.73
			14,508.00	-8,437.75	676.13	1,348.53	0.00	0.00	-436.93	1,587.73

Payments will be allocated towards these charges first

Total Balance: 1,587.73

Installation Amount 1109.33

01-14160-00-00 711.
 03-14100-00-00 129.
 04-14100-00-00 269.
 1109.

JR 11/9/16

Your account summary

Your balance breakdown

Product	Policy	Term / Bill plan	Premium charged (\$)	Premium applied (\$)	Previous balance (\$)	Installment amount (\$)	Taxes / surcharge (\$)	Fees (\$)	Payment / credits	Balance due (\$)
79157131 Midwest Geriatrics, Inc.										
Nrs Hom Pkg	PHPK1488873	05/01/2016 - 17 25% & 9	14,508.00	-8,874.68	1,587.73	1,348.53 8 X 019	0.00	0.00	-1,109.33	1,826.93
			14,508.00	-8,874.68	1,587.73	1,348.53	0.00	0.00	-1,109.33	1,826.93

Payments will be allocated towards these charges first

Total Balance: 1,826.93

01-14100-00-00
03-14100-00-00
04-14100-00-00

111.30
129.02
269.01

1109.33

1109.33
per
schedule
from
Aon

dr
12/7/14

Gas date	amount		
7/29/2016	\$30.50	✓	
7/25/2016	\$33.50	✓	
8/4/2016	\$49.01	✓	
8/15/2016	\$60.00	✓	
8/19/2016	\$59.01	✓	
8/22/2016	\$31.50	✓	
8/25/2016	\$64.50	✓	
8/30/2016	\$60.00	✓	
9/13/2016	\$42.00	✓	
9/27/2016	\$54.75	✓	
10/13/2016	\$20.00	✓	
10/14/2016	\$26.25	✓	
10/18/2016	\$31.00	✓	
10/25/2016	\$21.00	✓	
10/27/2016	\$31.00	✓	
11/2/2016	\$55.69	✓	
11/3/2016	\$29.25	✓	
11/10/2016	\$35.50	✓	
11/15/2016	\$27.50	✓	
11/17/2016	\$67.00	✓	
11/22/2016	\$30.00	✓	
11/29/2016	\$50.25	✓	
Total	\$909.21		

Welcome to Shell

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

2014
Van

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

NM

11/29/2016 1:09:57 PM
Register: 1 Trans #: 3435 Op ID: 6
Your cashier: Jennifer

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 7
26.050 GAL @ \$1.929/GAL \$50.25 99

Subtotal = \$50.25
Tax = \$0.00

Total = \$50.25

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$50.25

Credit USD\$50.25
XXXXXXXXXXXXXXXX8003, SHELL COMM ✓
Swiped
APPROVED
AUTH # 029704 INV # 913798

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
See fuelrewards.com for details.

THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

Welcome to Shell

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

NM

11/02/2016 12:19:50 PM
Register: 1 Trans #: 615 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 6
26.533 GAL @ \$2.099/GAL \$55.69 99

Subtotal = \$55.69
Tax = \$0.00

Total = \$55.69

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$55.69

Credit USD\$55.69
XXXXXXXXXXXXXXXX8003, SHELL COMM ✓
Swiped
APPROVED
AUTH # 002115 INV # 692772

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND

2014 Van

Welcome to Shell

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

11/17/2016 11:35:04 AM
Register: 1 Trans #: 3639 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 6
33.856 GAL @ \$1.979/GAL \$67.00 99

Subtotal = \$67.00
Tax = \$0.00

Total = \$67.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$67.00

Credit USD\$67.00
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 017296 INV # 817999

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
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2014 Van

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SPEEDEE MART 2732
8724 N. 30Th
Omaha NE 68104

SHELL
3724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

MM

09/13/2016 11:22:57 AM
Register: 1 Trans #: 4082 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 6
1.011 GAL @ \$1.999/GAL \$42.00 99

Subtotal = \$42.00
Tax = \$0.00

Total = \$42.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

edit \$42.00

edit \$42.00
XXXXXXXXXXXXXXXX8003, SHELL COMM
TH # 013223 INV # 241547 ✓

Customer Copy

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in Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power Nitro+ all summer!
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8724 N. 30Th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

MM

09/27/2016 11:27:54 AM
Register: 1 Trans #: 7417 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 6
26.590 GAL @ \$2.059/GAL \$54.75 99

Subtotal = \$54.75
Tax = \$0.00

Total = \$54.75

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$54.75

Credit USD\$54.75
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 027276 INV # 372599 ✓

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power Nitro+ all summer!
Terms and conditions apply.
Offer ends 10/2/16.
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8724 N. 30th
Omaha NE 68104

2014
van

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

NM

08/30/2016 12:25:57 PM
Register: 1 Trans #: 604 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA	PUMP# 2	
27.661 GAL @ \$2.169/GAL		\$60.00 99
Subtotal =		\$60.00
Tax =		\$0.00
Total =		\$60.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$60.00

Credit	\$50.00
XXXXXXXXXXXXXXXX8003, SHELL COMM	
AUTH # 030001	INV # 112029

Customer Copy

Your Bonus Savings
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Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all summer!
Terms and conditions apply.
Offer ends 10/2/16.
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AND
HAVE A GREAT DAY!!

Please come again

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8724 N. 30TH
Omaha NE 68104

2014
van

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

NM

08/25/2016 3:49:55 PM
Register: 1 Trans #: 5962 Op ID: 4
Your cashier: Rita

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA	PUMP# 7	
30.297 GAL @ \$2.129/GAL		\$64.50 99
Subtotal =		\$64.50
Tax =		\$0.00
Total =		\$64.50

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$64.50

Credit	\$64.50
XXXXXXXXXXXXXXXX8003, SHELL COMM	
AUTH # 025279	INV # 066928

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all summer!
Terms and conditions apply.
Offer ends 10/2/16.
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THANK YOU
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AND
HAVE A GREAT DAY!!

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Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

2014
van

NM

08/19/2016 9:45:11 AM
Register: 1 Trans #: 9781 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 8
27.715 GAL @ \$2.129/GAL \$59.01 99

Subtotal = \$59.01
Tax = \$0.00

Total = \$59.01

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$59.01

Credit \$59.01
XXXXXXXXXXXXXXXX8003, SHELL COMM
AUTH # 019015 INV # 008458

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all summer!
Terms and conditions apply.
Offer ends 10/2/16.
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THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

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8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA NE 68104
10006613003

2014
van

NM

08/15/2016 1:46:46 PM
Register: 1 Trans #: 6180 Op ID: 4
Your cashier: Rita

REGULAR CA PUMP# 2
30.316 GAL @ \$ 1.979/GAL \$60.00 99

Subtotal = \$60.00
Tax = \$0.00

Total = \$60.00

Change Due = \$0.00

Credit \$60.00 ✓

FLORENCE HOME
INVOICE: 001438
AUTH 015443

Buyer agrees to pay the total, according
To the agreement with the card issuer

Earn \$0.10/gal every time you purchase
Shell V-Power NITRO+ Premium Gasoline

Terms & Conditions apply. Offer ends
10/2/16. Visit fuelrewards.com

THANK YOU
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SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

2014
van

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA NE 68104
10006613003

NM

08/04/2016 9:54:53 AM
Register: 1 Trans #: 5175 Op ID: 2
Your cashier: Loraine

REGULAR CA PUMP# 7
24.766 GAL @ \$ 1.979/GAL \$49.01 99

Subtotal = \$49.01
Tax = \$0.00

Total = \$49.01

Change Due = \$0.00

Credit \$49.01

FLORENCE HOME
INVOICE: 895532
AUTH 004984

Buyer agrees to pay the total, according
To the agreement with the card issuer

Earn \$0.10/gal every time you purchase
Shell V-Power NITRO+ Premium Gasoline

Terms & Conditions apply. Offer ends
10/2/16. Visit fuelrewards.com

THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

2012 Van

Welcome to Shell

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8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

Handwritten initials: CW

11/10/2016 1:51:22 PM
Register: 1 Trans #: 7741 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA	PUMP# 2		
17.241 GAL @ \$2.059/GAL		\$35.50	99

Subtotal =		\$35.50	
Tax =		\$0.00	

Total =		\$35.50	

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$35.50

Credit USD\$35.50
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 010615 INV # 760959

Customer Copy

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Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
See fuelrewards.com for details.

THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND

2012 van

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

WJ

11/15/2016 3:26:43 PM
Register: 1 Trans #: 2123 Op ID: 6
Your cashier: Jennifer

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA	PUMP# 7	
13.757 GAL @ \$1.999/GAL		\$27.50 99
	Subtotal =	\$27.50
	Tax =	\$0.00
	Total =	\$27.50

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$27.50

Credit	USD\$27.50
XXXXXXXXXXXXXXXX8003, SHELL COMM	
Swiped	
APPROVED	
AUTH # 015629	INV # 803288

Customer Copy

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Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
FOR SHOPPING AT
SHELL, SPEEDEE MART
AND
HAVE A GREAT DAY!!

2012 Van

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

WU

11/22/2016 11:05:53 AM
Register: 1 Trans #: 7696 Op ID: 9
Your cashier: Michaelle

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA	PUMP# 7	
15.471 GAL @ \$1.939/GAL		\$30.00 99
Subtotal =		\$30.00
Tax =		\$0.00
Total =		\$30.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$30.00

Credit USD\$30.00
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 022082 INV # 857920

Customer Copy

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Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

Please come again

2012 Van

Welcome to Shell

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

LW

11/03/2016 9:22:41 AM
Register: 1 Trans #: 1371 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 2	
13.935 GAL @ \$2.099/GAL	\$29.25 99

Subtotal =	\$29.25
Tax =	\$0.00

Total =	\$29.25

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$29.25

Credit	USD\$29.25
XXXXXXXXXXXXXXXX8003	SHELL COMM
Swiped	
APPROVED	
AUTH # 003053	INV # 700252

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART

2012
Van

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

WS

10/18/2016 11:03:19 AM
Register: 1 Trans #: 6966 Op ID: 2
Your cashier: Loraine

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 7
14.630 GAL @ \$2.119/GAL \$31.00 99

Subtotal = \$31.00
Tax = \$0.00

Total = \$31.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$31.00

Credit USD\$31.00
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 018760 INV # 562389

Customer Copy

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Join Fuel Rewards today...
Members earn \$0.10/gal reward on
Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

Please come again

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

WS

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

10/14/2016 7:00:58 AM
Register: 1 Trans #: 3011 Op ID: 5
Your cashier: Mike

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 7
12.332 GAL @ \$2.129/GAL \$26.25 99

Subtotal = \$26.25
Tax = \$0.00

Total = \$26.25

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$26.25

Credit USD\$26.25
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 014439 INV # 523423

Customer Copy

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Shell V-Power NITRO+ all year!
Terms and conditions apply.
Offer ends 1/1/17.
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AND
HAVE A GREAT DAY!!

Please come again

2012
Van

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

W

10/13/2016 7:49:56 AM
Register: 1 Trans #: 2117 Op ID: 5
Your cashier: Mike

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 7
9.396 GAL @ \$2.129/GAL \$20.00 99

Subtotal = \$20.00
Tax = \$0.00

Total = \$20.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$20.00

Credit USD\$20.00
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 013786 INV # 514620

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
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Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
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SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

Please come again

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8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

W

10/25/2016 1:06:23 PM
Register: 1 Trans #: 3451 Op ID: 6
Your cashier: Jennifer

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 7
9.908 GAL @ \$2.119/GAL \$21.00 99

Subtotal = \$21.00
Tax = \$0.00

Total = \$21.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$21.00

Credit USD\$21.00
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 025524 INV # 625020

Customer Copy

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Members earn \$0.10/gal reward on
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Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND
HAVE A GREAT DAY!!

2012 Van

Welcome to Shell

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

10/27/2016 3:18:03 PM
Register: 1 Trans #: 5371 Op ID: 4
Your cashier: Rita

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 7
14.629 GAL @ \$2.119/GAL \$31.00 99

Subtotal = \$31.00
Tax = \$0.00

Total = \$31.00

*** REPRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

Credit \$31.00

Credit USD\$31.00
XXXXXXXXXXXXXXXX8003, SHELL COMM
Swiped
APPROVED
AUTH # 027274 INV # 643304

Customer Copy

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Members earn \$0.10/gal reward on
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Terms and conditions apply.
Offer ends 1/1/17.
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THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND

2012 Van

Welcome to Shell

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA, NE 68104
10006613003

W

08/22/2016 3:39:11 PM
Register: 1 Trans #: 3133 Op ID: 4
Your cashier: Rita

*** REPRINT *** REPRINT *** REPRINT ***

REGULAR CA PUMP# 7	
14.797 GAL @ \$2.129/GAL	\$31.50 99

Subtotal =	\$31.50
Tax =	\$0.00

Total =	\$31.50

*** REPRINT *** REPRINT *** REPRINT ***

Change Due =	\$0.00
Credit	\$31.50

Credit	\$31.50
XXXXXXXXXXXXXXXX8003, SHELL COMM	
AUTH # 022041	INV # 039941

Customer Copy

Your Bonus Savings
Join Fuel Rewards today...
Members earn \$0.10/gal reward on
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Terms and conditions apply.
Offer ends 10/2/16.
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AND
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Please come again

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA NE 68104
10006613003

W

07/29/2016 3:11:45 PM
Register: 1 Trans #: 9437 Op ID: 6
Your cashier: Jennifer

REGULAR CA PUMP# 4		
15.258 GAL @ \$ 1.999/GAL	\$30.50	99

Subtotal =	\$30.50	
Tax =	\$0.00	

Total =	\$30.50	
Change Due =	\$0.00	
Credit	\$30.50	

J

FLORENCE HOME
INVOICE: 840140
AUTH 029940

Buyer agrees to pay the total, according
To the agreement with the card issuer

Earn \$0.10/gal every time you purchase
Shell V-Power NITRO+ Premium Gasoline

Terms & Conditions apply. Offer ends
10/2/16. Visit fuelrewards.com

THANK YOU
FOR SHOPPING AT
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AND
HAVE A GREAT DAY!!

SPEEDEE MART 2732
8724 N. 30th
Omaha NE 68104

SHELL
8724 NORTH 30TH ST
OMAHA NE 68104
10006613003

W

07/25/2016 3:29:49 PM
Register: 1 Trans #: 5312 Op ID: 4
Your cashier: Rita

REGULAR CA PUMP# 2		
16.759 GAL @ \$ 1.999/GAL	\$33.50	99

Subtotal =	\$33.50	
Tax =	\$0.00	

Total =	\$33.50	
Change Due =	\$0.00	
Credit	\$33.50	

J

FLORENCE HOME
INVOICE: 800268
AUTH 025484

Buyer agrees to pay the total, according
To the agreement with the card issuer

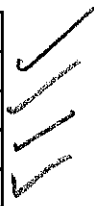
Earn \$0.10/gal every time you purchase
Shell V-Power NITRO+ Premium Gasoline

Terms & Conditions apply. Offer ends
10/2/16. Visit fuelrewards.com

THANK YOU
FOR SHOPPING AT
SHELL SPEEDEE MART
AND

2012 Van

Service	Vehicle	Dates	Expense
Marion's Tire	front tires 2012 van	7/8/2016	\$247.00
Siebert	2014 Van Vin # Da75936	8/9/2016	\$270.00
Florence Auto Body	oil change 2012 van	9/9/2016	\$34.98
Siebert	Block guide platform	9/22/2016	\$59.40
Total			\$611.38



Vehicle
Service

Siebert Mobility Nebraska, Inc.

5450 L Street
Omaha, NE 68117

Invoice

Date	Invoice #
9/22/2016	2016-660

Bill To
Florence Home 7915 North 30th St. Omaha, NE 68112

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		9/22/2016	Picked Up	Omaha, NE	

Quantity	Item Code	Description	Price Each	Amount
2	01000	28593A Block Guide Platform stow assy	29.70	59.40
		Subtotal		59.40
	S	All adaptive equipment must be serviced every six months.	0.00	0.00
	QAP	SIEBERT MOBILITY, INC. HAS A LEVEL III ACCREDITATION OF QUALITY ASSURANCE FROM NMEDA. WE ARE THE ONLY COMPANY IN IOWA & NEBRASKA WITH THIS Q.A.P. LEVEL OF ACHIEVEMENT.	0.00	0.00

01-71200-45-00

*dr
9/30/16*

9-28-16

Customer Satisfaction Is Our Greatest Concern.	Total	\$59.40
--	--------------	---------

Siebert Mobility Nebraska, Inc.

5450 L Street
Omaha, NE 68117

Invoice

Date	Invoice #
8/9/2016	2016-544

Bill To
Florence Home 7915 North 30th St. Omaha, NE 68112

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		8/9/2016	Picked Up	Omaha, NE	

Quantity	Item Code	Description	Price Each	Amount
2	01	2014 White Ford E450 Vin # DA75936 Mileage 15962 Braun NL919Fib-2 DA-10209		
		Labor Case#19850 Talked with Kenny at Braun to help Troubleshoot. Checked IB Occupied Switch Raised switch. Checked Lift cylinders and down valve with 800 lbs on lift platform. Checked overall operation of lift. All ok. Could not duplicate the issues customer had with the lift. Did not find any issues with it. Subtotal	135.00	270.00
	S	All adaptive equipment must be serviced every six months.	0.00	0.00
	QAP	SIEBERT MOBILITY, INC. HAS A LEVEL III ACCREDITATION OF QUALITY ASSURANCE FROM NMEDA. WE ARE THE ONLY COMPANY IN IOWA & NEBRASKA WITH THIS Q.A.P. LEVEL OF ACHIEVEMENT.	0.00	0.00

01-71200-45-00

OK
8/16/16

Customer Satisfaction Is Our Greatest Concern.	Total	\$270.00
--	--------------	----------

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260685

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Complete Line of Custom Wheels
Phone (402) 553-9393
5028 NORTHWEST RADIAL HWY. OMAHA, NEBRASKA 68104
BF Goodrich Continental Goodyear Michelin Cooper

CUSTOMER'S ORDER NO. _____ DATE 7-8 20 16

SOLD TO Florence Home 68112

ADDRESS 7915 No. 30th Omaha, NE

MDSE. SOLD		MDSE. RET'D		YEAR	MAKE	MODEL	LICENSE
CASH	CHARGE	CASH	CREDIT				
	<input checked="" type="checkbox"/>						

QTY.	NUMBER	ARTICLES	PRICE	AMOUNT
2	235-60-16	Mercedes	120 ⁰⁰	240 ⁰⁰
		01-71200-45-00		
		Front Tires for Caravan		
		OK UPM		

PLEASE RETAIN THIS FOR YOUR RECORDS.
THIS IS THE ONLY COPY YOU WILL RECEIVE!!

NOTICE!
15% RESTOCKING CHARGE ON ALL
RETURNED GOODS AND LAYAWAYS.
NO REFUNDS WITHOUT INVOICE.
WE ARE NOT RESPONSIBLE FOR
MAG NUTS COMING LOOSE. CHECK
AND TIGHTEN REGULARLY.

INT. _____

NEBRASKA TIRE FEE	20
TIRE DISPOSAL FEE	30
TAX	
TOTAL	270

RECEIVED BY: [Signature]



FLORENCE AUTO BODY, INC

2859 CLAY STREET
 Omaha, NE. 68112
 Phone: 402-451-3566 Fax: 402-451-5984
 Quality Service at a Reasonable Price
 Work Completed Date : 09/09/2016
 Vehicle Received: 09/09/2016

INVOICE
20573
 Org. Est. # 029150

INVOICE

Invoice Date: 09/09/2016

FLORENCE HOMES - GENE FLORENCE HOMES
 7915 N 30TH
 NE, 68112 OMAHA
 Spouse : 402-557-6867 Cellular : 402-827-6012 BRAD
 Cust ID : 3112

2012 Dodge - Grand Caravan SE - 3.6L, V6 (220CI) VIN(G)
 Lic # : 933 - 68112
 Odometer In : 80599
 VIN # : 2C4RDGBG7 CR166931

Part Description / Number	Qty	Sale	Ext	Labor Description	Extended
OIL FILTER 67526	1.00	6.77	6.77	Change Oil and Filter and Reset Maint Light	6.11
MOTOR OIL 5W30-B	6.00	3.10	18.60	Change Oil and Filter and Reset Maint Light Hazardous Materials	3.50

01-71200-45-00

OK
9/16/16

Org. Estimate 47.25 Revisions 0.00 Current Estimate 47.25

Labor:	6.11
Parts:	25.37
SubTotal:	31.48
HazMat:	3.50
Tax:	0.00
Total:	34.98
Bal Due:	\$34.98

[Payments -]

See Us For All Your Automotive Needs

I hereby authorize the above repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage or any other cause beyond your control or for any delays by unavailability of parts or delays in shipments by the supplier or transporter. I hereby grant you, your employees permission to operate the vehicle described on streets, highways or elsewhere for the purpose of testing and/or inspection.
 NOTE: Payment in full is required upon receiving vehicle.

Signature _____ Date _____ Time _____

Contractor Name: Florence Home Transportation

Billing Period: 7-1-2016 to 11-30-2016

Progress Report Form

Work Completed for Current Billing Period:

29% of transportation expenses are being requested in this reporting period. Transportation was conducted for residents of Florence Home, Royale Oaks and House of Hope. Time was calculated based on boarding time, drive time to doctor visits, essential shopping, van trips and dental visits then time to assist residents off the vehicles and to the destination and back on the vehicles and drive time back to the facilities.

Anticipated Work for Next Billing Period:

Anticipated work for the next billing period will be the same – transporting to and from doctor visits and outings.

Information Needed from MAPA/FTA:

None at this time

Percent of Work Completed to Date:

29%

Outstanding Issues:

None at this time.

Revised Budget

Exhibit D: Project Budget

Project Name: Florence Home Transportation
Contact Name: Lois Jordan

Budget Detail	Total Cost Year 1	Year 1	
		5310 Funds	Local Match
A. OPERATING EXPENSES¹			
Grant NE-16-x039-01			
1. Personnel	\$ 26,504	\$ 13,252	\$ 13,252
2. Administrative	\$ 5,330	\$ 2,665	\$ 2,665
3. Insurance	\$ 14,530	\$ 7,265	\$ 7,265
4. Vehicle Fuel	\$ 2,000	\$ 1,000	\$ 1,000
5. Vehicle Repair/Maintenance	\$ 1,000	\$ 500	\$ 500
Grant NE-16-x039-01 Subtotal	\$ 49,364	\$ 24,682	\$ 24,682
Grant NE-2016-015-00			
1. Personnel	\$ 33,250	\$ 16,625	\$ 16,625
2. Administrative	\$ 5,330	\$ 2,665	\$ 2,665
3. Insurance	\$ -		
4. Vehicle Fuel	\$ -		
5. Vehicle Repair/Maintenance	\$ -		
Grant NE-2016-015-00 Subtotal	\$ 38,580	\$ 19,290	\$ 19,290
Subtotal - Operating Expenses	\$ 87,944	\$ 43,972	\$ 43,972
B. PROGRAM TOTAL BUDGET			
	\$ 87,944	\$ 43,972	\$ 43,972
	Year 1 Program Total	Year 1 5310 Funds	Year 1 Local Match Total

¹ 5310 funding for Operating Expenses may not exceed 50% of the total cost.

Exhibit D: Project Budget

Project Name: Florence Home Transportation
 Contact Name: Lois Jordan

Budget Detail	Total Cost Year 1	Year 1	
		5310 Funds	Local Match
A. OPERATING EXPENSES¹			
Grant NE-16-x039-01			
1. Personnel	\$ 38,350	\$ 19,175	\$ 19,175
2. Administrative	\$ 5,330	\$ 2,665	\$ 2,665
3. Insurance	\$ 5,478	\$ 2,739	\$ 2,739
4. Vehicle Fuel	\$ -		\$ -
5. Vehicle Repair/Maintenance	\$ 206	\$ 103	\$ 103
Grant NE-16-x039-01 Subtotal	\$ 49,364	\$ 24,682	\$ 24,682
Grant NE-2016-015-00			
1. Personnel	\$ 33,250	\$ 16,625	\$ 16,625
2. Administrative	\$ 5,330	\$ 2,665	\$ 2,665
3. Insurance	\$ -		
4. Vehicle Fuel	\$ -		
5. Vehicle Repair/Maintenance	\$ -		
Grant NE-2016-015-00 Subtotal	\$ 38,580	\$ 19,290	\$ 19,290
Subtotal - Operating Expenses	\$ 87,944	\$ 43,972	\$ 43,972
B. PROGRAM TOTAL BUDGET			
	\$ 87,944	\$ 43,972	\$ 43,972
	Year 1 Program Total	Year 1 5310 Funds	Year 1 Local Match Total

¹ 5310 funding for Operating Expenses may not exceed 50% of the total cost.

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Olsson

Contract Approved by Board of Directors: December 10, 2015
Amendment Approved by Board of Directors: December 8, 2016

In the amount of \$135,000

Effective Date: 12/10/15 – 01/31/17
Amendment: 12/10/15 – 04/30/17

Payment # 8

1. Computation of Payment

Bill to Date	\$93,500.94
Less Previous Payment	82,374.62
Payment Due this Date	<u>\$11,126.32</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Project Supervisor

Responsible Charge/ Department Manager

Executive Director

Payment approved by Finance Committee _____

Treasurer

Invoice



601 P Street, Suite 200
 PO Box 84608
 Lincoln, NE 68501-4608
 Tel 402.474.6311, Fax 402.474.5160

Metropolitan Area Planning Agency
 2222 Cuming St
 Omaha, NE 68102

October 24, 2016
 Invoice No: 263761
Invoice Total \$11,126.32

OA Project No. 016-0237 MAPA Sarpy County Transit Feasibility Study
 Professional Services rendered September 11, 2016 through October 8, 2016 in accordance with Agreement dated December 10, 2015. Project Number and Title: 16604400101 - Sarpy County Transit Planning - FY16

Professional Personnel

	Hours	Rate	Amount	
Donahue, Corinne	48.00	43.27	2,076.96	
Thom, Christian	.50	22.36	11.18	
Weander, Nicholas	35.00	36.06	1,262.10	
Worker-Braddock, Thomas	2.00	34.10	68.20	
Totals	85.50		3,418.44	
Total Labor				3,418.44

Additional Fees

Overhead	✓ 176.84 % of 3,418.44	6,045.17	
Fixed Fee	✓ 13.15 % of 9,463.61	1,244.46	
Total Additional Fees		7,289.63	7,289.63

Consultants

Vireo				
9/15/2016	Vireo	P15128-5	241.42	
	Total Consultants		241.42	241.42

Reimbursable Expenses

Meals				
9/28/2016	Weander, Nicholas	Meal	37.63	
9/29/2016	Donahue, Corinne	lunch	7.50	
Telephone				
9/7/2016	Citrix Systems	1206450515	5.06	
Personal Vehicle Mileage				
9/27/2016	Weander, Nicholas	Miles to Sarpy County Board Meeting	8.64	
9/28/2016	Weander, Nicholas	Miles to Sarpy County Library Stakehold	14.58	
9/29/2016	Weander, Nicholas	Miles to Sarpy County Steering Committee	8.64	

Shipping and Delivery				
10/8/2016	United Parcel Service	100816-OMH	7.28	
	Total Reimbursables		89.33	89.33

Internal Unit Billing				
Large Format-Color		17.5 Sq Feet @ 2.50	43.75	
Large Format-Color		17.5 Sq Feet @ 2.50	43.75	
	Total Internal Units		87.50	87.50

Billing Limits	Current	Prior	To-Date
Total Billings	11,126.32	82,374.62	93,500.94
Limit			135,000.00
Balance Remaining			41,499.06

AMOUNT DUE THIS INVOICE \$11,126.32

Billings to Date

	Current	Prior	Total
Labor	3,418.44	21,944.54	25,362.98
Consultant	241.42	13,290.19	13,531.61
Expense	89.33	327.75	417.08
Internal Unit	87.50	16.64	104.14
Add-on	7,289.63	46,795.50	54,085.13
Totals	11,126.32	82,374.62	93,500.94

Email Invoices to: mengel@mapacog.org

Authorized By: Corinne Donahue

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

Billing Backup

Monday, October 24, 2016

Olsson Associates, Inc.

Invoice 263761 Dated 10/24/2016

3:06:10 PM

OA Project No. 016-0237 MAPA Sarpy County Transit Feasibility Study

Professional Personnel

		Hours	Rate	Amount	
Donahue, Corinne	9/12/2016	6.00	43.27	259.62	
Donahue, Corinne	9/19/2016	5.00	43.27	216.35	
Donahue, Corinne	9/21/2016	4.00	43.27	173.08	
Donahue, Corinne	9/22/2016	4.00	43.27	173.08	
Donahue, Corinne	9/27/2016	4.00	43.27	173.08	
Donahue, Corinne	9/28/2016	8.00	43.27	346.16	
Donahue, Corinne	9/29/2016	7.00	43.27	302.89	
Donahue, Corinne	9/30/2016	6.00	43.27	259.62	
Donahue, Corinne	10/3/2016	4.00	43.27	173.08	
Thom, Christian	10/3/2016	.50	22.36	11.18	
Weander, Nicholas	9/12/2016	4.00	36.06	144.24	
Weander, Nicholas	9/19/2016	2.00	36.06	72.12	
Weander, Nicholas	9/19/2016	1.00	36.06	36.06	
Weander, Nicholas	9/21/2016	4.00	36.06	144.24	
Weander, Nicholas	9/21/2016	3.00	36.06	108.18	
Weander, Nicholas	9/22/2016	1.00	36.06	36.06	
Weander, Nicholas	9/23/2016	1.00	36.06	36.06	
Weander, Nicholas	9/27/2016	4.00	36.06	144.24	
Weander, Nicholas	9/28/2016	9.00	36.06	324.54	
Weander, Nicholas	9/28/2016	1.00	36.06	36.06	
Weander, Nicholas	9/29/2016	5.00	36.06	180.30	
Worker-Braddock, Thomas	9/22/2016	1.00	34.10	34.10	
Worker-Braddock, Thomas	9/27/2016	1.00	34.10	34.10	
Totals		85.50		3,418.44	
Total Labor					3,418.44

Consultants

Vireo					
AP 196370	9/15/2016	Vireo / P15128-5 / Invoice: P15128-5, 9/15/2016		241.42	
Total Consultants				241.42	241.42

Reimbursable Expenses

Meals					
EX 000000138573	9/28/2016	Weander, Nicholas / Meal / Lunch for project team		37.63	
EX 000000139001	9/29/2016	Donahue, Corinne / lunch / stakeholder meetings		7.50	
Telephone					
AP 196252	9/7/2016	Citrix Systems / 1206450515 / Invoice: 1206450515, 9/7/2016		5.06	

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

Project	016-0237	MAPA Sarpy Co Transit Feasibility Study	Invoice	263761
Personal Vehicle Mileage				
EX	000000138573	9/27/2016	Weander, Nicholas / Miles to Sarpy County Board Meeting / Mileage to/from Sarpy Board Meeting / 16.00 miles @ 0.54	8.64
EX	000000138573	9/28/2016	Weander, Nicholas / Miles to Sarpy County Library Stakehold / Mileage to/from morning and afternoon stakeholder meetings. Additional copy of large comment form was needed for afternoon meetings. / 27.00 miles @ 0.54	14.58
EX	000000138573	9/29/2016	Weander, Nicholas / Miles to Sarpy County Steering Committee / Mileage to Sarpy Administration building for Sarpy County Steering Committee Meeting / 16.00 miles @ 0.54	8.64
Shipping and Delivery				
AP	197289	10/8/2016	United Parcel Service / 100816-OMH / Invoice: 100816-OMH, 10/8/2016	7.28
Total Reimbursables			89.33	89.33
Internal Unit Billing				
			17.5 Sq Feet @ 2.50	43.75
			17.5 Sq Feet @ 2.50	43.75
Total Internal Units			87.50	87.50
			Total this Project	\$3,836.69
			Total this Report	\$3,836.69

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

Corinne Am.



Remittance address:
929 Walnut Suite 700 | Kansas City, Missouri 64106
phone: 816.756.5690 | www.BeVireo.com

RECEIVED

SEP 28 2016

OLSSON ASSOCIATES

September 15, 2016

Invoice No: P15128-5

Olsson Associates, Inc.
1111 Lincoln Mall
Lincoln, NE 68501-4608

Project P15128 Sarpy County Transit Feasibility Study
Professional Services from August 01, 2016 to August 31, 2016
Professional Personnel

	Hours	Rate	Amount
Penilton, Triveece	2.50	28.85	72.13
Totals	2.50		72.13
Total Labor			72.13

Additional Fees

Overhead	182.13 % of 72.13		131.37
Profit	13.15 % of 203.50		26.76
Total Additional Fees			158.13
			158.13

Reimbursable Expenses

Outside Services			
7/25/2016 Facebook			11.16
Total Reimbursables			11.16
			11.16

Billing Limits

	Current	Prior	To-Date
Total Billings	241.42	5,493.54	5,734.96
Limit			24,786.27
Remaining			19,051.31

Total this Invoice \$241.42

Outstanding Invoices

Number	Date	Balance
1	4/14/2016	1,934.05
2	5/9/2016	2,341.35
3	6/9/2016	326.45
4	7/19/2016	-891.69
Total		5,493.54

8144
P15128-5
116-0237 100 006 8100 241.42

PWP
c

Prn. Date	
Invoice Amt	241.42
Amount	241.42
Check Amount	

EXPENSE REPORT

ld



Employee:

Trivece Peniston

Project Name:

Sarpy County Transit Feasibility Study

Project #

R-15128

Phase # 02 - Develop Transit Alternatives

Date	Mileage @ .54/mile	Gas	Shuttle	Meals	Postage	Total Cost
2016-09-27 - Travel to stakeholder meetings; est				11.50		11.50
2016-09-28 - Travel to stakeholder meetings; est		6.23		7.87		14.10
2016-09-29 - Travel from stakeholder meetings				6.16		6.16
						0.00
						0.00
						0.00
						0.00
						0.00
Totals	0.00	6.23	0.00	25.53	0.00	31.76

Expense Report Total

31.76

Mileage Calculat

0.54

016-0237/100/1000006



Facebook, Inc.
1601 Willow Road
Menlo Park, CA 94025-1452
United States

15023 - \$97.16

15043 - \$3.15

15118 - \$3.54

15128 - \$11.16

Account: 45704237
Business: Vireo
929 Walnut
Suite 700
Kansas City, MO 64106
United States

Transaction #90112706666332-1998346

Description	Facebook Ads Payment
Account	45704237
Transaction Date	06/30/2016 6:47am
Amount Billed	\$115.01 USD
Billing Reason	Remaining ad costs at the end of the month.
Method	MasterCard xxxx xxxx xxxx 0048 - Reference Number JXM779JBB2
Status	Payment Completed

Billing Activity

For advertising services provided from 06/25/2016 12:00am to 06/26/2016 11:59pm

P-15023
P-15023

Ad ID	Ad Name	Details	Amount
6049598501586	Post: /561181087353830/posts...23780 to your ad's audience	316 Impressions	\$3.39 USD
6049598756185	Post: /561181087353830/posts...86716 to your ad's audience	632 Impressions	\$6.56 USD
Total			\$9.95 USD

Billing Activity

For advertising services provided from 06/28/2016 12:00am to 06/29/2016 11:59pm

P-15023
P-15023

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	1 Impression	\$0.01 USD
6049598756185	Post: /561181087353830/posts...86716 to your ad's audience	1 Impression	\$0.02 USD
Total			\$0.03 USD

Billing Activity

For advertising services provided from 06/28/2016 12:00am to 06/29/2016 11:59pm

P-15023
P-15023

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	658 Impressions	\$7.33 USD
6049598756185	Post: /561181087353830/posts...86716 to your ad's audience	380 Impressions	\$6.16 USD
Total			\$13.49 USD

Billing Activity

For advertising services provided from 06/27/2016 12:00am to 06/27/2016 11:59pm

P 1523
11

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	414 Impressions	\$7.28 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	613 Impressions	\$6.28 USD

Total \$13.56 USD

Billing Activity

For advertising services provided from 06/27/2016 12:00am to 06/27/2016 11:59pm

11
11

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	2 Impressions	\$0.02 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	4 Impressions	\$0.05 USD

Total \$0.07 USD

Billing Activity

For advertising services provided from 06/26/2016 12:00am to 06/26/2016 11:59pm

11
11

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	650 Impressions	\$6.92 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	573 Impressions	\$5.76 USD

Total \$12.71 USD

Billing Activity

For advertising services provided from 06/25/2016 12:00am to 06/25/2016 11:59pm

11
11

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	2 Impressions	\$0.11 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	3 Impressions	\$0.06 USD

Total \$0.17 USD

Billing Activity

For advertising services provided from 06/25/2016 12:00am to 06/25/2016 11:59pm

11
11

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	482 Impressions	\$6.86 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	492 Impressions	\$6.47 USD

Total \$13.33 USD

Billing Activity

For advertising services provided from 06/24/2016 12:00am to 06/24/2016 11:59pm

11
11

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	443 Impressions	\$7.07 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	426 Impressions	\$5.78 USD

Total \$12.85 USD

Billing Activity

For advertising services provided from 06/24/2016 12:00am to 06/24/2016 11:59pm

Ad ID	Ad Name	Details	Amount
-------	---------	---------	--------

6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	1 Impression	\$0.01 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	3 Impressions	\$0.03 USD
Total			\$0.04 USD

Billing Activity

For advertising services provided from 06/23/2016 12:00am to 06/23/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	4 Impressions	\$0.04 USD
Total			\$0.04 USD

Billing Activity

For advertising services provided from 06/23/2016 12:00am to 06/23/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	295 Impressions	\$7.05 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	502 Impressions	\$6.86 USD
Total			\$13.91 USD

Billing Activity

For advertising services provided from 06/23/2016 12:00am to 06/23/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6049598501585	Post: /561181087353830/posts...23780 to your ad's audience	300 Impressions	\$3.94 USD
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	316 Impressions	\$3.03 USD
Total			\$6.97 USD

Billing Activity

For advertising services provided from 06/22/2016 12:00am to 06/23/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6049598758185	Post: /561181087353830/posts...86716 to your ad's audience	1 Impression	\$0.03 USD
Total			\$0.03 USD

Billing Activity

For advertising services provided from 06/31/2016 12:00am to 06/31/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6044670292785	Post: /1066788706686611/post...89142 to your ad's audience	103 Impressions	\$0.72 USD
6045261700585	Post: /286849213650891/posts...14834 to your ad's audience	81 Impressions	\$0.85 USD
6046094818985	Post: /1910543502505288/post...70971 to your ad's audience	241 Impressions	\$2.11 USD
6046094832185	Post: /1910543502505288/post...04272 to your ad's audience	104 Impressions	\$2.21 USD
Total			\$5.89 USD

Billing Activity

For advertising services provided from 06/30/2016 12:00am to 06/30/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6046094832185	Post: /1910543502505288/post...04272 to your ad's audience	2 Impressions	\$0.10 USD
Total			\$0.10 USD

Billing Activity

P-15049
P-15128
P-15128
P-15128

P-15128

For advertising services provided from 05/20/2016 12:00am to 05/30/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6044670292785	Post: /1066798706686611/post...89142 to your ad's audience	311 Impressions	\$2.43 USD
6045261700585	Post: /266849213650691/post...14834 to your ad's audience	241 Impressions	\$2.68 USD
6048094816985	Post: /1910543502505266/post...70971 to your ad's audience	357 Impressions	\$3.37 USD
6048094832185	Post: /1910543502505266/post...04272 to your ad's audience	268 Impressions	\$3.36 USD
Total			\$11.85 USD

Billing Activity

For advertising services provided from 05/29/2016 12:00am to 05/29/2016 11:59pm

Ad ID	Ad Name	Details	Amount
6046094816985	Post: /1910543502505266/post...70971 to your ad's audience	1 Impression	\$0.01 USD
Total			\$0.01 USD

P-15128
P-15128
P-15128
P-15128

P-15128

P-15128

P-15128

P-15128

QUIKTRIP #00679
764 South 72nd St
Omaha, NE

NOW HIRING: text apply to 77948
BK08625
7205 Ontario Street
402-397-5131

Caribou Coffee Store #1264

F-0019 Table 2 #Party 0
ELISABETH S SvrCk: 19 9:57 09/29/16
COUNTER TERMINAL

Invoice # 0000000
Date 09/28/16
Time 07:43PM
Auth # 02823R

Order373

CampfireMocha-Flip,
campfire mocha - 16oz,
out09-(\$)-milk chocolate,
milk-soy-6.25 oz 5.69

Host #
XXXXXXXXXXXXXXXX0831

Host: 09/28/2016

Sub Total: 5.89

Pump Gallons Price
02 2.662 \$2.339

Cashier: 8:00 PM

bev : 0.47

Product Amount
UNL-NO-ETH \$6.23

Order373 50053

09/29 09:57 TOTAL: 6.16

Total Sale \$6.23

LIFE IS SHORT ...

STAY AWAKE FOR IT !

Thank You for
Shopping QuikTrip
Please Come Back
Again!!

Small CM 5.99
*Big Fish CM
Big Fish Sandwich
Medium Fry 0.20
Small Drink
MM Lemonade
Raspberry
2 Cookies 1.00

THANK YOU.....

AMT-TEND CHANGE TALLY
DISCOVER 6.16 6.16
6.16

Survey Code:
| 095 009 500 088 210 235 25 |

(Rec:11) Memo: 02955R,XXXXXXXXXXXX0831
6.16
09/29/16 09:57

Subtotal 7.19

Sales Tax 0.68

Drive Thru Total 7.87

Discover #XXXXXXXXXXXX0831 7.87
Auth:02823R

--- Check Closed ---

C-1518

Walk In Order

Pager Number: 19

Buffalo Wild Wings
Grill and Bar #0039
205 North 76th Street
402-343-9484

Server: Jalaiah 09/27/2016
19/1 10:03 PM

Guests: 1 #10049

Order Type: WalkIn

BNLSS SMALL 10.49 T
CHIPOTLE BBQ T

\$5 OFF \$25 ON NEXT VISIT
FOR YOUR FEEDBACK
POR SUS OPINIONES Y REACCIONES

Subtotal 10.49
Tax 0.75

RDOPT Food PIF 0.28

Total 11.50

Discover #XXXXXXXXXX0831 \$ 11.50
Auth:02707R

+ Tip: _____

= Total: _____

X _____

Balance Due \$ 0.00

Order Takeout Online
www.buffalowildwings.com

--- Check Closed ---

16-0237

Chili's
7355 S. 84th St.

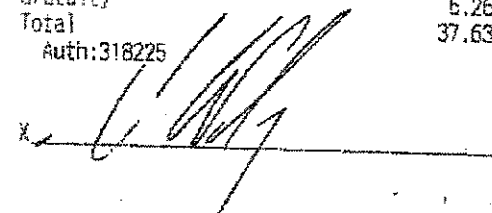
Server: DeQuisha 09/28/2016
5/1 1:50 PM
Guests: 3 30007

No Bev (5 @0.00) 0.00
Beverage ~~ICE TEA~~ 2.39
Chips & Salsa 3.79
LC CHIP CK BOWL 7.00
Enchilada Soup
LC CHICKEN TACO 8.00
LC-FAJITA 8.00
Enchilada Soup

Subtotal 29.18
Tax 2.19

Total 31.37

VISA #XXXXXXXXXX0842 31.37
Gratuity 5.26
Total 37.63
Auth:318225



We invite you to complete our
guest experience survey.
You could win \$1,000. A winner
every day! Visit
www.tell-chilis.com Your
survey code is 9661

--- Check Closed ---

16-0237

Shift Close

DRIVE THRU

Jimmy Johns #962
8406 Park Drive
402-832-3555

09-29-2018 Chk# 4 Open 10:58 AM
Tkr 193 Reg# 4 10:58 AM

#6 The Veggie 5.59
NO mayo

Salt Vin Chips 1.25

Restaurant Tax 0.17

Subtotal 7.01

Sales Tax (7.5%) 0.49

Total \$ 7.50

Balance Due: \$7.50

DRIVE THRU

Order Taker: Christopher

Chk# 4

I am requesting additional documentation on invoice #263761. For Nicholas Weander's expense reimbursement for project team lunch of \$37.63, please provide MAPA with the purpose of the lunch and name of the attendees. For the Vireo billing please send a copy of the Facebook receipt in the amount of \$11.16. Please copy me on future invoice submissions at the email address listed below.

Thank you,

Amanda Morales

Fiscal Officer

Metropolitan Area Planning Agency

2222 Cuming Street

Omaha, NE 68102-4328

402-444-6866 ext. 215

402-951-6517 (Fax)
amorales@mapacog.org

www.mapacog.org



The information in this electronic message is confidential and may be legally privileged. It is intended solely for the addressee(s). Access to this Internet electronic message by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it is prohibited and may be unlawful.

 **Vireo \$11.16 Expense Receipt.pdf**
1036K

TEL 402.341.1116 | CELL 402.443.2005



 Please consider the environment before printing this email.

From: Jenny Doty
Sent: Monday, January 9, 2017 7:56 AM
To: Rhonda Jelinek <rjelinek@olssonassociates.com>
Subject: FW: Invoice #263761
Importance: High

Please see email request below.

Thank you,

Jennifer Doty | Administration | Olsson Associates
 2111 South 67th Street, Suite 200 | Omaha, NE 68106 | jdoty@olssonassociates.com
 TEL 402.341.1116 | DIR 402.938.2433 | FAX 402.341.5895



From: Amanda Morales [mailto:amorales@mapacog.org]
Sent: Friday, January 6, 2017 3:24 PM
To: Jenny Doty <jdoty@olssonassociates.com>
Subject: Invoice #263761

Jenny-



Amanda Morales <amorales@mapacog.org>

FW: Invoice #263761

1 message

Rhonda Jelinek <rjelinek@olssonassociates.com>
To: "amorales@mapacog.org" <amorales@mapacog.org>

Wed, Jan 11, 2017 at 12:27 PM

Amanda,

Attached is a copy of the receipt from Vireo. Also, see below for explanation of lunch from Nick.

Thanks!

Rhonda Jelinek | Olsson Associates | Accounting

2111 S 67th Street, Suite 200 | Omaha, NE 68106 | rjelinek@olssonassociates.com

TEL 402.341.1116 | CELL 402.443.2005



Please consider the environment before printing this email.

From: Nick Weander
Sent: Monday, January 9, 2017 1:49 PM
To: Rhonda Jelinek <rjelinek@olssonassociates.com>
Cc: Jenny Doty <jdoty@olssonassociates.com>
Subject: RE: Invoice #263761

Good afternoon –

Purpose of the Lunch – Lunch for project team during Sarpy County Stakeholder Meetings at LaVista Public Library. MAPA provided lunch for stakeholders and MAPA staff but not for the project team.


Attendees – Nick Weander (Olsson), Corinne Donahue (Olsson), Triveece Penelton (Vireo).

Nick B. Weander, PTP, MPA | Olsson Associates

2111 S 67th Street, Suite 200 | Omaha, NE 68106 | nweander@olssonassociates.com

CELL 402-660-7237 | DIR 402-970-2335



 Please consider the environment before printing this email

From: Rhonda Jelinek
Sent: Monday, January 9, 2017 1:36 PM
To: Nick Weander <nweander@olssonassociates.com>
Cc: Jenny Doty <jdoty@olssonassociates.com>
Subject: FW: Invoice #263761
Importance: High

Nick,

Attached are copies of the receipts.

Could you please provide the detail requested below.

Thank you!

Rhonda Jelinek | Olsson Associates | Accounting

2111 S 67th Street, Suite 200 | Omaha, NE 68106 | rjelinek@olssonassociates.com

16-0237

5.06

Jessica Hargens

From: Ronnie Chambers
Sent: Thursday, August 25, 2016 8:34 AM
To: Accounts Payable
Subject: FW: OpenVoice Conference Information

016-0237/100/100003

From: OpenVoice [mailto:DO.NOT.REPLY@citrixonline.com]
Sent: Wednesday, August 24, 2016 6:04 PM
To: Ronnie Chambers <rchambers@olssonassociates.com>
Subject: OpenVoice Conference Information

Important OpenVoice Notification

OpenVoice

Dear Ronnie Chambers,

The following is a summary of a conference you held.

Information in this report is based on the time zone setting on the My Account page.

Date of conference call: 08/24/2016

Conference Room #: 531659708

Conference Call Detail Report:

Calling Party	Called Number	Billable	Start Time	Total Minutes
+14025972060	18885859008	US Toll-free	03:06 PM CDT	53
+14023411116	18885859008	US Toll-free	02:58 PM CDT	60
+18164123115	18885859008	US Toll-free	03:21 PM CDT	38
+14025932100	18885859008	US Toll-free	02:58 PM CDT	60

Total Minutes: 211
Number of Callers: 4

Visit [My Conferences](#) to see your minute usage.

If you have any questions, please contact [Global Customer Support](#).

Thank you for using OpenVoice Audio Conferencing.

Regards,
Global Customer Support
<http://support.citrixonline.com/OpenVoice>

Detailed Expense Report

Monday, October 17, 2016

2:57:10 PM

Olsson Associates, Inc.

Employee 04043 Weander, Nicholas B

Signed

Weander, Nicholas B

Approved

McKerrow, Jeff D

Posted

Organization 02-6-02-19-54

Expense Report: w/a 9/29

Report Date: 9/29/2016

Date	Category	Description	Project	Phase	Task	Bill	Company Paid	Credit Card	Account	Amount
9/28/2016	Meals	Meal	016-0237	100	100003	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5103	37.83
MAPA Sarpy Co Transit Feasibility Study Business Reason: Lunch for project team Each Person: Corinne Donahue - OA Trivecta Penelton - Vireo Nick Weander - OA										
9/27/2016	Mileage (Personal Auto)	Miles to Sarpy County Board Meeting	016-0237	100	100003	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5125	8.64
MAPA Sarpy Co Transit Feasibility Study Business Reason: Mileage to/from Sarpy Board Meeting Travel From/To: Olsson to Sarpy Admin Building Travel: 16.00 mi @ 0.540										
9/28/2016	Mileage (Personal Auto)	Miles to Sarpy County Library Stakehold	016-0237	100	100003	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5125	14.58
MAPA Sarpy Co Transit Feasibility Study Business Reason: Mileage to/from morning and afternoon stakeholder meetings. Additional copy of large comment form was needed for afternoon meetings. Travel From/To: Olsson to LaVista Public Library. LaVista Public Library to Olsson. Olsson to LaVista Public Library. LaVista Public Library to Olsson Travel: 27.00 mi @ 0.540										
9/29/2016	Mileage (Personal Auto)	Miles to Sarpy County Steering Committee	016-0237	100	100003	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5125	8.64
MAPA Sarpy Co Transit Feasibility Study Business Reason: Mileage to Sarpy Administration building for Sarpy County Steering Committee Meeting Travel From/To: Olsson to Sarpy County Administration Building Travel: 16.00 mi @ 0.540										
Total Expenses										69.49
Amount Advanced										
Company Paid										
Total Due										69.49



16-0237

Delivery Service Invoice
Invoice Date **October 8, 2016**
Invoice Number **000033Y4A5416**
Shipper Number **33Y4A5**

Outbound
UPS Internet Shipping

Pickup Date	Tracking Number	Service	ZIP Code	Zone	Weight	Published Charge	Incentive Credit	Billed Charge
09/29	1Z33Y4A50390921177	Ground Commercial	76102	4	1	7.79	-0.85	6.94
		Fuel Surcharge				0.39	-0.04	0.35
		Total				8.18	-0.89	7.29

1st ref: 000-0002

2nd ref: 602/002047

UserID: lizzoamaha

Sender : Olsson Associates
Olsson Associates
2111 S 67 Street
Omaha NE 68106

Receiver: Attn: Dean Kuhn
Tarrant Regional Water Distric
800 E. Northside Dr.
FORT WORTH TX 76102

Message Codes: ag

09/30	1Z33Y4A50391172789	Ground Commercial	80631	4	3	9.40	-1.68	7.71
		Fuel Surcharge				0.47	-0.08	0.39
		Total				9.87	-1.77	8.10

1st ref: 000-0002

2nd ref: 527/002456

UserID: lizzoamaha

Sender : Olsson Associates
Olsson Associates
2111 S 67 Street
Omaha NE 68106

Receiver: Katie Accashian
Olsson Associates
300 E 16th Street
GREELEY CO 80631

1Z33Y4A50394483394

		Ground Commercial	80631	4	8	10.69	-2.46	8.23
		Fuel Surcharge				0.53	-0.12	0.41
		Total				11.22	-2.58	8.64

1st ref: 000-0002

2nd ref: 527/002456

UserID: lizzoamaha

Sender : Olsson Associates
Olsson Associates
2111 S 67 Street
Omaha NE 68106

Receiver: Katie Accashian
Olsson Associates
300 E 16th Street
GREELEY CO 80631

10/03	1Z33Y4A50392953004	Ground Commercial	64106	2	2	7.66	-0.72	6.94
		Fuel Surcharge				0.38	-0.04	0.34
		Total				8.04	-0.76	7.28

1st ref: 016-0237

2nd ref: 100/100003

UserID: lizzoamaha

Sender : Olsson Associates
Olsson Associates
2111 S 67 Street
Omaha NE 68106

Receiver: Trivette Penellon
Vrap
929 Walnut St
KANSAS CITY MO 64108

Message Codes: ag

10/04	1Z33Y4A51393681617	Next Day Air Saver	68508	132	2	25.17	-13.25	11.92
		Commercial						
		Fuel Surcharge				1.01	-0.53	0.48
		Total				26.18	-13.78	12.40

1st ref: A15-3244

2nd ref: 101/101001

UserID: lizzoamaha

Sender : Olsson Associates
Olsson Associates
2111 S 67 Street
Omaha NE 68106

Receiver: Charles Duerschner
Nebraska Dept of Environmental
1200 N Street
Lincoln NE 68508

Message Codes: ag

	1Z33Y4A51393769229	Next Day Air Saver	68508	132	3	27.36	-15.05	12.31
		Commercial						
		Fuel Surcharge				1.09	-0.60	0.49
		Total				28.45	-15.65	12.80

1st ref: A15-3244

2nd ref: 101/101001

UserID: lizzoamaha

Sender : Olsson Associates
Olsson Associates
2111 S 67 Street
Omaha NE 68106

Receiver: Charles Duerschner
Nebraska Dept of Environmental
1200 N Street
Lincoln NE 68508

160237

Internal Unit Posting Log

Monday, October 17, 2016 12:40:31 PM

Internal Unit	Table	Name								
Date	Description	Project	Phase	Task	Account	Quantity	Cost Amount	Billing Amount	Billing Extension	
10/8/2016	IU100816KIP Duplication	000-0002	602	001530	7110	150.250	300.50	375.63	375.63	
10/8/2016	IU100816KIP Duplication	014-2061	900	900001	5113	103.250	206.50	258.13	258.13	
10/8/2016	IU100816KIP Duplication	014-2115	331	331001	5113	36.424	72.85	91.06	91.06	
10/8/2016	IU100816KIP Duplication	016-0077	008	008003	5113	17.500	35.00	43.75	43.75	
10/8/2016	IU100816KIP Duplication	016-0077	018	018001	5113	17.500	35.00	43.75	43.75	
10/8/2016	IU100816KIP Duplication	016-0077	051	051001	5113	14.583	29.17	36.46	36.46	
10/8/2016	IU100816KIP Duplication	016-0077	055	055001	5113	21.000	42.00	52.50	52.50	
10/8/2016	IU100816KIP Duplication	016-0077	060	060001	5113	70.000	140.00	175.00	175.00	
10/8/2016	IU100816KIP Duplication	016-0077	061	061001	5113	65.000	130.00	162.50	162.50	
10/8/2016	IU100816KIP Duplication	016-0077	063	063001	5113	35.000	70.00	87.50	87.50	
10/8/2016	IU100816KIP Duplication	016-0237	100	100001	5113	17.500	35.00	43.75	43.75	
10/8/2016	IU100816KIP Duplication	016-0237	100	100002	5113	17.500	35.00	43.75	43.75	
10/8/2016	IU100816KIP Duplication	016-1246	100	100001	5113	14.583	29.17	36.46	36.46	
10/8/2016	IU100816KIP Duplication	016-2163	290	290001	5113	7.000	14.00	17.50	17.50	
10/8/2016	IU100816KIP Duplication	016-2377	100	100001	5113	41.465	82.93	103.66	103.66	
10/8/2016	IU100816KIP Duplication	016-2989	100	100001	5113	81.667	163.33	204.17	204.17	
10/8/2016	IU100816KIP Duplication	B14-2723	200	200001	5113	10.500	21.00	26.25	26.25	
10/8/2016	IU100816KIP Duplication	B15-0109	110	110001	5113	28.000	56.00	70.00	70.00	
10/8/2016	IU100816KIP Duplication	M16-0315	001	000001	7110	12.833	25.67	32.08	25.67	
Large Format-Color Total						824.791	1,649.59	2,061.99	2,055.58	
PLTCLR PHX	OA STANDARD	Large Format-Color								
10/8/2016	IU100816KIP Duplication	016-0783	999	999001	5113	6.007	12.01	15.02	15.02	
Large Format-Color Total						6.007	12.01	15.02	15.02	
PLTFLM NCO	OA STANDARD	Large Format-Film/Mylar								
10/8/2016	IU100816KIP Duplication	A14-2948	100	100002	5113	12.014	6.85	36.04	36.04	
Large Format-Film/Mylar Total						12.014	6.85	36.04	36.04	
Final Total						25,295.439	7,241.95	10,382.66	10,286.72	

General Ledger Posting Summary

Company: 02	Olsson Associates	Debits	Credits
02-1-01-01-01	OA Corporate Admin Services-Lincoln		
7110	Duplication	3.90	0.00
Total for 02-1-01-01-01		3.90	0.00
02-1-01-05-05	OA Corporate Executive-Lincoln		
5113	Duplication	45.50	0.00
Total for 02-1-01-05-05		45.50	0.00
02-1-02-02-02	OA Corporate IT-Omaha		
7110	Duplication	23.42	0.00
Total for 02-1-02-02-02		23.42	0.00



Cost Breakdown Form

for Actual Cost Plus Fixed Fee (CPFF) Agreements

Company Name:	Olsson Associates		
Control No.:		Project No.:	016-0237
Project Location:	Sarpy County Transit Planning-FY16		
Agreement No.:		Expire Date:	1/31/2017
Invoice No.:	263761	Invoice Date:	10/24/2016
% Work Completed:	69%		
Current Billing Period:	9/11/2016 thru 10/8/2016		

Agreement No:	Max Actual costs	Max Fixed Fee (Profit)	Total Contract Amount
Agreement amount thru supplement # 000	\$119,310.65	\$15,689.35	\$135,000.00
	Amount		
	This Period	Previously Billed	To Date
Direct Labor	\$3,418.44	\$21,944.54	\$25,362.98
Overhead @ 176.96% of direct labor	\$6,045.17	\$38,806.72	\$44,851.89
Fixed Fee @ 13.15% of labor+overhead	\$1,244.46	\$7,988.78	\$9,233.24
FCCM @ 0.000% of direct labor	\$0.00	\$120.68	\$120.68
Direct Costs (Non-Labor)	\$176.83	\$223.71	\$400.54
Outside Services (Subconsultants):			
<u>Name</u>	<u>Max Amount</u>		
CDM Smith	\$16,186.65	\$0.00	\$7,796.65
Vireo	\$24,786.27	\$241.42	\$5,493.54
Adjustments:			
fixed fee for profit			
Other:			
Total Amount DUE >>	✓ \$11,126.32	\$82,374.62	\$93,500.94

By submitting this form electronically to State, Consultant certifies submitted costs are actual and allowed by contract.	Total Agreement Amount Remaining:	\$41,499.06
	Total Fixed Fee Remaining:	\$6,456.11

Signature (typed or signed name required):	Title:	Date:
Rhonda Jelinek	Billing Coordinator	10/24/2016

Consultant's email contact for invoice-related questions: rjelinek@olssonassociates.com



October 24, 2016

Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, Nebraska 68102-4328

Attention: Mr. Michael Felschow

**RE: MAPA Sarpy County Transit Feasibility Study
16604400101 - Sarpy County Transit Planning - FY16
Olsson Associates Project No. 016-0237
Project Status Report 8 & Invoice #263761**

Dear Mr. Felschow:

Please find included with this letter a status report on the above referenced project and an invoice for services related to preparing and completing the Sarpy County Transit Feasibility Study from September 11, 2016 to October 8, 2016. This invoice brings us current for all services to-date for the project.

If you have any questions, please feel free to give me a call.

Sincerely,

Corinne Donahue
Project Manager
OLSSON ASSOCIATES



PROGRESS REPORT

Project No.:	MAPA Sarpy County Transit Feasibility Study 16604400101 - Sarpy County Transit Planning - FY16 Olsson Associates: 016-0237	Invoice Date:	9/11/2016-10/8/2016
Location:	Sarpy County, Nebraska	Progress Report No.:	8 Invoice #263761
Type of Work:	Transportation Planning		

Project progress this reporting period:

1. OA revised preliminary alternatives, based upon feedback from the Working Group that met in June 2016. Three packages were developed and presented to the Working Group and MAPA for comment. OA updated three packages based upon the feedback, in preparation for the round of stakeholder meetings in September 2016.
2. OA coordinated and met with MAPA and Metro to review the revised Transit Packages. Comments will be incorporated into the Transit Packages, which were presented during the second round of public outreach September 28-30, 2016.
3. OA continued work on Technical Memorandum 2 and the refinement of Transit Packages for Sarpy County.
4. OA prepared for and hosted the second round of stakeholders September 28-30, 2016 at the La Vista Library. The focus of the meetings were to discuss the updated Transit Packages.
5. The OA team completed the public outreach for the second round of stakeholder meetings September 28-30, 2016. In addition, OA contacted and scheduled meetings with the elected officials for the discussion of the Transit Package alternatives in September 2016.
6. OA prepared the presentation and materials for the stakeholder meetings September 28-30, 2016.
7. OA prepared and presented at the MAPA CTC meeting on September 21, 2016.
8. OA prepared and presented at the Sarpy County Commissioners Board meeting on September 27, 2016.
9. OA prepared the Transit Packages information for online email blast and community feedback. OA distributed the information to study contact list partners.
10. OA continues to compile all comments from stakeholder meetings, which will feed into the Preferred Plan for Sarpy County.

Upcoming project tasks to be accomplished:

1. OA will conduct project team calls approximately every two weeks.
2. OA will continue to coordinate with MAPA on the LRTP public meetings.
3. OA will refine the future Transit Packages for the public outreach activities and for Technical Memorandum 2.
4. OA will begin Tech Memo 3 for Preferred Transit Package

Items required from client:

- None



Unresolved project issues affecting the schedule:

None

Please contact us with any questions.
Thank you.

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Olsson

Contract Approved by Board of Directors: December 10, 2015
Amendment Approved by Board of Directors:

In the amount of \$135,000

Effective Date: 12/10/15 – 01/31/17
Amendment: 12/10/15 – 04/30/17

Payment # 9

1. Computation of Payment

Bill to Date	\$97,286.82
Less Previous Payment	93,500.94
Payment Due this Date	<u>\$3,785.88</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Project Supervisor Responsible Charge

Responsible Charge/Department Manager

Executive Director

Payment approved by Finance Committee _____

Treasurer

Invoice



601 P Street, Suite 200
 PO Box 84608
 Lincoln, NE 68501-4608
 Tel 402.474.6311, Fax 402.474.5160

Metropolitan Area Planning Agency
 2222 Cuming St
 Omaha, NE 68102

November 17, 2016
 Invoice No: 265335
Invoice Total \$3,785.88

OA Project No. 016-0237 MAPA Sarpy County Transit Feasibility Study
 Professional Services rendered October 9, 2016 through November 5, 2016 in accordance with Agreement dated December 10, 2015. Project Number and Title: 16604400101 - Sarpy County Transit Planning - FY16

Professional Personnel

	Hours	Rate	Amount	
Chambers, Veronica	.25	21.25	5.31	
Donahue, Corinne	20.00	43.27	865.40	
Thom, Christian	.25	22.36	5.59	
Weander, Nicholas	8.00	36.06	288.48	
Worker-Braddock, Thomas	1.00	34.10	34.10	
Totals	29.50		1,198.88	
Total Labor				1,198.88

Additional Fees

Overhead	176.84 % of 1,198.88	2,120.10	
Fixed Fee	13.15 % of 3,318.98	436.45	
Total Additional Fees		2,556.55	2,556.55

Reimbursable Expenses

Telephone			
10/7/2016 Citrix Systems	1206494363	4.20	
Total Reimbursables		4.20	4.20

Internal Unit Billing

Large Format-Color	10.5 Sq Feet @ 2.50	26.25	
Total Internal Units		26.25	26.25

Billing Limits

	Current	Prior	To-Date
Total Billings	3,785.88	93,500.94	97,286.82
Limit			135,000.00
Balance Remaining			37,713.18

AMOUNT DUE THIS INVOICE \$3,785.88

Billings to Date

	Current	Prior	Total
Labor	1,198.88	25,362.98	26,561.86
Consultant	0.00	13,531.61	13,531.61

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

Project	016-0237	MAPA Sarpy Co Transit Feasibility Study	Invoice	265335
Expense	4.20	417.08		421.28
Internal Unit	26.25	104.14		130.39
Add-on	2,556.55	54,085.13		56,641.68
Totals	3,785.88	93,500.94		97,286.82

Email Invoices to: mengel@mapacog.org

Authorized By: Corinne Donahue

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

Billing Backup

Thursday, November 17, 2016

Olsson Associates, Inc.

Invoice 265335 Dated 11/17/2016

1:24:39 PM

OA Project No. 016-0237

MAPA Sarpy County Transit Feasibility Study

Professional Personnel

		Hours	Rate	Amount	
Chambers, Veronica	10/11/2016	.25	21.25	5.31	
Donahue, Corinne	10/14/2016	3.00	43.27	129.81	
Donahue, Corinne	10/18/2016	2.00	43.27	86.54	
Donahue, Corinne	10/24/2016	8.00	43.27	346.16	
Donahue, Corinne	10/28/2016	3.00	43.27	129.81	
Donahue, Corinne	10/28/2016	3.00	43.27	129.81	
Donahue, Corinne	11/1/2016	1.00	43.27	43.27	
Thom, Christian	10/17/2016	.25	22.38	5.59	
Weander, Nicholas	10/19/2016	1.00	36.06	36.06	
Weander, Nicholas	10/28/2016	4.00	36.06	144.24	
Weander, Nicholas	10/31/2016	1.00	36.06	36.06	
Weander, Nicholas	11/1/2016	2.00	36.06	72.12	
Worker-Braddock, Thomas	10/17/2016	1.00	34.10	34.10	
Totals		29.50		1,198.88	
Total Labor					1,198.88

Reimbursable Expenses

Telephone					
AP 197716	10/7/2016	Citrix Systems / 1206494363 / Invoice: 1206494363, 10/7/2016		4.20	
Total Reimbursables				4.20	4.20

Internal Unit Billing

Large Format-Color	10.5 Sq Feet @ 2.50	26.25	
Total Internal Units		26.25	26.25

Total this Project \$1,229.33

Total this Report \$1,229.33

4.20

Jessica Hargens

From: Ronnie Chambers
Sent: Monday, September 12, 2016 9:23 AM
To: Accounts Payable
Subject: FW: OpenVoice Conference Information

016-0237/100/100003

From: OpenVoice [mailto:DO.NOT.REPLY@citrixonline.com]
Sent: Thursday, September 08, 2016 11:36 AM
To: Ronnie Chambers <rchambers@olssonassociates.com>
Subject: OpenVoice Conference Information

Important OpenVoice Notification

OpenVoice

Dear Ronnie Chambers,

The following is a summary of a conference you held.

Information in this report is based on the time zone setting on the My Account page.

Date of conference call: 09/08/2016

Conference Room #: 531659708

Conference Call Detail Report:

Calling Party	Called Number	Billed As	Start Time	Total Minutes
+14024446815	18885859008	US Toll-free	09:01 AM CDT	29
+14023323336	18885859008	US Toll-free	09:04 AM CDT	27
+14026607237	18885859008	US Toll-free	09:00 AM CDT	31
+18167773038	18885859008	US Toll-free	09:02 AM CDT	29
+14029908333	18885859008	US Toll-free	08:59 AM CDT	32
+18163611177	18885859008	US Toll-free	09:02 AM CDT	27

Total Minutes: 175
Number of Callers: 6

Visit [My Conferences](#) to see your minute usage.

If you have any questions, please contact [Global Customer Support](#).

Thank you for using OpenVoice Audio Conferencing.

Internal Unit Posting Log

Monday, November 07, 2016 10:31:34 AM

Internal Unit	Table	Name	Date	Description	Project	Phase	Task	Account	Quantity	Cost Amount	Billing Amount	Billing Extension
PLTBW OKC	OA STANDARD	Large Format-B&W Bond	10/31/2016	Duplication	015-2822	300	300001	5113	80.089	10.21	12.01	12.01
			10/31/2016	Duplication	016-1157	230	230001	5113	49.525	8.44	9.93	9.93
								Large Format-B&W Bond Total	189.694	18.65	21.94	21.94
PLTCLR DNV	OA STANDARD	Large Format-Color	10/31/2016	Duplication	000-0002	307	000701	7110	41.556	83.11	103.89	103.89
								Large Format-Color Total	41.556	83.11	103.89	103.89
PLTCLR LNK	OA STANDARD	Large Format-Color	10/31/2016	Duplication	000-0002	102	000606	7110	12.833	25.87	32.08	32.08
			10/31/2016	Duplication	000-0002	201	000807	7110	27.750	55.50	69.38	69.38
			10/31/2016	Duplication	000-0002	201	000701	7110	5.500	11.00	13.75	13.75
			10/31/2016	Duplication	000-0002	201	001736	7110	545.375	1,090.75	1,363.44	1,363.44
			10/31/2016	Duplication	015-0433	100	100001	5113	8.500	17.00	21.25	21.25
			10/31/2016	Duplication	016-2457	200	200001	5113	6.417	12.83	16.04	16.04
								Large Format-Color Total	606.375	1,212.75	1,515.94	1,515.94
PLTCLR NCO	OA STANDARD	Large Format-Color	10/31/2016	Duplication	016-2816	101	101001	5113	5.993	11.99	14.98	14.98
								Large Format-Color Total	5.993	11.99	14.98	14.98
PLTCLR OKC	OA STANDARD	Large Format-B&W Color	10/31/2016	Duplication	016-2850	100	100001	5113	5.514	11.03	13.79	13.79
								Large Format-B&W Color Total	5.514	11.03	13.79	13.79
PLTCLR OMA	OA STANDARD	Large Format-Color	10/31/2016	Duplication	000-0002	102	000606	7110	25.667	51.33	64.17	64.17
			10/31/2016	Duplication	000-0002	102	000614	7110	34.667	69.33	86.67	86.67
			10/31/2016	Duplication	000-0002	602	000607	7110	7.000	14.00	17.50	17.50
			10/31/2016	Duplication	000-0002	602	001530	7110	334.222	668.44	835.56	835.56
			10/31/2016	Duplication	016-0077	017	017001	5113	17.500	35.00	43.75	43.75
			10/31/2016	Duplication	016-0077	055	055001	5113	64.750	129.50	161.88	161.88
			10/31/2016	Duplication	016-0077	059	059001	5113	8.750	17.50	21.88	21.88
			10/31/2016	Duplication	016-0077	063	063001	5113	17.800	35.00	43.75	43.75
			10/31/2016	Duplication	016-0077	064	064001	5113	43.861	87.72	109.65	109.65
			10/31/2016	Duplication	016-0237	100	100003	5113	10.500	21.00	26.25	26.25
			10/31/2016	Duplication	016-1737	510	510001	5113	8.750	17.50	21.88	21.88
			10/31/2016	Duplication	016-2239	100	100001	5113	35.000	70.00	87.50	87.50
			10/31/2016	Duplication	016-2614	100	100001	5113	35.000	70.00	87.50	87.50
			10/31/2016	Duplication	016-2923	200	200001	5113	38.500	77.00	96.25	96.25
			10/31/2016	Duplication	016-2988	112	112001	5113	17.500	35.00	43.75	43.75
			10/31/2016	Duplication	016-2988	113	113001	5113	6.417	12.83	16.04	16.04
			10/31/2016	Duplication	016-3074	100	100001	5113	70.000	140.00	175.00	175.00
			10/31/2016	Duplication	016-3151	100	100001	5113	75.833	151.67	189.58	189.58



Cost Breakdown Form

for Actual Cost Plus Fixed Fee (CPFF) Agreements

Company Name:	Olsson Associates		
Control No.:	Project No.: 016-0237		
Project Location:	Sarpy County Transit Planning-FY16		
Agreement No.:	Expire Date: 1/31/2017		
Invoice No.:	265335	Invoice Date: 11/17/2016	
% Work Completed:	72%		
Current Billing Period:	10/9/2016	thru	11/5/2016

Agreement No:	Max Actual costs	Max Fixed Fee (Profit)	Total Contract Amount
Agreement amount thru supplement # 000	\$119,310.65	\$15,689.35	\$135,000.00
	Amount		
	This Period	Previously Billed	To Date
Direct Labor <i>SA ✓</i>	\$1,198.88	\$25,362.98	\$26,561.86
Overhead @ 176.86% of direct labor	\$2,120.10	\$44,851.89	\$46,971.99
Fixed Fee @ 13.15% of labor+overhead	\$436.45	\$9,233.24	\$9,669.69
FCCM @ 0.000% of direct labor	\$0.00	\$120.68	\$120.68
Direct Costs (Non-Labor)	\$30.45	\$400.54	\$430.99
Outside Services (Subconsultants):			
Name	Max Amount		
CDM Smith	\$16,186.65	\$0.00	\$7,796.65
Vireo	\$24,786.27	\$0.00	\$5,734.96
Adjustments:			
fixed fee for profit			
Other:			
Total Amount DUE >>	\$3,785.88	\$93,500.94	\$97,286.82

<i>By submitting this form electronically to State, Consultant certifies submitted costs are actual and allowed by contract.</i>	Total Agreement Amount Remaining:	\$37,713.18
	Total Fixed Fee Remaining:	\$6,019.66

Signature (typed or signed name required):	Title:	Date:
Rhonda Jelinek	Billing Coordinator	11/17/2016

Consultant's email contact for Invoice-related questions: rjelinek@olssonassociates.com



November 17, 2016

Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, Nebraska 68102-4328

Attention: Mr. Court Barber

**RE: MAPA Sarpy County Transit Feasibility Study
16604400101 - Sarpy County Transit Planning - FY16
Olsson Associates Project No. 016-0237
Project Status Report 9 & Invoice #265335**

Dear Mr. Barber:

Please find included with this letter a status report on the above referenced project and an invoice for services related to preparing and completing the Sarpy County Transit Feasibility Study from October 9, 2016 to November 5, 2016. This invoice brings us current for all services to-date for the project.

If you have any questions, please feel free to give me a call.

Sincerely,

Corinne Donahue
Project Manager
OLSSON ASSOCIATES



PROGRESS REPORT

Project No.:	MAPA Sarpy County Transit Feasibility Study 16604400101 - Sarpy County Transit Planning - FY16 Olsson Associates: 016-0237	Invoice Date:	10/9/2016-11/5/2016
Location:	Sarpy County, Nebraska	Progress Report No.:	9 Invoice #265335
Type of Work:	Transportation Planning		

Project progress this reporting period:

1. OA summarized feedback from all meetings, including stakeholder meetings, CTC, Sarpy County Commissioner Board meeting, and public open houses held in September and October 2016.
2. OA prepared for and attended with MAPA staff the Public Open House at the La Vista Library on October 28, 2016.
3. OA continued work on Technical Memorandum 2 and the refinement of Transit Packages for Sarpy County.
4. OA updated online Transit Packages information for e-blast and community feedback. OA distributed the information to study contact list partners. Comments were collected through October 31, 2016.
5. OA continues to compile all comments from stakeholder meetings, which will feed into the Preferred Plan for Sarpy County. OA removed consultant logos from study documentation, as requested by MAPA.
6. OA coordinated and hosted Working Group call on November 1, 2016 to discuss the feedback from September and October meetings.

Upcoming project tasks to be accomplished:

1. OA will conduct project team calls approximately every two weeks.
2. OA will continue to coordinate with MAPA on the LRTP public meetings and final round of meetings for this study in December 2016.
3. OA will refine the future Transit Packages for the public outreach activities and for Technical Memorandum 2.
4. OA will begin Tech Memo 3 for Preferred Transit Package

Items required from client:

- None

Unresolved project issues affecting the schedule:

None

Please contact us with any questions.
Thank you.

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Olsson

Contract Approved by Board of Directors: December 10, 2015
Amendment Approved by Board of Directors: December 8, 2016

In the amount of \$135,000

Effective Date: 12/10/15 – 01/31/17
Amendment: 12/10/15 – 04/30/17

Payment # 10

1. Computation of Payment

Bill to Date	\$106,680.66
Less Previous Payment	97,286.82
Payment Due this Date	<u>\$9,393.84</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Project Supervisor

Responsible Charge/ Department Manager

Executive Director

Payment approved by Finance Committee _____

Treasurer

Invoice



601 P Street, Suite 200
 PO Box 84608
 Lincoln, NE 68501-4608
 Tel 402.474.6311, Fax 402.474.5160

Metropolitan Area Planning Agency
 2222 Cuming St
 Omaha, NE 68102

December 16, 2016
 Invoice No: 267285
Invoice Total \$9,393.84

OA Project No. 016-0237 MAPA Sarpy County Transit Feasibility Study
 Professional Services rendered November 6, 2016 through December 3, 2016 in accordance with Agreement dated December 10, 2015. Project Number and Title: 16604400101 - Sarpy County Transit Planning - FY16

Professional Personnel

	Hours	Rate	Amount	
Donahue, Corinne	28.50	43.27	1,233.20	
Farris, Alan	3.00	20.67	62.01	
Weander, Nicholas	17.00	36.06	613.02	
Worker-Braddock, Thomas	3.00	34.10	102.30	
Totals	51.50		2,010.53	
Total Labor				2,010.53

Additional Fees

Overhead	176.84 % of 2,010.53	3,555.42	
Fixed Fee	13.15 % of 5,565.95	731.92	
Total Additional Fees		4,287.34	4,287.34

Consultants

CDM Smith Inc 7/20/2016	CDM Smith Inc 80559870/2	3,091.39	
Total Consultants		3,091.39	3,091.39

Reimbursable Expenses

Telephone 11/7/2016	Citrix Systems 1206537587	4.58	
Total Reimbursables		4.58	4.58

Billing Limits

	Current	Prior	To-Date
Total Billings	9,393.84	97,286.82	106,680.66
Limit			135,000.00
Balance Remaining			28,319.34

AMOUNT DUE THIS INVOICE \$9,393.84

Billings to Date

	Current	Prior	Total
Labor	2,010.53	26,561.86	28,572.39
Consultant	3,091.39	13,531.61	16,623.00

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

Project	016-0237	MAPA Sarpy Co Transit Feasibility Study		Invoice	267285
Expense	4.58	421.28	425.86		
Internal Unit	0.00	130.39	130.39		
Add-on	4,287.34	56,641.68	60,929.02		
Totals	9,393.84	97,286.82	106,680.66		

Email Invoices to: mengel@mapacog.org

Authorized By: Corinne Donahue

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

Billing Backup

Thursday, December 15, 2016

Olsson Associates, Inc.

Invoice 267285 Dated 12/16/2016

12:19:01 PM

OA Project No. 016-0237

MAPA Sarpy County Transit Feasibility Study

Professional Personnel

		Hours	Rate	Amount	
Donahue, Corinne	11/10/2016	8.00	43.27	346.16	
Donahue, Corinne	11/16/2016	2.00	43.27	86.54	
Donahue, Corinne	11/17/2016	4.00	43.27	173.08	
Donahue, Corinne	11/21/2016	2.50	43.27	108.18	
Donahue, Corinne	11/29/2016	4.00	43.27	173.08	
Donahue, Corinne	12/1/2016	4.00	43.27	173.08	
Donahue, Corinne	12/1/2016	4.00	43.27	173.08	
Farris, Alan	11/8/2016	1.00	20.67	20.67	
Farris, Alan	11/10/2016	1.00	20.67	20.67	
Farris, Alan	11/11/2016	1.00	20.67	20.67	
Weander, Nicholas	11/10/2016	1.00	36.06	36.06	
Weander, Nicholas	11/11/2016	1.00	36.06	36.06	
Weander, Nicholas	11/14/2016	2.00	36.06	72.12	
Weander, Nicholas	11/15/2016	2.00	36.06	72.12	
Weander, Nicholas	11/16/2016	4.00	36.06	144.24	
Weander, Nicholas	11/17/2016	3.00	36.06	108.18	
Weander, Nicholas	11/22/2016	1.00	36.06	36.06	
Weander, Nicholas	11/23/2016	1.00	36.06	36.06	
Weander, Nicholas	12/1/2016	2.00	36.06	72.12	
Worker-Braddock, Thomas	12/1/2016	3.00	34.10	102.30	
Totals		51.50		2,010.53	
Total Labor					2,010.53

Consultants

CDM Smith Inc					
AP 200526	7/20/2016	CDM Smith Inc / 80559870/2 / Invoice: 80559870/2, 7/20/2016		3,091.39	
Total Consultants				3,091.39	3,091.39

Reimbursable Expenses

Telephone					
AP 199693	11/7/2016	Citrix Systems / 1206537587 / Invoice: 1206537587, 11/7/2016		4.58	
Total Reimbursables				4.58	4.58

Total this Project \$5,106.50

Total this Report \$5,106.50

INVOICE PAYMENT IS REQUESTED WITHIN 30 DAYS

4.58

Jessica Hargens

From: Ronnie Chambers
Sent: Wednesday, November 02, 2016 8:29 AM
To: Accounts Payable
Subject: FW: OpenVoice Conference Information
Attachments: AppStore.gif; PlayStore.gif; OpenVoice_logo.gif

016-0237/100/100003

From: OpenVoice [mailto:DO.NOT.REPLY@citrixonline.com]
Sent: Tuesday, November 01, 2016 4:19 PM
To: Ronnie Chambers <rchambers@olssonassociates.com>
Subject: OpenVoice Conference Information

Important OpenVoice Notification

OpenVoice

Dear Ronnie Chambers,

The following is a summary of a conference you held.

Information in this report is based on the time zone setting on the My Account page.

Date of conference call: 11/01/2016

Conference Room #: 531659708

Conference Call Detail Report:

Caller ID(s)	Call Number	Area	Start Time	Total Minutes
+14023323336	18885859008	US Toll-free	01:29 PM CDT	40
+14029908333	18885859008	US Toll-free	01:31 PM CDT	38
+14025972060	18885859008	US Toll-free	01:39 PM CDT	30
+14023411116	18885859008	US Toll-free	01:23 PM CDT	45
+18167773038	18885859008	US Toll-free	01:31 PM CDT	38

Total Minutes: 191
Number of Callers: 5

Visit [My Conferences](#) to see your minute usage.

If you have any questions, please contact [Global Customer Support](#).

Thank you for using OpenVoice Audio Conferencing.



9200 Ward Parkway, Suite 500
 Kansas City, Missouri 64114
 Tel: 816 444-8270

OLSSON ASSOCIATES
 CLYDE PREM
 2111 S. 67TH STREET, SUITE 200
 OMAHA, NE 68106

INVOICE

113688
 113688
 113688
 113688

JULY 20, 2016

INVOICE NUMBER: 80559870/2
 PROJECT NUMBER: 113688

Amount Due This Invoice: **\$3,091.39**

PLEASE INCLUDE INVOICE NUMBER ON ALL CORRESPONDENCE

Salary: \$	2,732.12	Invoiced Previously: \$	6,553.94
Other Direct Costs: \$	0.00	Invoiced ITD: \$	9,645.33
Outside Professionals: \$	0.00	Pee ITD: \$	1,120.95
Fee: \$	359.27	Total Contract Amount: \$	17,484.64
		Balance Remaining: \$	7,839.31
		Percent Complete:	55.16%

Total Due This Invoice: \$ 3,091.39 ✓

Vendor #	11056	PWP	Pmt Date	
Invoice Date	07/20/16			
Invoice #	80559870/2		Invoice Amt	3091.39
Project #	16-0237	Fiscal #	100	Task #
			005	Amount #
			600	Amount
				3091.39



9200 Ward Parkway, Suite 500
 Kansas City, Missouri 64114
 Tel: 816 444-8270

INVOICE

Invoice # 805598702
 Date 7/20/16
 Project # 113688

OLSSON ASSOCIATES
 CLYDE PREM
 2111 S. 67TH STREET, SUITE 200
 OMAHA, NE 68106

JULY 20, 2016

INVOICE NUMBER: 805598702
 PROJECT NUMBER: 113688

Amount Due This Invoice: **\$3,091.39**

PLEASE INCLUDE INVOICE NUMBER ON ALL CORRESPONDENCE

FOR PROFESSIONAL SERVICES REGARDING THE SARPY COUNTY TRANSIT STUDY.
 SERVICES FROM MAY 15, 2016 THROUGH JULY 2, 2016.

Direct Labor

Employees	Description	Hours	Rate	Total Cost
WELLS, B	ENCE 8.0008	4.0	74.16	\$ 296.64
MURPHY, G	PUGN 5.0297	15.0	40.66	\$ 609.90
SCOTT, S	FNCA 7.0404	3.5	29.64	\$ 103.64
Subtotal:		22.5		\$ 1,010.18
Overhead (1.70459%):				\$ 1,721.94
Total Labor:				\$ 2,732.12

Fee

Fee	Amount
PROFIT (13.15%):	\$ 359.27
Total due:	\$ 359.27

\$ 3,091.39

Kathi L. Johnson

From: Corinne Donahue
Sent: Monday, December 05, 2016 8:21 AM
To: Kathi L. Johnson
Cc: Jessica Hargens
Subject: RE: payment to CDM Smith - sub

Hi –
Project 016-0237
Tks
Corinne

From: Kathi L. Johnson
Sent: Monday, December 5, 2016 8:18 AM
To: Corinne Donahue <cdonahue@olssonassociates.com>
Cc: Jessica Hargens <jhargens@olssonassociates.com>
Subject: RE: payment to CDM Smith - sub

Hi Corinne,

Please let us know the project # for the invoice and we'll get it taken care of asap.

From: Corinne Donahue
Sent: Friday, December 02, 2016 12:09 PM
To: Rhonda Jelinek <rjelinek@olssonassociates.com>
Cc: Kathi L. Johnson <kjohnson@olssonassociates.com>; Nick Weander <nweander@olssonassociates.com>; Jessica Hargens <jhargens@olssonassociates.com>
Subject: FW: payment to CDM Smith - sub

Hi all –
Invoice attached. Please expedite payment.
Tks much!
Corinne

Corinne Donahue, AICP | Multimodal Transportation | Olsson Associates | 2111 S. 67th St., Suite 200 | Omaha, NE 68106
| cdonahue@olssonassociates.com | DIR 402.970.2344 | CELL 402.990.8333 | FAX 402.341.5895

OLSSON
ASSOCIATES

CELEBRATING 40 YEARS



From: Murphy, Gina L. [<mailto:murphygl@cdmsmith.com>]
Sent: Friday, December 2, 2016 11:15 AM

To: Corinne Donahue <cdonahue@olssonassociates.com>
Subject: RE: payment to CDM Smith - sub

Corinne,

Attached is the July invoice. Thanks.

Gina Murphy, AICP | CDM Smith | 9200 Ward Parkway, Suite 320, Kansas City, MO 64114 | 816-412-3115 |
MurphyGL@cdmsmith.com | cdmsmith.com

Please note the new suite number.

From: Corinne Donahue [<mailto:cdonahue@olssonassociates.com>]
Sent: Friday, December 02, 2016 9:37 AM
To: Murphy, Gina L. <murphygl@cdmsmith.com>
Subject: FW: payment to CDM Smith - sub

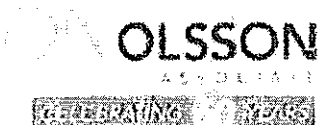
Hi Gina & Happy Friday!

Thanks for following up yesterday on the July invoice. Could you please resend the invoice information with the detail.
So sorry for the trouble and the delay.

Tks much!

Corinne

Corinne Donahue, AICP | Multimodal Transportation | Olsson Associates | 2111 S. 67th St., Suite 200 | Omaha, NE 68106
| cdonahue@olssonassociates.com | DIR 402.970.2344 | CELL 402.990.8333 | FAX 402.341.5895



From: Rhonda Jelinek
Sent: Thursday, December 1, 2016 2:49 PM
To: Kathi L. Johnson <kjohnson@olssonassociates.com>; Corinne Donahue <cdonahue@olssonassociates.com>
Cc: Nick Weander <nweander@olssonassociates.com>; Jessica Hargens <jhargens@olssonassociates.com>
Subject: RE: payment to CDM Smith - sub

Corrine,

Can you call and have them send a copy of the invoice over for us to post/pay
Thanks!

-Rhonda

From: Kathi L. Johnson
Sent: Thursday, December 1, 2016 11:35 AM
To: Rhonda Jelinek <rjelinek@olssonassociates.com>; Corinne Donahue <cdonahue@olssonassociates.com>



Cost Breakdown Form

for Actual Cost Plus Fixed Fee (CPFF) Agreements

Company Name:	Olsson Associates		
Control No.:	Project No.: 016-0237		
Project Location:	Sarpy County Transit Planning-FY16		
Agreement No.:	Expire Date: 1/31/2017		
Invoice No.:	267285	Invoice Date: 12/16/2016	
% Work Completed:	79%		
Current Billing Period:	11/6/2016	thru	12/3/2016

Agreement No:	Max Actual costs	Max Fixed Fee (Profit)	Total Contract Amount
Agreement amount thru supplement # 000	\$119,310.65	\$15,689.35	\$135,000.00
	Amount		
	This Period	Previously Billed	To Date
Direct Labor	\$2,010.53	\$26,561.86	\$28,572.39
Overhead @ 176.96% of direct labor	\$3,555.42	\$46,971.99	\$50,527.41
Fixed Fee @ 13.15% of labor+overhead	\$731.92	\$9,669.69	\$10,401.61
FCCM @ 0.000% of direct labor	\$0.00	\$120.68	\$120.68
Direct Costs (Non-Labor)	\$4.58	\$430.99	\$435.57
Outside Services (Subconsultants):			
<u>Name</u>	<u>Max Amount</u>		
CDM Smith	\$16,186.65	\$3,091.39	\$7,796.65
Vireo	\$24,786.27	\$0.00	\$5,734.96
Adjustments:			
fixed fee for profit			
Other:			
Total Amount DUE >>	\$9,393.84	\$97,286.82	\$106,680.66

By submitting this form electronically to State, Consultant certifies submitted costs are actual and allowed by contract.	Total Agreement Amount Remaining:	\$28,319.34
	Total Fixed Fee Remaining:	\$5,287.74

Signature (typed or signed name required):	Title:	Date:
Rhonda Jelinek	Billing Coordinator	12/16/2016

Consultant's email contact for invoice-related questions: rijelinek@olssonassociates.com

Cc: Nick Weander <nweander@olssonassociates.com>; Jessica Hargens <jhargens@olssonassociates.com>
Subject: RE: payment to CDM Smith - sub

I'm not seeing an invoice entered for this amount can you get me a copy of the invoice?

Invoice Dat	Invoice	Voucher	Pay Date	Pay Terms	Amount	Balance
10/13/2016	90001707/39	0000001		PVYP	239.00	239.00
8/16/2016	80561873	0000001		PVYP	1,242.71	0.00 000000214755
6/22/2016	80557357/44	0000001		PVYP	1,364.00	1,364.00

From: Corinne Donahue
Sent: Thursday, December 1, 2016 11:10 AM
To: Rhonda Jelinek <rjelinek@olssonassociates.com>
Cc: Nick Weander <nweander@olssonassociates.com>
Subject: payment to CDM Smith - sub

Hi Rhonda –
 I just had a call for non-payment to a sub on a July 20, 2016 invoice. Project 016-0237.
 \$3091.39 total – CDM Smith invoice – 80559870.
 Could you please let me know the status so we can get them paid?
 Tks much!
 Corinne

Corinne Donahue, AICP | Multimodal Transportation | Olsson Associates | 2111 S. 67th St., Suite 200 | Omaha, NE 68106
 | cdonahue@olssonassociates.com | DIR 402.970.2344 | CELL 402.990.8333 | FAX 402.341.5895





December 16, 2016

Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, Nebraska 68102-4328

Attention: Mr. Court Barber

**RE: MAPA Sarpy County Transit Feasibility Study
16604400101 - Sarpy County Transit Planning - FY16
Olsson Associates Project No. 016-0237
Project Status Report 10 & Invoice #267285**

Dear Mr. Barber:

Please find included with this letter a status report on the above referenced project and an invoice for services related to preparing and completing the Sarpy County Transit Feasibility Study from November 6, 2016 to December 3, 2016. This invoice brings us current for all services to-date for the project.

If you have any questions, please feel free to give me a call.

Sincerely,

Corinne Donahue
Project Manager
OLSSON ASSOCIATES



PROGRESS REPORT

Project No.:	MAPA Sarpy County Transit Feasibility Study 16604400101 - Sarpy County Transit Planning - FY16 Olsson Associates: 016-0237		
Location:	Sarpy County, Nebraska	Invoice Date:	11/6/2016-12/3/2016
Type of Work:	Transportation Planning	Progress Report No.:	10 Invoice #267285

Project progress this reporting period:

1. OA summarized meeting minutes from Working Group meeting on Nov 1, 2016.
2. OA prepared for third round of public meetings to be held in December 2016, which were later moved to January 2017.
3. OA prepared notes and meeting minutes for the stakeholder meetings and Public Open House at the La Vista Library on October 28, 2016.
4. OA continued work on Technical Memorandum 2 and submitted to MAPA mid-November. Comments were incorporated from MAPA staff and distributed to the Working Committee and Steering Committee.
5. OA updated online Transit Packages information for e-blast and community feedback. OA distributed the information to study contact list partners. Comments were collected through October 31, 2016. OA summarized all comments from Round 2 of public engagement and online feedback.
6. OA prepared for, coordinated, and hosted Working Group call on December 1, 2016 to review TM2 and to discuss the preferred transit packages.
7. Due to change in staff at MAPA, OA met with MAPA to review the Project Work Plan, expectations, and next steps for the study.

Upcoming project tasks to be accomplished:

1. OA will conduct project team calls approximately every two weeks.
2. OA will continue to coordinate with MAPA on the LRTP public meetings and final round of meetings for this study in January 2017.
3. OA will begin Tech Memo 3 for Preferred Transit Package

Items required from client:

- None

Unresolved project issues affecting the schedule:

None

Please contact us with any questions.
Thank you.

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Sarpy County

Project Title: Sarpy County Planning and GIS Activity FY 17

Contract Approved by Board of Directors: May 2016

Effective: July 1, 2016 - June 30, 2017

Contract Amount of: \$65,000

Payment # 2

1. <u>Computation of Payment</u>	GIS	Planning	Total
Bill to Date	\$ 25,947.77	\$ 12,469.90	\$ 38,417.67
Less Previous Payments	<u>\$ 16,442.64</u>	<u>\$ 6,156.32</u>	<u>\$ 22,598.96</u>
Payment Due this Date	<u>\$ 9,505.13</u>	<u>\$ 6,313.58</u>	<u>\$ 15,818.71</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Responsible Charge / Department Manager

Executive Director

Payment approved by Finance Committee

Treasurer

Invoice

Invoice Number: 2017-2
 Date: 2017/01/03



Sarpy County
 1210 Golden Gate Drive
 Papillion, NE
 USA
 68046
 Phone: 402-593-4164
 Fax: 402-593-4304
 www.sarpy.com

Company: MAPA
 Address: ATTN: AMANDA MORALES
 Address: 2222 CUMING STREET
 City, State, Zip: OMAHA, NE 68102
 Phone:
 Fax:
 Contact Name:

Item	Description	Quantity	Unit Price	Amount
GIS	REIMBURSE PERSONNEL EXPENSE FOR 10/1/16-12/31/16 70%	1	\$7,726.12	\$7,726.12
GIS	REIMBURSE BENEFIT EXPENSES FOR 10/1/16-12/31/16 70%	1	\$1,779.01	\$1,779.01
	TOTAL GIS \$ 9,505.13			
PLANNING	REIMBURSE PERSONNEL EXPENSE FOR 10/1/16-12/31/16 70%	1	\$5,007.03	\$5,007.03
PLANNING	REIMBURSE BENEFIT EXPENSES FOR 10/1/16-12/31/16 70%	1	\$1,306.55	\$1,306.55
	TOTAL PLANNING \$6,313.58			
			Sub-total	\$15,818.71
Grand Total				\$15,818.71

Comments:

Thank You.
 We appreciate your business.

Internal Use Only

Amount	
Date	
By	

**SARPY COUNTY, NEBRASKA
2017 FY GIS TRANSPORTATION GRANT
AGREEMENT #17604101301
10/1/16-12/31/16**

EMPLOYEE	# GRANT HOURS	EFFECTIVE HOURLY RATE	TOTAL HOURLY COST	70% 30%	
				GRANT	MATCH
LAMPE	✓ 196.501	✓ \$ 35.00	\$ 6,877.54	\$ 4,814.28	\$ 2,063.26
HERBERT	✓ 3.5	✓ \$ 51.81	\$ 181.34	\$ 126.94	\$ 54.40
NELSEN	✓ 126.5	✓ \$ 31.45	\$ 3,978.43	\$ 2,784.90	\$ 1,193.53
KRIENER	0.00	\$ 41.13	-	-	-
TOTAL DIRECT LABOR			\$ 11,037.31	\$ 7,726.12	\$ 3,311.19

EMPLOYEE	# GRANT HOURS	FRINGE PER HOUR	TOTAL FRINGE COST	70% 30%	
				GRANT	MATCH
LAMPE	✓ 196.501	✓ \$ 5.42	\$ 1,065.04	\$ 745.53	\$ 319.51
HERBERT	✓ 3.5	\$ 17.03	\$ 59.60	\$ 41.72	\$ 17.88
NELSEN	✓ 126.5	✓ \$ 11.20	\$ 1,416.80	\$ 991.76	\$ 425.04
KRIENER	0.00	\$ 15.44	-	-	-
TOTAL OVERHEAD			\$ 2,541.44	\$ 1,779.01	\$ 762.43

% OF FRINGE BENEFITS 23.026%

GRAND TOTAL \$ 13,578.75 \$ 9,505.13 \$ 4,073.62

GIS GRANT	Award	Match
	\$ 40,930.00	\$ 17,542.00
1st Qtr	\$ 16,442.64	\$ 7,046.85
2nd Qtr	\$ 9,505.13	\$ 4,073.62
3rd Qtr	\$ -	\$ -
4th Qtr	\$ -	\$ -
Remaining Balance	\$ 14,982.23	\$ 6,421.53

17,636
651553



Sarpy County Information Systems
1210 Golden Gate Drive Suite 112B
Papillion, Nebraska 68046

402 . 593 . 2325
www.sarpy.com

To: Greg Youell, MAPA Director
Subject: Sarpy County GIS Quarterly Report
Date: December 30, 2016

Sarpy GIS has been continuing efforts to develop transportation, address, land/property record, and administrative data sets for the county and cities within. Participation in projects that support the county and cities within, as well as support standards and initiatives that benefit the region and state remain a priority.

Transportation planning related GIS activities from the last quarter:

GIS Data Development & Maintenance – 50% complete

- Updates to the transportation GIS datasets to reflect the current infrastructure
- Updates to asset management and work order system datasets
- Continued incorporation of vendor-provided business data into address datasets
- Traffic count and accident data updates
- Updates to the parcel, zoning & land use datasets
- Data updates have been copied to the Douglas County spatial databases
- Second quarter data updates completed – a geodatabase has been made accessible to MAPA for download

Database Management, Application Development & Maintenance – 50% complete

- Development and support of the county web applications
- Cooperation with Douglas County for shared GIS web services & applications

Sarpy County GIS looks forward to continuing its relationship with MAPA in our effort to develop quality and reliable geospatial information throughout the metro region. If you have any questions or feedback, please contact me via email at eric@sarpy.com or telephone at 593-2274.

A handwritten signature in black ink, appearing to read "E. Herbert", with a long horizontal line extending to the right.

Eric Herbert
GIS Coordinator

Fringe Benefit Calculation for Responsible Charge

ERIC HERBERT

Annual Salary*	Estimated hours worked/year	Effective Wage rate
\$ 77,769.00	2080	\$ 51.81

Longevity removed

*Shaded areas to be completed by the LPA

Insurance Cost (Per Month)

Health*	\$ 1,549.58
Dental	\$ 60.91
Life & AD&D	\$ 5.10
LTD	\$ 43.59
Vision	
Other Insurance Benefits	
Insurance Cost/month	\$ 1,659.18
Insurance Cost/hour	\$ 9.57

Workman's Compensation

Workman's Compensation Insurance - rate = \$.14 per \$100 of wages (rate + \$100 x Wage Rate = \$.05 per hr.)	\$ -
Rate per \$100 of coverage	\$ -
Effective Hourly Effective Wage Rate	\$ 51.81
Workman's Compensation Insurance Cost	\$ -

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 3.21
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.75

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	
Sick Days	
Pers/Adm. Days	
Holidays	
Leave days/year	-
Leave hours/year	-
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	2,080.0
Effective Hourly Wage Rate	\$ 51.81
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ -

Pension

Percent of Effective Wage Rate	6.75%
Pension/Retirement Cost	\$ 3.50

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$9.5722	\$0.0000	\$3.2123	\$0.7513	\$0.0000	\$3.4973	\$17.03

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

*July's health insurance premium was paid in June. Amount reflected is for Aug & Sept divided by 3 months.

Effective hourly rate	\$ 51.8120
Fringe benefits per hour	\$ 17.0331
Total hourly rate	\$ 68.85
% of Fringe benefits	24.74%

ERIC KREINER

Fringe Benefit Calculation for Responsible Charge

Annual Salary*	Estimated hours worked/year	Effective Wage rate
\$ 89,551.00	2080	\$ 41.13

*Shaded areas to be completed by the LPA

Insurance Cost (Per Month)

Health*	\$ 1,549.58
Dental	\$ 60.91
Life & AD&D	\$ 5.10
LTD	\$ 34.50
Vision	\$
Other Insurance Benefits	\$
Insurance Cost/month	\$ 1,650.19
Insurance Cost/hour	\$ 9.52

Workmen's Compensation

Workman's Compensation Insurance - rate = \$.14 per \$100 of wages (rate = \$100 x Wage Rate = \$.05 per hr.)	\$ -
Rate per \$100 of coverage	\$
Effective Hourly Effective Wage Rate	\$ 41.13
Workman's Compensation Insurance Cost	\$ -

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 2.55
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.60

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	
Sick Days	
Pers/Adm. Days	
Holidays	
Leave days/year	-
Leave hours/year	-

Normal Working Hours/day	8.0
Normal Hours/year	2080.0
Adjusted Working Hours/year	2,080.0
Effective Hourly Wage Rate	\$ 41.13
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ -

Pension

Percent of Effective Wage Rate	6.75%
Pension/Retirement Cost	\$ 2.78

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$9.5203	\$0.0000	\$2.5501	\$0.5964	\$0.0000	\$2.7763	\$15.44

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

*July's health insurance premium was paid in June. Amount reflected is for Aug & Sept divided by 3 months.

Effective hourly rate	\$ 41.1303
Fringe benefits per hour	\$ 15.4431
Total hourly rate	\$ 56.57
% of Fringe benefits	27.30%

Fringe Benefit Calculation for Responsible Charge

NIKKI LAMPE

Annual Salary*	Estimated hours worked/year	Effective Wage rate
\$ 72,791.00	2080	\$ 35.00

*885 longevity paid out on 11/10/16 pay period.

*Shaded areas to be completed by the LPA

Insurance Cost (Per Month)

Health	\$	
Dental	\$	31.98
Life & AD&D	\$	5.10
LTD	\$	29.67
Vision	\$	
Other Insurance Benefits	\$	
Insurance Cost/month	\$	66.75
Insurance Cost/hour	\$	0.39

Workmen's Compensation

Workman's Compensation Insurance - rate = \$.14 per \$100 of wages (rate + \$100 x Wage Rate = \$.05 per hr.)	\$	-
Rate per \$100 of coverage	\$	
Effective Hourly Effective Wage Rate	\$	35.00
Workman's Compensation Insurance Cost	\$	-

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$	2.17
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$	0.51

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	
Sick Days	
Pers/Adm. Days	
Holidays	
Leave days/year	-
Leave hours/year	-

Normal Working Hours/day

Normal Hours/year

Adjusted Working Hours/year

Effective Hourly Wage Rate

Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost

Pension	
Percent of Effective Wage Rate	6.75%
Pension/Retirement Cost	\$ 2.36

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$0.3851	\$0.0000	\$2.1697	\$0.5074	\$0.0000	\$2.3622	\$5.42

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$	34.9957
Fringe benefits per hour	\$	5.4245
Total hourly rate	\$	40.42

% of Fringe benefits 13.42%

CHRIS NELSEN

Fringe Benefit Calculation for Responsible Charge

Annual Salary*	Estimated hours worked/year	Effective Wage rate
\$ 65,416.00	2080	\$ 31.45

*Shaded areas to be completed by the LPA

Insurance Cost (Per Month)

Health*	\$ 1,074.22
Dental	\$ 51.27
Life & AD&D	\$ 5.10
LTD	\$ 25.44
Vision	\$
Other Insurance Benefits	\$
Insurance Cost/month	\$ 1,156.03
Insurance Cost/hour	\$ 6.67

Workmen's Compensation

Workman's Compensation Insurance - rate = \$.14 per \$100 of wages (rate + \$100 x Wage Rate = \$.05 per hr.)	\$ -
Rate per \$100 of coverage	\$
Effective Hourly Effective Wage Rate	\$ 31.45
Workman's Compensation Insurance Cost	\$ -

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.95
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.46

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	
Sick Days	
Pers/Adm. Days	
Holidays	
Leave days/year	-
Leave hours/year	-
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	2,080.0
Effective Hourly Wage Rate	\$ 31.45
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ -

Pension

Percent of Effective Wage Rate	6.75%
Pension/Retirement Cost	\$ 2.12

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$6.8694	\$0.0000	\$1.9499	\$0.4560	\$0.0000	\$2.1229	\$11.20

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

*Health & Dental Insurance amounts adjusted due to change in coverage.

Effective hourly rate	\$ 31.4500
Fringe benefits per hour	\$ 11.1982
Total hourly rate	\$ 42.65
% of Fringe benefits	26.26%

Decimal Hours

Nikki Lampe	196.501
Chris Nelsen	126.5
Eric Herbert	3.5

Date	Project	Who	Decimal Hours	Hours	Minutes	Description	Task List	Task
10/03/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25		Data Maintenance	Streets & Addressing
10/03/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.583	3	35		Data Maintenance	Streets & Addressing
10/04/2016	MAPA - Transportation Planning Grant	Eric Herbert	1.25	1	15	Q1 reporting & data update packaging	Project Administration	Project/grant administration
10/04/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.25	3	15		Data Maintenance	Streets & Addressing
10/04/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.583	3	35		Data Maintenance	Streets & Addressing
10/05/2016	MAPA - Transportation Planning Grant	Nikki Lampe	2.833	2	50		Data Maintenance	Streets & Addressing
10/05/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.917	3	55		Data Maintenance	Streets & Addressing
10/06/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25		Data Maintenance	Streets & Addressing
10/06/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.667	3	40		Data Maintenance	Streets & Addressing
10/07/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.083	3	5		Data Maintenance	Streets & Addressing
10/07/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.5	3	30		Data Maintenance	Streets & Addressing
10/11/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3	3	0		Data Maintenance	Streets & Addressing
10/11/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25		Data Maintenance	Streets & Addressing
10/12/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.083	3	5		Data Maintenance	Streets & Addressing
10/12/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.583	3	35		Data Maintenance	Streets & Addressing
10/13/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.75	3	45		Data Maintenance	Streets & Addressing
10/13/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.167	3	10		Data Maintenance	Streets & Addressing
10/14/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.167	3	10		Data Maintenance	Streets & Addressing
10/14/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25		Data Maintenance	Streets & Addressing
10/18/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.833	3	50		Data Maintenance	Streets & Addressing
10/18/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.25	3	15		Data Maintenance	Streets & Addressing
10/19/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.167	3	10		Data Maintenance	Streets & Addressing
10/19/2016	MAPA - Transportation Planning Grant	Nikki Lampe	1.5	1	30		Data Maintenance	Streets & Addressing
10/19/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.5	3	30		Data Maintenance	Streets & Addressing
10/19/2016	MAPA - Transportation Planning Grant	Nikki Lampe	0.25	0	15	update papillion & sarpy zoning	Data Maintenance	Zoning & Land Use
10/19/2016	MAPA - Transportation Planning Grant	Nikki Lampe	1.417	1	25		Data Maintenance	Streets & Addressing
10/20/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.25	3	15		Data Maintenance	Streets & Addressing
10/20/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.5	3	30		Data Maintenance	Streets & Addressing
10/21/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.167	3	10		Data Maintenance	Streets & Addressing
10/21/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.5	3	30		Data Maintenance	Streets & Addressing
10/24/2016	MAPA - Transportation Planning Grant	Nikki Lampe	2.75	2	45		Data Maintenance	Streets & Addressing
10/24/2016	MAPA - Transportation Planning Grant	Nikki Lampe	4	4	0		Data Maintenance	Streets & Addressing
10/25/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.833	3	50		Data Maintenance	Streets & Addressing
10/25/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.583	3	35		Data Maintenance	Streets & Addressing

10/26/2016	MAPA - Transportation Planning Grant	Nikki Lampe	2.833	2	50	Data Maintenance	Streets & Addressing
10/26/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.917	3	55	Data Maintenance	Streets & Addressing
10/27/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.833	3	50	Data Maintenance	Streets & Addressing
10/27/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.167	3	10	Data Maintenance	Streets & Addressing
10/28/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.917	3	55	Data Maintenance	Streets & Addressing
10/28/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25	Data Maintenance	Streets & Addressing
10/31/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3	3	0	Data Maintenance	Streets & Addressing
10/31/2016	MAPA - Transportation Planning Grant	Chris Nelsen	4	4	0	Data Maintenance	Land Records
10/31/2016	MAPA - Transportation Planning Grant	Nikki Lampe	2.5	2	30	Data Maintenance	Streets & Addressing
11/01/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25	Data Maintenance	Streets & Addressing
11/01/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/01/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.833	3	50	Data Maintenance	Streets & Addressing
11/02/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25	Data Maintenance	Streets & Addressing
11/02/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/02/2016	MAPA - Transportation Planning Grant	Nikki Lampe	4	4	0	Data Maintenance	Streets & Addressing
11/03/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.667	3	40	Data Maintenance	Streets & Addressing
11/03/2016	MAPA - Transportation Planning Grant	Chris Nelsen	5	5	0	Data Maintenance	Land Records
11/03/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.5	3	30	Data Maintenance	Streets & Addressing
11/04/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.833	3	50	Data Maintenance	Streets & Addressing
11/04/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/04/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.583	3	35	Data Maintenance	Streets & Addressing
11/07/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/07/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.25	3	15	Data Maintenance	Streets & Addressing
11/07/2016	MAPA - Transportation Planning Grant	Nikki Lampe	4.083	4	5	Data Maintenance	Streets & Addressing
11/08/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/08/2016	MAPA - Transportation Planning Grant	Nikki Lampe	2.5	2	30	Data Maintenance	Streets & Addressing
11/08/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.583	3	35	Data Maintenance	Streets & Addressing
11/09/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/09/2016	MAPA - Transportation Planning Grant	Nikki Lampe	2.917	2	55	Data Maintenance	Streets & Addressing
11/09/2016	MAPA - Transportation Planning Grant	Nikki Lampe	4.583	4	35	Data Maintenance	Streets & Addressing
11/10/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/10/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.917	3	55	Data Maintenance	Streets & Addressing
11/10/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.5	3	30	Data Maintenance	Streets & Addressing
11/14/2016	MAPA - Transportation Planning Grant	Chris Nelsen	5.5	5	30	Data Maintenance	Land Records
11/14/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.417	3	25	Data Maintenance	Streets & Addressing

11/14/2016	MAPA - Transportation Planning Grant	Nikki Lampe	3.583	3	35	Data Maintenance	Streets & Addressing
11/15/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/21/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/22/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
11/23/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
12/12/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
12/13/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
12/14/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
12/15/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
12/16/2016	MAPA - Transportation Planning Grant	Chris Nelsen	7	7	0	Data Maintenance	Land Records
12/29/2016	MAPA - Transportation Planning Grant	Eric Herbert	2.25	2	15	Q2 reporting & data packaging	Project/grant administration

PERSONNEL	HOURS			EARNINGS			GROSS	STATUTORY DEDUCTIONS			VOLUNTARY DEDUCTIONS			NET PAY
	Reg	O/T	Hours	Rate	O/T	Earnings		Federal	State/Local					
HERBERT, ERIC File: 001232 Dept: 565001 Rate: 51.8119	72.00		8.00 2H	3,730.46		414.50 2H						286.78 N- P 414HM		
			2.00 9A			103.62 9A								
				4,248.58				260.26 FIT	183.61 NE	2800.50 W CHECK2	191.19 P 414H			
								241.12 SS		5.95 C4 GOLIFE	158.69 H4 HLTHFM			
								56.39 MED		98.00 H5 MEDFSA	150.00 R8 DCVOYA			
										53.37 S1 AFLPRE	49.50 S3 COLPRE			
KRIENER, ERIC File: 001319 Dept: 565001 Rate: 41.1304	48.00		8.00 2H	1,974.26		329.04 2H						227.66 N- P 414HM		
			24.00 3V			987.13 3V								
			2.00 9A			82.26 9A								
							3,372.69	272.51 FIT	135.16 NE	2213.33 V CHECK1	151.77 P 414H			
								185.16 SS		158.69 H4 HLTHFM	19.23 H5 MEDFSA			
								43.54 MED		192.30 H6 DEPFSA				
LAMPE, NICOLE File: 001327 Dept: 565001 Rate: 34.5705	72.00		8.00 2H	2,489.08		276.56 2H						186.68 N- P 414HM		
							2,765.64	307.77 FIT	96.75 NE	1352.10 V CHECK1	124.45 P 414H			
								171.47 SS		673.00 R8 DCVOYA				
								40.10 MED						
NELSEN, CHRISTOPHER File: 001436 Dept: 565001 Rate: 31.4500			8.00 2H			251.60 2H						169.83 N- P 414HM		
			72.00 3V			2,264.40 3V								
							2,516.00	355.27 FIT	104.45 NE	1522.39 V CHECK1	113.22 P 414H			
								142.69 SS		139.61 H2 HLTHFC	75.00 H5 MEDFSA			
								33.37 MED		30.00 R6 DCNATW				
DEPT TOTAL 565001	192.00 REG			8,193.80 REG		.00 O/T		1,195.81 FIT		10,272.29 TOTAL DEDUCTIONS			4 Pays	
	.00 O/T			4,709.11 EARNINGS 3		.00 EARNINGS 4		741.44 SS					.00	
	132.00 HOURS 3			.00 EARNINGS 5		12,902.91 GROSS		173.40 MED						
	.00 HOURS 4							519.97 STATE						

HOURS ANALYSIS:	32.00 2H HOLIDAY	96.00 3V VAC	4.00 9A ONCALL
EARNINGS ANALYSIS:	1,271.70 2H HOLIDAY	3,251.53 3V VAC	185.88 9A ONCALL
MEMO ANALYSIS:	870.95 P 414HM		
STATUTORY DED. ANALYSIS:	519.97 47 NE		
VOLUNTARY DED. ANALYSIS:	580.63 P 414H	5,087.82 V CHECK1	2,800.50 W CHECK2
	139.61 H2 HLTHFC	317.38 H4 HLTHFM	192.23 H5 MEDFSA
	30.00 R6 DCNATW	823.00 R8 DCVOYA	53.37 S1 AFLPRE
			5.95 C4 GOLIFE
			192.30 H6 DEPFSA
			49.50 S3 COLPRE

LDR

PERSONNEL	HOURS			EARNINGS			GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS			NET PAY
	Reg	O/T	Hours	Reg	O/T	Earnings		Federal	State	FICA	Other	Other	
HERBERT, ERIC P File: 001232 Dept: 565001 Rate: 51.8119	77.00	3.00	4S	3,989.52	155.44	4S				286.78	N- P 414HM		
		2.00	9A		103.62	9A	4,248.58	264.83	185.73	2821.97	W CHECK2 191.19 P 414H 243.01 SS 5.95 C4 GOLIFE 19.00 D2 DENTF 58.84 MED 158.69 H4 HLTHFM 98.00 H5 MEDFSA 150.00 R8 DCVOYA 53.37 S1 AFLPRE		Memo <input type="checkbox"/>
KRIENER, ERIC S File: 061319 Dept: 565001 Rate: 41.1304	80.00	2.00	9A	3,290.43	82.26	9A	3,372.69	269.66	133.84	2199.97	V CHECK1 151.77 P 414H 184.97 SS 19.00 D2 DENTF 158.69 H4 HLTHFM 43.28 MED 19.23 H5 MEDFSA 192.30 H6 DEPFSA		Memo <input type="checkbox"/>
LAMPE, NICOLE L File: 001327 Dept: 565001 Rate: 34.5795	77.50	2.50	4S	2,679.21	86.43	4S	2,765.64	307.77	96.75	1352.10	V CHECK1 124.45 P 414H 171.47 SS 673.00 R8 DCVOYA		Memo <input type="checkbox"/>
NELSEN, CHRISTOPHER M File: 001438 Dept: 565001 Rate: 31.4500	64.00	8.00	3V	2,012.80	251.60	3V	2,516.00	350.52	103.20	1510.85	V CHECK1 113.22 P 414H 141.51 SS 19.00 D2 DENTF 139.61 H2 HLTHFC 33.09 MED 75.00 H5 MEDFSA 30.00 R6 DCNATW		Memo <input type="checkbox"/>
DEPT TOTAL 565001	296.50	REG		11,971.96	REG		.00	O/T		1,192.78	FIT		
	.00	O/T		930.95	EARNINGS 3		.00	EARNINGS 4		740.98	SS		
	25.50	HOURS 3		.00	EARNINGS 5		12,802.91	GROSS		173.29	MED		
	.00	HOURS 4								519.52	STATE		
										10,276.36	TOTAL DEDUCTIONS		4 Pays <input type="checkbox"/>
HOURS ANALYSIS:	8.00	3V	VAC	13.50	4S	SICK	4.00	9A	ONCALL				
EARNINGS ANALYSIS:	251.60	3V	VAC	493.47	4S	SICK	185.86	9A	ONCALL				
MEMO ANALYSIS:	870.95	P	414HM										
STATUTORY DED. ANALYSIS:	518.52	47	NE										
VOLUNTARY DED. ANALYSIS:	580.63	P	414H	5,062.92	V	CHECK1	2,821.97	W	CHECK2	5.95	C4	GOLIFE	
	57.00	D2	DENTF	139.61	H2	HLTHFC	317.38	H4	HLTHFM	192.23	H5	MEDFSA	
	192.30	H6	DEPFSA	30.00	R6	DCNATW	823.00	R8	DCVOYA	53.37	S1	AFLPRE	

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PERSONNEL	HOURS			EARNINGS			GROSS	STATUTORY DEDUCTIONS			VOLUNTARY DEDUCTIONS			NET PAY			
	Reg	O/T	Hours	Reg	O/T	Earnings		Federal	State	Local	Federal	State	Local				
HERBERT, ERIC File: 001232 Dept: 565001 Rate: 51.8119	80.00	2.00	9A	4,144.95	103.62	9A	4,248.57	264.83	FIT	185.73	NE	2821.97	W CHECK2	191.19	P 414H	Memo	<input type="checkbox"/>
								243.01	SS			5.95	C4 GOLIFE	19.00	D2 DENTF		.00
								58.83	MED			158.69	H4 HLTHFM	98.00	H5 MEDFSA		
												150.00	R8 DCVOYA	53.37	S1 AFLPRE		
KRIENER, ERIC File: 001319 Dept: 565001 Rate: 41.1304	80.00	2.00	9A	3,290.43	82.26	9A	3,372.69	269.66	FIT	133.84	NE	2199.97	V CHECK1	151.77	P 414H	Memo	<input type="checkbox"/>
								184.97	SS			19.00	D2 DENTF	158.69	H4 HLTHFM		.00
								43.26	MED			19.23	H5 MEDFSA	192.30	H6 DEPFSA		
														186.68	N- P 414HM		
LAMPE, NICOLE File: 001327 Dept: 565001 Rate: 34.5705	72.00	4.00	3V	2,489.08	138.28	3V	3,850.64	529.02	FIT	157.08	NE	1887.82	V CHECK1	124.45	P 414H	Memo	<input type="checkbox"/>
		4.00	4S		138.28	4S		226.34	SS			673.00	R8 DCVOYA				.00
					585.00	7L		52.93	MED								
NELSEN, CHRISTOPHER File: 001436 Dept: 565001 Rate: 31.4500	79.25	.75	3V	2,492.41	23.59	3V	2,516.00	350.52	FIT	103.20	NE	1510.85	V CHECK1	113.22	P 414H	Memo	<input type="checkbox"/>
								141.50	SS			19.00	D2 DENTF	139.61	H2 HLTHEC		.00
								33.10	MED			75.00	H5 MEDFSA	30.00	R6 DCNATW		
DEPT TOTAL 565001	311.25	REG		12,416.67	REG		.00	1,414.03	FIT			10,812.08	TOTAL DEDUCTIONS			4 Pays	<input type="checkbox"/>
	.00	O/T		1,371.03	EARNINGS 3		.00	795.82	SS								.00
	12.75	HOURS 3		.00	EARNINGS 5	13,787.90	GROSS	186.12	MED								
	.00	HOURS 4						579.85	STATE								

HOURS ANALYSIS:	4.75	3V	VAC	4.00	4S	SICK	4.00	9A	ONCALL			
EARNINGS ANALYSIS:	181.87	3V	VAC	138.28	4S	SICK	885.00	7L	LONGVT	185.88	9A	ONCALL
MEMO ANALYSIS:	870.95	P	414HM									
STATUTORY DED. ANALYSIS:	579.85	47	NE									
VOLUNTARY DED. ANALYSIS:	580.63	P	414H	5,598.64	V	CHECK1	2,821.97	W	CHECK2	5.95	C4	GOLIFE
	57.00	D2	DENTF	139.61	H2	HLTHEC	317.38	H4	HLTHFM	192.23	H5	MEDFSA
	192.30	H6	DEPFSA	30.00	R6	DCNATW	823.00	R8	DCVOYA	53.37	S1	AFLPRE

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PERSONNEL	HOURS		EARNINGS		GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS			NET PAY <input checked="" type="checkbox"/>
	Reg	O/T	Reg	O/T		Fed	State/Local	Health	Life	Other	
HERBERT, ERIC File: 001232 Dept: 565001 Rate: 51.8119	72.00	8.00 2H	3,730.46	414.50 2H				286.78 N- P 414HM			
		2.00 9A		103.62 9A	4,248.58	260.26 FIT	183.61 NE	2800.50 W CHECK2	191.19 P 414H		Memo <input type="checkbox"/>
						241.12 SS		5.95 C4 GOLIFE	158.69 H4 HLTHFM		.00
						56.39 MED		98.00 H5 MEDFSA	150.00 R8 DCVOYA		
								53.37 S1 AFLPRE	49.50 S3 COLPRE		
								227.66 N- P 414HM			
KRIENER, ERIC File: 001319 Dept: 565001 Rate: 41.1304	72.00	8.00 2H	2,961.39	329.04 2H							
		2.00 9A		82.26 9A	3,372.69	272.61 FIT	135.16 NE	2213.33 V CHECK1	151.77 P 414H		Memo <input type="checkbox"/>
						186.16 SS		158.69 H4 HLTHFM	19.23 H5 MEDFSA		.00
						43.54 MED		192.30 H6 DEPFSA			
								186.68 N- P 414HM			
LAMPE, NICOLE File: 001327 Dept: 565001 Rate: 34.5705	72.00	8.00 2H	2,489.08	276.56 2H							
					2,765.64	307.77 FIT	96.75 NE	1352.10 V CHECK1	124.45 P 414H		Memo <input type="checkbox"/>
						171.47 SS		673.00 R8 DCVOYA			.00
						40.10 MED					
								169.83 N- P 414HM			
NELSEN, CHRISTOPHER File: 001436 Dept: 565001 Rate: 31.4500	67.00	8.00 2H	2,107.15	251.60 2H							
		3.50 3V		110.08 3V							
		1.50 4S		47.18 4S	2,516.01	355.27 FIT	104.45 NE	1522.40 V CHECK1	113.22 P 414H		Memo <input type="checkbox"/>
						142.69 SS		139.81 H2 HLTHFC	75.00 H6 MEDFSA		.00
						33.37 MED		30.00 R6 DCNATW			
DEPT TOTAL 565001	283.00 REG		11,288.08 REG	.00 O/T		1,195.81 FIT		10,272.30 TOTAL DEDUCTIONS			4 Pays <input type="checkbox"/>
	.00 O/T		1,614.84 EARNINGS 3	.00 EARNINGS 4		741.44 SS					.00
	41.00 HOURS 3		.00 EARNINGS 5	12,902.92 GROSS		173.40 MED					
	.00 HOURS 4					519.97 STATE					

HOURS ANALYSIS:	32.00 2H HOLIDAY	3.50 3V VAC	1.50 4S SICK	4.00 9A ONCALL
EARNINGS ANALYSIS:	1,271.70 2H HOLIDAY	110.08 3V VAC	47.18 4S SICK	185.88 9A ONCALL
MEMO ANALYSIS:	870.95 P 414HM			
STATUTORY DED. ANALYSIS:	519.97 47 NE			
VOLUNTARY DED. ANALYSIS:	580.63 P 414H	5,087.83 V CHECK1	2,800.50 W CHECK2	5.95 C4 GOLIFE
	139.61 H2 HLTHFC	317.38 H4 HLTHFM	192.23 H5 MEDFSA	192.30 H6 DEPFSA
	30.00 R6 DCNATW	823.00 R8 DCVOYA	53.37 S1 AFLPRE	49.50 S3 COLPRE

LDR

PERSONNEL	HOURS		EARNINGS		GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS		NET PAY	<input checked="" type="checkbox"/>	
	Reg	O/T	Reg	O/T		Federal	State/Local					
HERBERT, ERIC File: 001232 Dept: 565001 Rate: 51.8119	64.00	16.00 2H	3,315.96	828.99 2H	4,248.57	261.74 FIT	184.29 NE	2807.48	W CHECK2	191.19	P 414H	Memo <input type="checkbox"/>
		2.00 9A		103.62 9A		241.73 SS		5.95	C4 GOLIFE	19.00	D2 DENTF	.00
						58.53 MED		179.23	H4 HLTHFM	98.00	H5 MEDFSA	
								150.00	R8 DCVOYA	53.37	S1 AFLPRE	
KRIENER, ERIC File: 001319 Dept: 565001 Rate: 41.1304	64.00	16.00 2H	2,632.35	658.09 2H	3,372.70	266.57 FIT	132.40 NE	2185.49	V CHECK1	151.77	P 414H	Memo <input type="checkbox"/>
		2.00 9A		62.26 9A		183.89 SS		19.00	D2 DENTF	179.29	H4 HLTHFM	.00
						42.96 MED		19.23	H5 MEDFSA	192.30	H6 DEPFSA	
LAMPE, NICOLE File: 001327 Dept: 565001 Rate: 34.5705	48.00	16.00 2H	1,659.36	553.13 2H	2,765.64	307.77 FIT	96.75 NE	1352.09	V CHECK1	124.45	P 414H	Memo <input type="checkbox"/>
		16.00 3V		553.13 3V		171.47 SS		673.00	R8 DCVOYA			.00
						40.11 MED						
NELSEN, CHRISTOPHER File: 001436 Dept: 565001 Rate: 31.4500	62.00	16.00 2H	1,949.90	503.20 2H	2,516.00	429.87 FIT	124.38 NE	1702.91	V CHECK1	113.22	P 414H	Memo <input type="checkbox"/>
		2.00 4S		62.90 4S		161.14 SS		43.70	H1 HLTHSI	201.70	H2 HLTHEC	.00
						37.68 MED		75.00	H5 MEDFSA	30.00	R6 DCNATW	.00
DEPT TOTAL 565001	238.00	REG	9,557.59	REG	.00	1,265.75	FIT	10,164.03	TOTAL DEDUCTIONS			4 Pays <input type="checkbox"/>
	.00	O/T	3,345.32	EARNINGS 3	.00	758.03	SS					.00
	86.00	HOURS 3	.00	EARNINGS 5	12,902.91	177.28	MED					
	.00	HOURS 4				537.82	STATE					

HOURS ANALYSIS:	64.00	2H	HOLIDAY	16.00	3V	VAC	2.00	4S	SICK	4.00	9A	ONCALL
EARNINGS ANALYSIS:	2,543.41	2H	HOLIDAY	553.13	3V	VAC	62.90	4S	SICK	185.88	9A	ONCALL
MEMO ANALYSIS:	870.95	P	414HM									
STATUTORY DED. ANALYSIS:	537.82	47	NE									
VOLUNTARY DED. ANALYSIS:	580.63	P	414H	5,240.49	V	CHECK1	2,807.48	W	CHECK2	5.95	C4	GOLIFE
	38.00	D2	DENTF	43.70	H1	HLTHSI	201.70	H2	HLTHEC	358.58	H4	HLTHFM
	192.23	H5	MEDFSA	192.30	H6	DEPFSA	30.00	R6	DCNATW	823.00	R8	DCVOYA
	53.37	S1	AFLPRE									

LDR

PERSONNEL	HOURS		EARNINGS		GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS			NET PAY <input checked="" type="checkbox"/>	
	Reg	O/T	Hours	Rate		Federal	State/Local					
HERBERT, ERIC File: 001232 Dept: 565001 Rate: 51.8119	80.00	2.00	9A	4,144.95	103.62	9A	4,248.57	257.17 FIT 239.85 SS 56.10 MED	182.17 NE	2785.98 W CHECK2 5.95 C4 GOLIFE 98.00 H5 MEDFSA 53.37 S1 AFLPRE	191.19 P 414H 179.29 H4 HLTHFM 150.00 R8 DCVOYA 49.50 S3 COLPRE	Memo <input type="checkbox"/>
KRIENER, ERIC File: 001319 Dept: 565001 Rate: 41.1304	72.00	8.00	3V	2,961.39	329.04	3V	3,372.69	269.42 FIT 184.88 SS 43.23 MED	133.72 NE	2198.85 V CHECK1 179.29 H4 HLTHFM 192.30 H6 DEPFSA	151.77 P 414H 19.23 H5 MEDFSA	Memo <input type="checkbox"/>
LAMPE, NICOLE File: 001529 Dept: 565001 Rate: 34.5765	80.00			2,765.64			2,765.64	307.77 FIT 171.47 SS 40.10 MED	96.75 NE	1352.10 V CHECK1 673.00 R8 DCVOYA	124.45 P 414H	Memo <input type="checkbox"/>
NELSEN, CHRISTOPHER File: 001436 Dept: 565001 Rate: 31.4500	72.00	8.00	3V	2,264.40	251.68	3V	2,516.00	379.25 FIT 148.63 SS 34.76 MED	110.77 NE	1580.67 V CHECK1 43.70 H1 HLTHSI 30.00 R6 DCNATW	113.22 P 414H 75.00 H5 MEDFSA	Memo <input type="checkbox"/>
DEPT TOTAL 565001	304.00 REG .00 O/T 20.00 HOURS 3 .00 HOURS 4			12,136.38 REG 766.52 EARNINGS 3 .00 EARNINGS 5			.00 O/T .00 EARNINGS 4 12,902.90 GROSS	1,213.61 FIT 744.83 SS 174.19 MED 523.41 STATE		10,246.86 TOTAL DEDUCTIONS		4 Pays <input type="checkbox"/> .00

HOURS ANALYSIS:	16.00	3V	VAC	4.00	9A	ONCALL
EARNINGS ANALYSIS:	580.64	3V	VAC	185.88	9A	ONCALL
MEMO ANALYSIS:	63,718.48	A	HLTHVL	870.95	P	414HM
STATUTORY DED. ANALYSIS:	523.41	47	NE			
VOLUNTARY DED. ANALYSIS:	580.63	P	414H	5,131.62	V	CHECK1
	43.70	H1	HLTHSI	358.58	H4	HLTHFM
	30.00	R6	DCNATW	823.00	R8	DCVOYA
				2,785.98	W	CHECK2
				5.95	C4	GOLIFE
				192.23	H5	MEDFSA
				192.30	H6	DEPFSA
				53.37	S1	AFLPRE
				49.50	S3	COLPRE

LDR

**SARPY COUNTY, NEBRASKA
2017 FY PLANNING TRANSPORTATION GRANT
AGREEMENT #17604101301
10/1/16-12/31/16**

<u>EMPLOYEE</u>	<u># GRANT HOURS</u>	<u>EFFECTIVE HOURLY RATE</u>	<u>TOTAL HOURLY COST</u>		
				<u>GRANT</u>	<u>MATCH</u>
				70%	30%
FOUNTAIN	84.25	\$ 48.09	\$4,051.58	\$ 2,836.11	\$ 1,215.47
LYNAM	81.25	\$ 38.17	\$3,101.31	\$ 2,170.92	\$ 930.39
TOTAL DIRECT LABOR			\$7,152.89	\$ 5,007.03	\$ 2,145.86

<u>EMPLOYEE</u>	<u># GRANT HOURS</u>	<u>FRINGE PER HOUR</u>	<u>TOTAL FRINGE COST</u>		
				<u>GRANT</u>	<u>MATCH</u>
				70%	30%
FOUNTAIN	84.25	\$ 16.31	\$1,374.12	\$ 961.88	\$ 412.24
LYNAM	81.25	\$ 6.06	\$ 492.38	\$ 344.67	\$ 147.71
TOTAL OVERHEAD			\$1,866.50	\$ 1,306.55	\$ 559.95

% OF FRINGE BENEFITS 26.094%

GRAND TOTAL **\$9,019.39** **\$ 6,313.58** **\$ 2,705.81**

<u>PLANNING GRANT</u>	<u>Award</u>	<u>Match</u>
	\$ 24,072.00	\$10,314.00
1st Qtr	\$ 6,156.32	\$ 2,638.43
2nd Qtr	\$ 6,313.58	\$ 2,705.81
3rd Qtr	\$ -	\$ -
4th Qtr	\$ -	\$ -
Remaining Balance	\$ 11,602.10	\$ 4,969.76

11,600.10

**MAPA SAFETEA-LU Grant
First Quarter FY2017 Work Hours – Sarpy County Planning Department
10/1/2016 – 12/30/2016**

**Sarpy County Planning Department
Bruce Fountain, AICP - Planning Director
Donna Lynam, Assistant Director**

• **DEVELOPMENT REVIEW**

Review of various development applications – included review of traffic, transportation and access issues:

- 5 Preliminary Plats under review – 1 approved
- 5 Final Plats under review – 1 approved
- 2 Special Use Permits under review – 1 approved
- 3 Rezoning Applications under review – 1 approved
- 13 Commercial building and site plan reviews for permitting
- 16 Development Pre-Application Meetings

• **COMPREHENSIVE PLAN & DEVELOPMENT REGULATION UPDATES – 94% complete**

- Continued to attend meetings/presentations on South Sarpy Sewer Study in conjunction with Comprehensive Plan update and Platteview Road Corridor Study
- Ongoing bi-weekly meetings w/consultant on zoning and subdivision regulation updates
- Ongoing meetings with consultant team on Comprehensive Plan Land Use & Transportation Policies
- Reviewed and edited fully completed draft of Comprehensive Plan document
- Held meeting with City of Gretna officials and SCEDC staff to discuss revised land use plan and road alignments in area between 180th and 192nd Streets, and Giles and Cornhusker
- Sarpy County EDC Quarterly Meeting – provided update on Comp Plan – October 26th
- Attended County Road Funding Task Force meetings to discuss funding issues related to current and future roadway improvement projects
- Provided update on Comprehensive Plan, infrastructure projects, etc. to Leadership Sarpy class and Sarpy Chamber of Commerce Board of Directors
- Coordination meeting with consultants and Public Works Dept. to finalize Sarpy County Trails Plan to be incorporated into the Comprehensive Plan.

• **REGIONAL COORDINATION & COOPERATION**

- MAPA 2050 Infrastructure Subcommittee Meeting – October 5th, December 9th
- Greater Omaha Econ. Dev. Partnership Site TAG/Infrastructure Comm. Meeting – October 5th
- Attended MAPA JLUS Planning/Implementation meetings – October 17th, November 21st
- Sarpy County Economic Development Corp. Quarterly Meeting – October 26th
- Sarpy County Transit Demand Study Working Committee Meetings – November 1st, December 1st
- Coordination meetings with City of Gretna, MAPA & NRD on trail connection from Gretna to Wehrspann Lake trails – December 7th, 14th, and 22nd
- MAPA TTAC Meeting – October 21st, December 2nd

• **HOURS**

	Development Review	Comp. Plan	Regional Coordination Efforts	Grant Administration	TOTAL
Bruce Fountain	52 hrs	16.25 hrs	12 hrs	4 hrs	84.25 hrs
Donna Lynam	71.50 hrs	9.75 hrs	0 hrs	0 hrs	81.25 hrs

Fringe Benefit Calculation for Responsible Charge

DONNA LYNAM

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 79,399.00	2080	\$ 38.173

*Shaded areas to be completed by the LPA

Insurance Cost (Per Month)

Health	\$	
Dental	\$	60.91
Life & AD&D	\$	7.65
LTD	\$	29.81
Vision	\$	

Other Insurance Benefits

Insurance Cost/month	\$	98.3700
Insurance Cost/hour	\$	0.5675

Workmen's Compensation

Workman's Compensation Insurance - rate = \$.14 per \$100 of wages (rate + \$100 x Wage Rate = \$.05 per hr.)	\$	-
Rate per \$100 of coverage	\$	
Effective Hourly Effective Wage Rate	\$	38.17
Workman's Compensation Insurance Cost	\$	-

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$	2.3667
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$	0.5535

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	
Sick Days	
Pers/Adm. Days	
Holidays	
Leave days/year	-
Leave hours/year	-

Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	2,080.0
Effective Hourly Wage Rate	\$ 38.17

Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost \$ -

Pension

Percent of Effective Wage Rate	6.75%
Pension/Retirement Cost	\$ 2.5767

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$0.5675	\$0.0000	\$2.3667	\$0.5535	\$0.0000	\$2.5767	\$6.06

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$	38.17
Fringe benefits per hour	\$	6.06
Total hourly rate	\$	44.24

% of Fringe benefits 13.71%

Fringe Benefit Calculation for Responsible Charge

BRUCE FOUNTAIN

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 400,022.00	2080	\$ 48.088

*Shaded areas to be completed by the LPA

Insurance Cost (Per Month)

Health*	\$ 1,549.58
Dental	\$ 31.96
Life & AD&D	\$ 7.65
LTD	\$ 37.55
Vision	
Other Insurance Benefits	
Insurance Cost/month	\$ 1,626.76
Insurance Cost/hour	\$ 9.3852

Workmen's Compensation

Workman's Compensation Insurance - rate = \$.14 per \$100 of wages (rate = \$100 x Wage Rate = \$.05 per hr.) \$ -

Rate per \$100 of coverage \$ -

Effective Hourly Effective Wage Rate \$ 48.09

Workman's Compensation Insurance Cost \$ -

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate) \$ 2.9814

Medicare (1.45 Percent of Effective Hourly Wage Rate) \$ 0.6973

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	
Sick Days	
Pers/Adm. Days	
Holidays	
Leave days/year	-
Leave hours/year	-

Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	2,080.0
Effective Hourly Wage Rate	\$ 48.09
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ -

Pension

Percent of Effective Wage Rate	6.75%
Pension/Retirement Cost	\$ 3.2459

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$9.3852	\$0.0000	\$2.9814	\$0.6973	\$0.0000	\$3.2459	\$16.31

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 48.09
Fringe benefits per hour	\$ 16.310
Total hourly rate	\$ 64.40
% of Fringe benefits	25.33%

2nd QUARTER - FY 2017

BRUCE

MAPA Grant Total Hrs	Category				
	DR	CP	RC	GA	
OCTOBER					
Oct. 3-7	6.50 ✓	4.00	1.25	1.00	0.25
Oct. 10-14	6.50 ✓	4.00	1.25	1.00	0.25
Oct. 17-21	7.50 ✓	4.00	1.25	2.00	0.25
Oct. 24-28	5.50 ✓	4.00	1.25	0.00	0.25
Oct. 31	1.00 ✓	1.00	0.00	0.00	0.00
TOTAL	32.00	17.00	5.00	4.00	1.00
NOVEMBER					
Nov. 1-4	5.50 ✓	3.00	1.25	1.00	0.25
Nov. 7-11	6.50 ✓	4.00	1.25	1.00	0.25
Nov. 14-18	5.50 ✓	4.00	1.25	0.00	0.25
Nov. 21-25	7.50 ✓	4.00	1.25	2.00	0.25
Nov. 28-30	3.25 ✓	2.00	1.00	0.00	0.25
TOTAL	28.75	17.00	6.00	4.00	1.25
DECEMBER					
Dec. 1-2	4.25 ✓	2.00	0.25	2.00	0.00
Dec. 5-9	5.50 ✓	4.00	1.25	0.00	0.25
Dec. 12-16	6.50 ✓	4.00	1.25	1.00	0.25
Dec. 19-23	6.50 ✓	4.00	1.25	1.00	0.25
Dec. 26-30	6.25 ✓	4.00	1.25	0.00	1.00
TOTAL	30.00	19.00	4.25	4.00	1.75

TOTAL FOR QUARTER	84.25	52.00	16.25	12.00	4.00
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GRAND TOTAL HRS FOR QUARTER BRUCE & DONNA	166.50	123.50	26.00	12.00	4.00
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KEY - MAPA Grant Related Time
 DR - Development Review
 CP - Comp. Plan/Dev. Regulation Updates
 RC - Regional Coordination of Trans. Planning Efforts
 GA - Grant Administration/Project Coordination

FY YEAR-TO-DATE					
Bruce: Running Total	168.75	104.00	32.60	25.00	7.25
Donna: Running Total	162.75	143.25	19.50	0.00	0.00
TOTAL	331.50	247.25	52.00	25.00	7.25

DONNA

MAPA Grant Total Hrs	Category				
	DR	CP	RC	GA	
OCTOBER					
Oct. 3-7	12.50	11.00	1.50	0.00	0.00
Oct. 10-14	0.00	0.00	0.00	0.00	0.00
Oct. 17-21	3.25	3.00	0.25	0.00	0.00
Oct. 24-28	9.25	8.00	1.25	0.00	0.00
Oct. 31	1.25	1.00	0.25	0.00	0.00
TOTAL	26.25	23.00	3.25	0.00	0.00
NOVEMBER					
Nov. 1-4	6.00	4.50	0.50	0.00	0.00
Nov. 7-11	6.25	5.50	0.75	0.00	0.00
Nov. 14-18	6.25	5.50	0.75	0.00	0.00
Nov. 21-25	6.25	5.50	0.75	0.00	0.00
Nov. 28-30	2.25	2.00	0.25	0.00	0.00
TOTAL	29.00	23.00	3.00	0.00	0.00
DECEMBER					
Dec. 1-2	4.00	3.50	0.50	0.00	0.00
Dec. 5-9	6.25	5.50	0.75	0.00	0.00
Dec. 12-16	6.25	5.50	0.75	0.00	0.00
Dec. 19-23	6.25	5.50	0.75	0.00	0.00
Dec. 26-30	6.25	5.50	0.75	0.00	0.00
TOTAL	29.00	23.50	3.50	0.00	0.00

TOTAL FOR QUARTER	81.25	71.50	9.75	0.00	0.00
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GRAND TOTAL HRS YTD BRUCE & DONNA	331.50	247.25	52.00	25.00	7.25
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PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
10/3/2016	8:00 AM	12:00 PM	1:00 PM	5:15 PM	8.00									8.00
10/4/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/5/2016	8:00 AM	12:30 PM	1:30 PM	8:00 PM	8.00									8.00
10/6/2016	8:00 AM			12:00 PM	4.00			4.00						8.00
10/7/2016								8.00						8.00
Week Total														
10/10/2016									8.00					8.00
10/11/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
10/12/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
10/13/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/14/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Total														
2 Wk Total														36.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1	1	0	0	0
2.75	1	0.5	1	0.25
1.5	1	0.5	0	0
1.25	1	0.25	0	0
0	0	0	0	0
Week Total				
0	0.0	0	0	0
1.75	1	0.5	0	0.25
2.25	1	0.25	1	0
1.5	1	0.5	0	0
1	1	0	0	0
Week Total				
13.00	3.00	2.50	2.00	0.50

Hours Summary

Regular	68.00
Overtime	0.00
Vacation (3V)	0.00
Sick (4S)	12.00
Holiday	8.00
Funeral (1F)	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain

Date: October 17, 2016

[Signature]

Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
10/17/2016	8:00 AM	12:00 PM	1:00 PM	5:00 PM	8.00									8.00
10/18/2016	8:00 AM	12:30 PM	1:30 PM	8:30 PM	8.00									8.00
10/19/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/20/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/21/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Totals														40.00
10/24/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
10/25/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/26/2016	8:00 AM	12:30 PM	1:30 PM	6:00 PM	8.00									8.00
10/27/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/28/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Totals														40.00
2 Wk. Total														80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1.00	0.5	0.5	0	0
1.25	1	0	0	0.25
1.5	1	0.5	0	0
1.25	1	0.25	0	0
2.5	0.5	0	2	0
Week Totals				
13.00	8.00	2.50	2.00	0.50

Hours Summary

Regular	80.00
Overtime	0.00
Vacation (V)	0.00
Sick (4S)	0.00
Holiday	0.00
Funeral (1F)	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain
Date: October 31, 2016

Bruce Fountain
Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
10/17/2016	8:00 AM	12:00 PM	1:00 PM	5:00 PM	8.00									8.00
10/18/2016	8:00 AM	12:30 PM	1:30 PM	8:30 PM	8.00									8.00
10/19/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/20/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/21/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Totals														40.00
10/24/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
10/25/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/26/2016	8:00 AM	12:30 PM	1:30 PM	6:00 PM	8.00									8.00
10/27/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
10/28/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Totals														40.00
2 Wk. Total														80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1.00	0.5	0.5	0	0
1.25	1	0	0	0.25
1.5	1	0.5	0	0
1.25	1	0.25	0	0
2.5	0.5	0	2	0
Week Totals				
13.00	8.00	2.50	2.00	0.50

Hours Summary

Regular	80.00
Overtime	0.00
Vacation (V)	0.00
Sick (4S)	0.00
Holiday	0.00
Funeral (1F)	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain
Date: October 31, 2016

Bruce Fountain
Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
10/31/2016	8:00 AM	12:00 PM	1:00 PM	5:00 PM	8.00									8.00
11/1/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/2/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
11/3/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/4/2016							8.00							8.00
2 Wk. Total														
11/7/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/8/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/9/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/10/2016								8.00						8.00
11/11/2016									8.00					8.00
2 Wk. Total														
														80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1.00	1	0	0	0
2.25	1	0	1	0.25
2	1	1	0	0
1.25	1	0.25	0	0
0	0	0	0	0
2 Wk. Total				
3.25	2	1.25	0	0
1.25	1	0	0	0.25
2	1	0	1	0
0	0	0	0	0
0	0	0	0	0
2 Wk. Total				
13.00	8.00	2.50	2.00	0.50

Hours Summary

Regular	56.00
Overtime	0.00
Vacation (3V)	3.00
Sick (4S)	8.00
Holiday	8.00
Funeral (1F)	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain
Date: November 14, 2016

Bruce Fountain
Department Head Signature:

KEY - MAPA Grant Related Time

DR - Development Review

CP - Comp. Plan/Dev. Regulation Updates

RC - Regional Coordination of Trans. Planning Efforts

GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
11/14/2016								4.00	4.00					8.00
11/15/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/16/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/17/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
11/18/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
WEEK TOTAL														
					32.00			8.00	8.00					48.00
11/21/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/22/2016	8:00 AM	12:30 PM	1:30 PM	7:00 PM	8.00									8.00
11/23/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/24/2016									8.00					8.00
11/25/2016									8.00					8.00
WEEK TOTAL														
					16.00				16.00					32.00
2 Wk. Total														80.00

MAPA Grant Total Hrs	Category				
	DR	CP	RC	GA	
0.00	0	0	0	0	
1.25	1	0	0	0.25	
1.5	1	0.5	0	0	
1.25	1	0.25	0	0	
1.5	1	0.5	0	0	
WEEK TOTAL					
5.50	4	1.25	0	0.25	
WEEK TOTAL					
4.25	1	1.25	2	0	
2.25	2	0	0	0.25	
1	1	0	0	0	
0	0	0	0	0	
0	0	0	0	0	
WEEK TOTAL					
13.00	8.00	2.50	2.00	0.50	

Hours Summary

Regular	56.00
Overtime	0.00
Vacation (3V)	4.00
Sick (4S)	4.00
Holiday	16.00
Funeral (1F)	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain
 Date: November 28, 2016

Bruce Fountain
 Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
11/28/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
11/29/2016	8:00 AM	12:30 PM	1:30 PM	6:00 PM	8.00									8.00
11/30/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
12/1/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
12/2/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Total														
12/5/2016	8:00 AM	12:30 PM	1:30 PM	6:00 PM	8.00									8.00
12/6/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
12/7/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
12/8/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
12/9/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Total														
2 Wk. Total														80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1.50	1	0.5	0	0
0.25	0	0	0	0.25
1.5	1	0.5	0	0
1.25	1	0.25	0	0
3	1	0	2	0
Week Total				
2	2	0	0	0
1.25	1	0	0	0.25
2.25	1	1.25	0	0
0	0	0	0	0
0	0	0	0	0
Week Total				
13.00	6.00	2.50	2.00	0.50

Hours Summary

Regular	80.00
Overtime	0.00
Vacation (3V)	0.00
Sick (4S)	0.00
Holiday	0.00
Funeral (1F)	0.00
Comp	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain
 Date: December 12, 2016

Bruce Fountain
 Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
12/12/2016	8:00 AM	12:30 PM	1:30 PM	7:00 PM	8.00									8.00
12/13/2016	8:00 AM	12:30 PM	1:30 PM	6:00 PM	8.00									8.00
12/14/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
12/15/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
12/16/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Total:					40.00									40.00
12/19/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00									8.00
12/20/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
12/21/2016	8:00 AM	12:30 PM	1:30 PM	5:15 PM	8.00									8.00
12/22/2016	8:00 AM	12:30 PM	1:30 PM	6:45 PM	8.00									8.00
12/23/2016								8.00						8.00
Week Total:					40.00									40.00
2 Wk. Total													80.00	

MAPA Grant Total Hrs	Category				
	DR	CP	RC	GA	
1.00	1	0	0	0	
0.75	0	0.5	0	0.25	
1.5	0	0.5	1	0	
2.25	2	0.25	0	0	
1	1	0	0	0	
Week Total:					
6.50	3.00	2.25	1.00	0.25	
Week Total:					
	DR	CP	RC	GA	
1.5	1	0.5	0	0	
2	1	0.75	0	0.25	
1	1	0	0	0	
2	1	0	1	0	
0	0	0	0	0	
Week Total:					
6.50	3.00	2.25	1.00	0.25	
2 Wk. Total					
13.00	8.00	2.50	2.00	0.50	

Hours Summary

Regular	72.00
Overtime	0.00
Vacation (3V)	8.00
Sick (4S)	0.00
Holiday	0.00
Funeral (1F)	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain

Date: December 23, 2016

Bruce Fountain

Department Head Signature:

KEY - MAPA Grant Related Time

DR - Development Review

CP - Comp. Plan/Dev. Regulation Updates

RC - Regional Coordination of Trans. Planning Efforts

GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	F	+C	-C	Admin. Time	TOTAL
12/26/2016														
12/27/2016									8.00					8.00
12/28/2016	8:00 AM	12:30 PM	1:30 PM	5:30 PM	8.00		8.00							8.00
12/29/2016	8:00 AM	12:30 PM	1:30 PM	5:15 PM	8.00									8.00
12/30/2016	8:00 AM	12:30 PM	1:30 PM	5:00 PM	8.00									8.00
Week Totals														40.00
														0.00
														0.00
														0.00
														0.00
Weeks Totals														40.00
2 Wk. Total														40.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
0	0	0	0	0
0	0	0	0	0
2.25	1	1.25	0	0
2	2	0	0	0
2	1	0	0	1
Week Totals	6.25	4.00	1.25	0.00
Weeks Totals	6.25	4.00	1.25	0.00

Hours Summary	
Regular	24.00
Overtime	0.00
Vacation (3V)	8.00
Sick (4S)	0.00
Holiday	8.00
Funeral (1F)	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	48.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Bruce Fountain

Date: December 30, 2016

[Signature]

Department Head Signature:

KEY - MAPA Grant Related Time
 DR - Development Review
 CP - Comp. Plan/Dev. Regulation Updates
 RC - Regional Coordination of Trans. Planning Efforts
 GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	+C	-C	Admin. Time	TOTAL
10/3/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
10/4/2016	8:00	12:00 PM	1:00 PM	6:00 PM	8.00								8.00
10/5/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
10/6/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
10/7/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
Week 1 Totals					40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
10/10/2016									8.00				8.00
10/11/2016							8.00						8.00
10/12/2016							8.00						8.00
10/13/2016							8.00						8.00
10/14/2016							8.00						8.00
Week 2 Totals					0.00	0.00	32.00	0.00	8.00	0.00	0.00	0.00	40.00
2 Wk. Total												80.00	

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
2.5	2.25	0.25	0	0
2.5	2.25	0.25	0	0
2.75	2.25	0.5	0	0
2.75	2.25	0.5	0	0
2	2	0	0	0
12.50	11.00	1.50	0.00	0.00
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0.00	0.00	0.00	0.00	0.00
12.50	11.00	1.50	0.00	0.00

Hours Summary

Regular	40.00
Overtime	0.00
Vacation (3V)	32.00
Sick (4S)	0.00
Holiday	8.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Donna Lynam

Date: 10/14/16

Gene Johnson

Department Head Signature:

KEY - MAPA Grant Related Time

DR - Development Review

CP - Comp. Plan/Dev. Regulation Updates

RC - Regional Coordination of Trans. Planning Efforts

GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	+C	-C	Admin. Time	TOTAL
10/17/2016							8.00						8.00
10/18/2016							8.00						8.00
10/19/2016							8.00						8.00
10/20/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
10/21/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
Week 1 Totals					16.00	0.00	24.00	0.00	0.00	0.00	0.00	0.00	40.00
10/24/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
10/25/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
10/26/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
10/27/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
10/28/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
Week 2 Totals					40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
2 Wk. Total													80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
1.75	1.5	0.25	0	0
1.5	1.5	0	0	0
3.25	3.00	0.25	0.00	0.0
1.75	1.5	0.25	0	0
2	1.75	0.25	0	0
2	1.75	0.25	0	0
1.75	1.5	0.25	0	0
1.75	1.5	0.25	0	0
9.25	8.00	1.25	0.00	0.0
12.50	11.00	1.50	0.00	0.00

Hours Summary

Regular	56.00
Overtime	0.00
Vacation (3V)	24.00
Sick (4S)	0.00
Holiday	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Donna Lynam
 Date: 10/28/16

[Signature]
 Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	+C	-C	Admin. Time	TOTAL
10/31/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/1/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/2/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/3/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/4/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
Week 1 Totals					40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
11/7/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
11/8/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/9/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/10/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/11/2016									8.00				8.00
Week 2 Totals					32.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	40.00
2 Wk. Total													80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1.25	1	0.25	0	0
1.25	1	0.25	0	0
1.25	1.25	0	0	0
1.25	1	0.25	0	0
1.25	1.25	0	0	0
6.25	5.50	0.75	0.00	0.0
1.75	1.5	0.25	0	0
1.5	1.25	0.25	0	0
1.75	1.5	0.25	0	0
1.25	1.25	0	0	0
0	0	0	0	0
6.25	5.50	0.75	0.00	0.0
12.50	11.00	1.50	0.00	0.00

Hours Summary

Regular	72.00
Overtime	0.00
Vacation (3V)	0.00
Sick (4S)	0.00
Holiday	8.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Donna Lynam
 Date: 11/11/16

[Signature]
 Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	+C	-C	Admin. Time	TOTAL
11/14/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
11/15/2016	8:00	12:00 PM	1:00 PM	9:00 PM	8.00								8.00
11/16/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
11/17/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/18/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
Week 1 Totals					40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
11/21/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
11/22/2016	8:00	12:00 PM	1:00 PM	5:45 PM	8.00								8.00
11/23/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
11/24/2016									8.00				8.00
11/25/2016									8.00				8.00
Week 2 Totals					24.00	0.00	0.00	0.00	16.00	0.00	0.00	0.00	40.00
2 Wk. Total													80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1.25	1	0.25	0	0
1.25	1.25	0	0	0
1.5	1.25	0.25	0	0
1.25	1	0.25	0	0
1	1	0	0	0
6.25	5.50	0.75	0.00	0.00
2.25	2	0.25	0	0
2.25	2	0.25	0	0
1.75	1.5	0.25	0	0
0	0	0	0	0
0	0	0	0	0
6.25	5.50	0.75	0.00	0.00
12.50	11.00	1.50	0.00	0.00

Hours Summary

Regular	64.00
Overtime	0.00
Vacation (3V)	0.00
Sick (4S)	0.00
Holiday	16.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Donna Lynam

Date: 11/25/16

[Signature]

Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	+C	-C	Admin. Time	TOTAL
11/28/2016								8.00					8.00
11/29/2016								8.00					8.00
11/30/2016	8:00	12:00 PM	1:00 PM	10:50 PM	8.00								8.00
12/1/2016	8:00	12:00 PM	1:00 PM	6:30 PM	8.00								8.00
12/2/2016	8:00	12:00 PM	1:00 PM	6:30 PM	8.00								8.00
Week 1 Totals					24.00	0.00	0.00	16.00	0.00	0.00	0.00	0.00	40.00
12/5/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
12/6/2016	8:00	12:00 PM	1:00 PM	5:15 PM	8.00								8.00
12/7/2016	8:00	12:00 PM	1:00 PM	5:15 PM	8.00								8.00
12/8/2016	8:00	12:00 PM	1:00 PM	5:00 PM	8.00								8.00
12/9/2016	8:00	12:00 PM	1:00 PM	5:15 PM	8.00								8.00
Week 2 Totals					40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
2 Wk. Total													80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
0	0	0	0	0
0	0	0	0	0
2.25	2	0.25	0	0
1.75	1.5	0.25	0	0
2.25	2	0.25	0	0
6.25	5.50	0.75	0.00	0.0
1.25	1.25	0	0	0
1.25	1.25	0	0	0
1.25	1	0.25	0	0
1.25	1	0.25	0	0
1.25	1	0.25	0	0
6.25	5.50	0.75	0.00	0.0
12.50	11.00	1.50	0.00	0.00

Hours Summary

Regular	64.00
Overtime	0.00
Vacation (3V)	0.00
Sick (4S)	16.00
Holiday	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Donna Lynam

Date: 12/9/16

[Signature]

Department Head Signature:

KEY - MAPA Grant Related Time

DR - Development Review

CP - Comp. Plan/Dev. Regulation Updates

RC - Regional Coordination of Trans. Planning Efforts

GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	+C	-C	Admin. Time	TOTAL
12/12/2016	8:00	12:00 PM	1:00 PM	4:45 PM	8.00								8.00
12/13/2016	8:00	12:00 PM	1:00 PM	6:30 PM	8.00								8.00
12/14/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
12/15/2016	8:00	12:00 PM	1:00 PM	4:45 PM	8.00								8.00
12/16/2016	8:00	12:00 PM	1:00 PM	4:45 PM	8.00								8.00
Week 1 Totals					40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
12/19/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
12/20/2016	8:00	12:00 PM	1:00 PM	4:45 PM	8.00								8.00
12/21/2016	8:00	12:00 PM	1:00 PM	5:45 PM	8.00								8.00
12/22/2016	8:00	12:00 PM	1:00 PM	5:15 PM	8.00								8.00
12/23/2016	8:00	12:00 PM	1:00 PM	5:15 PM	8.00								8.00
Week 2 Totals					40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
2 Wk. Total													80.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
1.25	1	0.25	0	0
1	1	0	0	0
1.25	1	0.25	0	0
1.75	1.5	0.25	0	0
1	1	0	0	0
6.25	5.50	0.75	0.00	0.00
1.5	1.25	0.25	0	0
1.25	1.25	0	0	0
1.5	1.25	0.25	0	0
1.5	1.25	0.25	0	0
0.5	0.5	0	0	0
6.25	5.50	0.75	0.00	0.00
12.50	11.00	1.50	0.00	0.00

Hours Summary

Regular	80.00
Overtime	0.00
Vacation (3V)	0.00
Sick (4S)	0.00
Holiday	0.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	80.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Donna Lynam
 Date: 12/23/16

Bruce Jolin
 Department Head Signature:

KEY - MAPA Grant Related Time

- DR - Development Review
- CP - Comp. Plan/Dev. Regulation Updates
- RC - Regional Coordination of Trans. Planning Efforts
- GA - Grant Administration/Project Coordination

PLANNING & BUILDING PAYROLL REPORT - Time card

Date	IN	Lunch Leave	Lunch Return	OUT	R	O	V	S	H	+C	-C	Admin. Time	TOTAL
12/26/2016									8.00				8.00
12/27/2016	8:00	12:00 PM	1:00 PM	6:00 PM	8.00								8.00
12/28/2016	8:00	12:00 PM	1:00 PM	4:45 PM	8.00								8.00
12/29/2016	8:00	12:00 PM	1:00 PM	5:30 PM	8.00								8.00
12/30/2016	8:00	12:00 PM	1:00 PM	4:45 PM	8.00								8.00
Week 1 Totals					32.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	40.00
Week 2 Totals					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2 Wk. Total													40.00

MAPA Grant Total Hrs	Category			
	DR	CP	RC	GA
0	0	0	0	0
1.75	1.5	0.25	0	0
1.75	1.5	0.25	0	0
1.75	1.5	0.25	0	0
1	1	0	0	0
6.25	5.50	0.75	0.00	0.00
0.00	0.00	0.00	0.00	0.00
6.25	5.50	0.75	0.00	0.00

Hours Summary

Regular	32.00
Overtime	0.00
Vacation (3V)	0.00
Sick (4S)	0.00
Holiday	8.00
Comp +	0.00
Comp -	0.00
Admin. Time	0.00
Total Hours	40.00

I hereby certify that this payroll report is true and correct to the best of my knowledge.

Donna Lynam

Date: 12/26/16

Bree Jota

Department Head Signature:

KEY - MAPA Grant Related Time

DR - Development Review

CP - Comp. Plan/Dev. Regulation Updates

RC - Regional Coordination of Trans. Planning Efforts

GA - Grant Administration/Project Coordination

PERSONNEL	HOURS			EARNINGS			GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS			NET PAY
	Reg	O/T	Hours	Reg	O/T	Earnings		Federal	State/Local				
BAKER, MARK	80.00			2,078.35									
SHANE File: 001020 Dept: 001018 Rate: 25.9794							2,078.35	224.36 FIT 126.45 SS 29.57 MED	95.29 NE	1470.39 U CHECK3 38.76 H1 HLTHSI	140.29 N- P 414HM 93.53 P 414H	Memo	<input type="checkbox"/>
FOUNTAIN, BRUCE	80.00			3,846.99									
File: 001874 Dept: 001018 Rate: 3846.99							3,846.99	473.32 FIT 216.77 SS 50.70 MED	218.00 NE	2137.90 U CHECK3 150.00 X SAVNG1 16.95 C4 GOLIFE 98.00 H5 MEDFSA 93.95 S1 AFLPRE	5.00 V CHECK1 173.11 P 414H 158.69 H4 HLTHFM 54.60 SA AFLPST	Memo	<input type="checkbox"/>
GLEASON, RHONDA	56.00			872.79									
File: 002129 Dept: 001018 Rate: 16.5866							872.79	50.47 FIT 54.12 SS 12.65 MED	16.86 NE	699.41 U CHECK3	58.91 N- P 414HM 39.28 P 414H	Memo	<input type="checkbox"/>
JECK, KELLY J	55.00			1,032.80									
File: 001928 Dept: 001018 Rate: 18.7782							1,032.80	60.75 FIT 64.03 SS 14.97 MED	20.17 NE	776.40 U CHECK3 50.00 R8 DCVOYA	69.71 N- P 414HM 46.48 P 414H	Memo	<input type="checkbox"/>
LYNAM, DONNA J	72.00	8.00	3V	3,053.79									
File: 001915 Dept: 001018 Rate: 3053.79							3,053.79	381.72 FIT 180.96 SS 42.32 MED	118.44 NE	2020.93 U CHECK3 19.00 D2 DENTF 25.00 R8 DCVOYA 11.96 S6 LGLSHD	206.13 N- P 414HM 137.42 P 414H 60.00 H5 MEDFSA 56.04 S1 AFLPRE	Memo	<input type="checkbox"/>
NISBET, JEFF M	80.00			2,083.25									
File: 001984 Dept: 001018 Rate: 26.0406							2,083.25	213.42 FIT 129.16 SS 30.21 MED	77.24 NE	1539.47 U CHECK3	140.62 N- P 414HM 93.75 P 414H	Memo	<input type="checkbox"/>
TIMBY, LISA D.	42.00	24.00	3V	998.91	570.80	3V							
File: 001718 Dept: 001018 Rate: 23.7835		14.00	7C		332.97	7C							
							1,902.68	240.72 FIT 110.71 SS 25.89 MED	79.07 NE	1231.40 U CHECK3 12.20 C4 GOLIFE 98.07 H5 MEDFSA	85.62 P 414H 19.00 D2 DENTF	Memo	<input type="checkbox"/>
DEPT TOTAL 001018	465.00 REG .00 O/T 46.00 HOURS 3 .00 HOURS 4			13,966.88 REG 903.77 EARNINGS 3 .00 EARNINGS 5	.00 O/T .00 EARNINGS 4		14,870.65 GROSS	1,644.76 FIT 882.20 SS 206.31 MED 625.07 STATE		11,512.31 TOTAL DEDUCTIONS		7 Pays	<input type="checkbox"/>

HOURS ANALYSIS:	32.00	3V	VAC	14.00	7C	COMPTM						
EARNINGS ANALYSIS:	570.80	3V	VAC	332.97	7C	COMPTM						
MEMO ANALYSIS:	1,003.76	P	414HM									
STATUTORY DED. ANALYSIS:	625.07	47	NE									
VOLUNTARY DED. ANALYSIS:	669.19	P	414H	9,875.90	U	CHECK3	5.00	V	CHECK1	150.00	X	SAVNG1
	29.15	C4	GOLIFE	38.00	D2	DENTF	38.76	H1	HLTHSI	158.69	H4	HLTHFM
	256.07	H5	MEDFSA	75.00	R8	DCVOYA	54.60	SA	AFLPST	149.99	S1	AFLPRE
	11.96	S6	LGLSHD									

PERSONNEL	HOURS		EARNINGS		GROSS	STATUTORY DEDUCTIONS			VOLUNTARY DEDUCTIONS			NET PAY <input checked="" type="checkbox"/>
	REG	O/T	REG	O/T		Federal	State	Local	U	X	H	
BAKER, MARK SHANE File: 001020 Dept: 001018 Rate: 25.9794	72.00	8.00 2H	1,870.52	207.84 2H	2,078.36	224.36 FIT	95.29 NE	1470.36 U CHECK3	140.29 N-	P 414HM	83.63 P 414H	Memo <input type="checkbox"/>
FOUNTAIN, BRUCE File: 001874 Dept: 001018 Rate: 3846.99	80.00	8.00 2H 12.00 4S	3,846.99		3,846.99	473.32 FIT	216.00 NE	2137.90 U CHECK3	5.00 V CHECK1		173.11 P 414H	Memo <input type="checkbox"/>
GLEASON, RHONDA File: 002129 Dept: 001018 Rate: 15.5856	40.00	5.00 2H 5.00 3V	623.42	77.93 2H 77.93 3V	779.28	41.54 FIT	13.99 NE	628.07 U CHECK3	52.60 N-	P 414HM	35.07 P 414H	Memo <input type="checkbox"/>
JECK, KELLY J File: 001928 Dept: 001018 Rate: 18.7762	45.00	5.00 2H	845.02	93.89 2H	938.91	51.78 FIT	17.29 NE	705.76 U CHECK3	63.38 N-	P 414HM	42.25 P 414H	Memo <input type="checkbox"/>
LYNAM, DONNA J File: 001916 Dept: 001018 Rate: 3053.79	40.00	8.00 2H 32.00 3V	3,053.79		3,053.79	384.57 FIT	119.76 NE	2034.30 U CHECK3	137.42 P 414H		25.00 R8 DCVOYA	Memo <input type="checkbox"/>
NISBET, JEFF M File: 001884 Dept: 001018 Rate: 26.0406	72.00	8.00 2H	1,874.92	208.32 2H	2,083.24	213.42 FIT	77.24 NE	1539.46 U CHECK3	140.62 N-	P 414HM	93.75 P 414H	Memo <input type="checkbox"/>
TIMBY, LISA File: 001718 Dept: 001018 Rate: 23.7835	63.50	8.00 2H 8.50 4S	1,510.25	190.27 2H 202.16 4S	1,702.68	245.47 FIT	80.32 NE	1242.94 U CHECK3	128.43 N-	P 414HM	85.62 P 414H	Memo <input type="checkbox"/>
DEPT TOTAL 001018	392.50 REG .00 O/T 107.50 HOURS 3 .00 HOURS 4		13,824.91 REG 1,058.34 EARNINGS 3 .00 EARNINGS 5	.00 O/T .00 EARNINGS 4 14,883.25 GROSS		1,634.46 FIT 872.95 SS 204.17 MED 621.89 STATE		11,349.78 TOTAL DEDUCTIONS				7 Pays <input type="checkbox"/>

LDR

HOURS ANALYSIS:	50.00 2H HOLIDAY	37.00 3V VAC	20.50 4S SICK
EARNINGS ANALYSIS:	776.25 2H HOLIDAY	77.93 3V VAC	202.16 4S SICK
MEMO ANALYSIS:	991.12 P 414HM		
STATUTORY DED. ANALYSIS:	621.89 47 NE		
VOLUNTARY DED. ANALYSIS:	860.75 P 414H	9,759.81 U CHECK3	5.00 V CHECK1
	29.15 C4 GOLIFE	38.76 H1 HLTHSI	158.69 H4 HLTHFM
	75.00 R8 DCVOYA	54.60 SA AFLPST	149.98 S1 AFLPRE
			150.00 X SAVNG1
			256.07 H5 MEDFSA
			11.96 S6 LGLSHD

PERSONNEL	HOURS			EARNINGS			GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS			NET PAY
	REG	O/T	HOURS 3/4	REG	O/T	Earnings 3/4		State	Fed	N	P	414HM	
BAKER, MARK SHANE File: 001020 Dept: 001018 Rate: 25.9794	72.00	8.00	4S	1,870.52		207.84 4S	2,078.36	224.36 FIT 126.45 SS 29.57 MED	95.29 NE	1470.40 U CHECK3 38.76 H1 HLTHSI	140.29 N- 93.53 P 414H		Memo <input type="checkbox"/> .00
FOUNTAIN, BRUCE File: 001874 Dept: 001018 Rate: 3846.99	80.00			3,846.99			3,846.99	473.32 FIT 216.77 SS 50.70 MED	218.00 NE	2137.90 U CHECK3 150.00 X SAVNG1 16.95 C4 GOLIFE 98.00 H5 MEDFSA 93.95 S1 AFLPRE	5.00 V CHECK1 173.11 P 414H 158.69 H4 HLTHFM 54.60 SA AFLPST		Memo <input type="checkbox"/> .00
GLEASON, RHONDA File: 002129 Dept: 001018 Rate: 15.5856	52.00			810.45			810.45	44.51 FIT 50.25 SS 11.75 MED	14.95 NE	652.52 U CHECK3	36.47 P 414H		Memo <input type="checkbox"/> .00
JECK, KELLY J File: 001928 Dept: 001018 Rate: 18.7782	46.75	5.00	3V	877.88		93.89 3V	971.77	54.92 FIT 60.25 SS 14.09 MED	18.30 NE	730.46 U CHECK3 50.00 R8 DCVOYA	65.59 N- 43.73 P 414H		Memo <input type="checkbox"/> .00
LYNAM, DONNA J File: 001915 Dept: 001018 Rate: 3053.79	56.00	24.00	3V	3,053.79			3,053.79	381.72 FIT 180.96 SS 42.32 MED	118.44 NE	2020.93 U CHECK3 19.00 D2 DENTF 25.00 R8 DCVOYA 11.96 S6 LGLSHD	137.42 P 414H 60.00 H5 MEDFSA 56.04 S1 AFLPRE		Memo <input type="checkbox"/> .00
NISBET, JEFF M File: 001984 Dept: 001018 Rate: 26.0406	72.00	8.00	4S	1,874.92		208.32 4S	2,083.24	213.42 FIT 129.16 SS 30.20 MED	77.24 NE	1539.47 U CHECK3	93.75 P 414H		Memo <input type="checkbox"/> .00
TIMBY, LISA File: 001718 Dept: 001018 Rate: 23.7835	70.00	10.00	4S	1,664.85		237.84 4S	1,902.69	240.73 FIT 110.71 SS 25.89 MED	79.07 NE	1231.40 U CHECK3 12.20 C4 GOLIFE 96.07 H5 MEDFSA	128.43 N- 85.62 P 414H 19.00 D2 DENTF		Memo <input type="checkbox"/> .00
DEPT TOTAL 001018	448.75 REG .00 O/T 55.00 HOURS 3 .00 HOURS 4			13,999.40 REG 747.89 EARNINGS 3 .00 EARNINGS 5		.00 O/T .00 EARNINGS 4 14,747.29 GROSS		1,632.98 FIT 874.55 SS 204.52 MED 621.29 STATE		11,413.95 TOTAL DEDUCTIONS			7 Pays <input type="checkbox"/> .00

HOURS ANALYSIS:	29.00	3V	VAC	26.00	4S	SICK						
EARNINGS ANALYSIS:	93.89	3V	VAC	654.00	4S	SICK						
MEMO ANALYSIS:	995.44	P	414HM									
STATUTORY DED. ANALYSIS:	621.29	47	NE									
VOLUNTARY DED. ANALYSIS:	663.83	P	414H	9,783.10	U	CHECK3	5.00	V	CHECK1	150.00	X	SAVNG1
	29.16	C4	GOLIFE	38.00	D2	DENTF	38.76	H1	HLTHSI	158.69	H4	HLTHFM
	256.07	H5	MEDFSA	75.00	R8	DCVOYA	54.60	SA	AFLPST	149.99	S1	AFLPRE
	11.96	S6	LGLSHD									

LDR

PERSONNEL	HOURS		EARNINGS		GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS		NET PAY	<input checked="" type="checkbox"/>
	REG	O/T	REG	O/T		FEDERAL	STATE	FEDERAL	STATE		
BAKER, MARK SHANE File: 001020 Dept: 001018 Rate: 25.9794	72.00	8.00 2H	1,870.52	207.84 2H	2,078.36	224.36 FIT 126.46 SS 29.58 MED	95.29 NE	1470.38 U CHECK3 38.76 H1 HLTHSI	140.29 N- P 414HM 98.53 P 414H	Memo	<input type="checkbox"/>
FOUNTAIN, BRUCE File: 001874 Dept: 001018 Rate: 3848.89	56.00	8.00 2H 8.00 3V 8.00 4S	3,848.99		3,848.99	473.32 FIT 216.77 SS 50.70 MED	218.00 NE	2137.90 U CHECK3 150.00 X SAVNG1 18.95 C4 GOLIFE 98.00 H5 MEDFSA 93.95 S1 AFLPRE	5.00 V CHECK1 173.11 P 414H 158.69 H4 HLTHFM 54.60 SA AFLPST	Memo	<input type="checkbox"/>
GLEASON, RHONDA File: 002129 Dept: 001018 Rate: 16.5856	45.00	5.00 2H	701.36	77.93 2H	779.28	41.54 FIT 48.32 SS 11.30 MED	13.99 NE	629.06 U CHECK3	52.60 N- P 414HM 35.07 P 414H	Memo	<input type="checkbox"/>
JECK, KELLY J File: 001928 Dept: 001018 Rate: 18.7782	43.25	5.00 2H	812.16	93.89 2H	906.05	48.64 FIT 56.18 SS 13.13 MED	16.28 NE	681.05 U CHECK3 50.00 R8 DCVOYA	61.16 N- P 414HM 40.77 P 414H	Memo	<input type="checkbox"/>
LYNAM, DONNA J File: 001915 Dept: 001018 Rate: 3053.79	72.00	8.00 2H	3,053.79		3,053.79	384.57 FIT 182.14 SS 42.60 MED	119.76 NE	2034.30 U CHECK3 60.00 H5 MEDFSA 56.04 S1 AFLPRE	206.13 N- P 414HM 137.42 P 414H 25.00 R8 DCVOYA 11.95 S6 LGLSHD	Memo	<input type="checkbox"/>
NISBET, JEFF M File: 001984 Dept: 001018 Rate: 26.0406	72.00	8.00 2H	1,874.92	208.32 2H	2,083.24	213.42 FIT 129.16 SS 30.21 MED	77.24 NE	1539.46 U CHECK3	140.62 N- P 414HM 93.75 P 414H	Memo	<input type="checkbox"/>
NOONAN, KAY M File: 002180 Dept: 001018 Rate: 18.3200	24.00	8.00 2H	439.68	146.56 2H	586.24	53.17 FIT 36.35 SS 8.50 MED	13.47 NE	25.38 P 414H	39.57 N- P 414HM	Memo	<input type="checkbox"/>
TIMBY, LISA File: 001718 Dept: 001018 Rate: 23.7835	72.00	8.00 2H	1,712.41	190.27 2H	1,902.68	245.47 FIT 111.88 SS 26.17 MED	80.32 NE	1242.85 U CHECK3 12.20 C4 GOLIFE	128.43 N- P 414HM 85.62 P 414H 98.07 H5 MEDFSA	Memo	<input type="checkbox"/>
DEPT TOTAL 001018	456.25 REG .00 O/T 74.00 HOURS 3 .00 HOURS 4		14,311.82 REG 924.81 EARNINGS 3 .00 EARNINGS 5	.00 O/T .00 EARNINGS 4 15,236.63 GROSS		1,684.49 FIT 907.26 SS 212.19 MED 634.35 STATE		11,349.97 TOTAL DEDUCTIONS		8 Pays	<input type="checkbox"/>

HOURS ANALYSIS:	58.00 2H HOLIDAY	8.00 3V VAC	8.00 4S SICK
EARNINGS ANALYSIS:	924.81 2H HOLIDAY		
MEMO ANALYSIS:	1,028.47 P 414HM		
STATUTORY DED. ANALYSIS:	634.35 47 NE		

LDR

PERSONNEL	HOURS			EARNINGS			GROSS	STATUTORY DEDUCTIONS			VOLUNTARY DEDUCTIONS			NET PAY <input checked="" type="checkbox"/>		
	Reg	O/T	Hours	Reg	O/T	Earnings		Federal	State	Local	U	P	414HM			
BAKER, MARK SHANE File: 001020 Dept: 001018 Rate: 25.9794	56.00	16.00	2H	1,454.85	415.67	2H						140.29	N-	P 414HM		
		8.00	3V		207.84	3V										
							2,078.36	223.13	94.96		1467.39	93.53	P 414H	Memo	<input type="checkbox"/>	
								126.15			43.70		H1 HLTHSI		.00	
								29.50								
FOUNTAIN, BRUCE File: 001874 Dept: 001018 Rate: 3846.99	56.00	16.00	2H	3,846.99								259.67	N-	P 414HM		
		4.00	3V													
		4.00	4S													
							3,846.99	468.17	216.57		2125.45	5.00	V CHECK1	Memo	<input type="checkbox"/>	
								215.50			150.00	173.11	P 414H		.00	
								50.40			16.95	179.29	H4 HLTHPM			
											98.00	54.60	SA AFLPST			
											93.95		S1 AFLPRE			
GLEASON, RHONDA File: 002129 Dept: 001018 Rate: 15.5856	40.00	10.00	2H	623.42	155.86	2H						52.60	N-	P 414HM		
							779.28	41.54	15.99		629.07	35.07	P 414H	Memo	<input type="checkbox"/>	
								48.31							.00	
								11.30								
JECK, KELLY J File: 001928 Dept: 001018 Rate: 18.7782	38.50	10.00	2H	722.96	187.78	2H						61.47	N-	P 414HM		
							910.74	49.09	16.42		684.57	40.98	P 414H	Memo	<input type="checkbox"/>	
								56.47			50.00		R8 DCVOYA		.00	
								13.21								
LYNAM, DONNA J File: 004915 Dept: 001018 Rate: 3053.79	64.00	16.00	2H	3,053.79								206.13	N-	P 414HM		
							3,053.79	377.97	116.70		2001.41	137.42	P 414H	Memo	<input type="checkbox"/>	
								180.97			18.00	60.00	H5 MEDFSA		.00	
								42.32			50.00	56.04	S1 AFLPRE			
											11.96		S6 LGLSHD			
NISBET, JEFF M File: 001984 Dept: 001018 Rate: 26.0406	56.00	16.00	2H	1,458.27	416.65	2H						140.62	N-	P 414HM		
		8.00	3V		208.32	3V										
							2,066.24	213.42	77.24		1539.46	93.75	P 414H	Memo	<input type="checkbox"/>	
								129.16							.00	
								30.21								
NOONAN, KAY M File: 002180 Dept: 001018 Rate: 18.3200	64.00	16.00	2H	1,172.48	293.12	2H						98.93	N-	P 414HM		
							1,465.60	179.14	59.28		1049.12	65.95	P 414H	Memo	<input type="checkbox"/>	
								90.86							.00	
								21.25								
TIMBY, LISA File: 001718 Dept: 001018 Rate: 23.7835					6,328.37	7P						427.16	N-	P 414HM		
							6,328.37	898.49	254.28		2752.08	284.78	P 414H	Memo	<input type="checkbox"/>	
								281.28			98.07	1693.60	TP TRNPMT		.00	
								65.78								
DEPT TOTAL 001018	374.50	REG		12,332.76	REG		.00	.00			2,450.95	FIT		15,853.30	TOTAL DEDUCTIONS	8 Pays <input type="checkbox"/>
	.00	O/T		8,213.61	EARNINGS 3		.00	.00			1,128.70	SS				.00
	124.00	HOURS 3		.00	EARNINGS 5		20,546.37	GROSS			263.97	MED				
	.00	HOURS 4									849.45	STATE				
HOURS ANALYSIS:	100.00	2H	HOLIDAY	20.00	3V	VAC				4.00	4S	SICK				
EARNINGS ANALYSIS:	1,468.08	2H	HOLIDAY	416.16	3V	VAC				6,328.37	7P	PAYOUT				
MEMO ANALYSIS:	1,386.87		P 414HM													

LDR

PERSONNEL	HOURS		EARNINGS		GROSS	STATUTORY DEDUCTIONS		VOLUNTARY DEDUCTIONS			NET PAY			
	Reg	O.T.	Reg	O.T.		Fed	State	Local						
BAKER, MARK									9320.47 M-	A HLTHVL	140.29 N-	P 414HM		
SHANE	80.00		2,078.35											
File: 001020					2,078.35	223.13 FIT	94.96 NE		1467.38 U CHECK3		93.53 P 414H		Memo <input type="checkbox"/>	
Dept: 001018						126.15 SS			43.70 HI HLTHSI				.00	
Rate: 25.9794						29.50 MED								
FOUNTAIN, BRUCE											22,420.63 M-	A HLTHVL		
File: 001874											259.67 N-	P 414HM		
Dept: 001018	80.00		3,846.99										Memo <input type="checkbox"/>	
Rate: 3846.99					3,846.99	468.17 FIT	216.57 NE		2125.46 U CHECK3		5.00 V CHECK1		.00	
						215.50 SS			150.00 X SAVNG1		173.11 P 414H			
						50.39 MED			16.95 C4 GOLIFE		179.29 H4 HLTHPM			
									98.00 H5 MEDFSA		54.60 SA AFLPST			
									93.95 S1 AFLPRE					
GLEASON, RHONDA	51.50		802.66								54.18 N-	P 414HM		
File: 002129					802.66	43.77 FIT	14.71 NE		646.65 U CHECK3		36.12 P 414H		Memo <input type="checkbox"/>	
Dept: 001018						49.77 SS							.00	
Rate: 15.5856						11.64 MED								
JECK, KELLY J	50.25		943.60								63.69 N-	P 414HM		
File: 001928					943.60	52.23 FIT	17.43 NE		709.30 U CHECK3		42.46 P 414H		Memo <input type="checkbox"/>	
Dept: 001018						58.50 SS			50.60 R8 DCVOYA				.00	
Rate: 18.7782						13.68 MED								
LYNAM, DONNA J											17.11 M-	A HLTHVL	206.13 N-	P 414HM
File: 004046	64.00	16.00 4S	3,053.79										Memo <input type="checkbox"/>	
Dept: 001018					3,053.79	380.82 FIT	118.02 NE		2014.79 U CHECK3		137.42 P 414H		.00	
Rate: 3053.79						182.14 SS			60.00 H5 MEDFSA		50.00 R8 DCVOYA			
						42.60 MED			56.04 S1 AFLPRE		11.96 S6 LGLSHD			
NISBET, JEFF M	80.00		2,083.25								17.11 M-	A HLTHVL	140.62 N-	P 414HM
File: 001984					2,083.25	213.42 FIT	77.24 NE		1539.46 U CHECK3		93.75 P 414H		Memo <input type="checkbox"/>	
Dept: 001018						129.17 SS							.00	
Rate: 26.0405						30.21 MED								
NOONAN, KAY M	80.00		1,465.60								98.93 N-	P 414HM		
File: 002180					1,465.60	179.14 FIT	59.28 NE		1049.11 U CHECK3		65.95 P 414H		Memo <input type="checkbox"/>	
Dept: 001018						90.87 SS							.00	
Rate: 18.3200						21.25 MED								
REESE, GEORGE A											17.11 M-	A HLTHVL		
File: 001487								.00 FIT					Memo <input type="checkbox"/>	
Dept: 001018													.00	
Rate: 2348.36														
TIMBY, LISA											17.11 M-	A HLTHVL		
File: 001718								.00 FIT					Memo <input type="checkbox"/>	
Dept: 001018													.00	
Rate: 23.7835														

LDR

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Last Name	First Name	Department-Fund	Dept #	Benefits for Grant Information	Coverage Type	Total County Share	Variance	Comments
DeBartolo	Tara	General	97000	CASA	E/C	\$1,363.30	\$0.00	
Eret	Jesse	General	97000	Emergency Mgmt	Family	\$1,549.58	\$0.00	
Marshall	Stuart	General	97000	Emergency Mgmt	E/S	\$1,363.30	\$0.00	
Weisbrodt	Ashlie	General	97000	FG -Mental Health	Family	\$1,549.58	\$0.00	
Herbert	Eric	GIS Fund 100%	64300	GIS	Family	\$1,549.58	\$0.00	
Kriener	Eric	GIS Fund 100%	64300	GIS	Family	\$1,549.58	\$0.00	
Lampe	Nicole	GIS Fund 100%	64300	GIS	Zero	\$0.00	\$0.00	
Nelsen	Christopher	GIS Fund 100%	64300	GIS	E/C	\$1,363.30	\$0.00	
Blaha	Charlene	General	97000	Kremer	Family	\$1,549.58	\$0.00	
Gray	Deborah	General	97000	Kremer	E/S	\$1,363.30	\$0.00	
Helwig	Lisa	General	97000	Kremer	Single	\$697.76	\$0.00	
Horner	Helen	General	97000	Kremer	Single	\$697.76	\$0.00	
Kremer	Carol	General - Elected	97000	Kremer	Single	\$697.76	\$0.00	
Lauritsen	Lots	General	97000	Kremer	Single	\$697.76	\$0.00	
Lecrone	Pam	General	97000	Kremer	E/S	\$1,363.30	\$0.00	
Morones-Harris	Angelica	General	97000	Kremer	Single	\$697.76	\$0.00	
Mulvaney	Lisa	General	97000	Kremer	Zero	\$0.00	\$0.00	
Placzek	Karla			Kremer	Zero	\$0.00	\$0.00	
Siders	Deanna	General	97000	Kremer	Family	\$1,549.58	\$0.00	
Troxel	Jacquelyn	General	97000	Kremer	Single	\$697.76	\$0.00	
Underwood	Rose			Kremer	Zero	\$0.00	\$0.00	
Whitney	Paula	General	97000	Kremer	E/S	\$1,363.30	\$0.00	
Frauentorfer	Todd	Split 47% LB561 53% JJC	65253	LB561	E/C	\$640.76	\$0.00	8-1 EAF upgrade from Zero to E/ C eff 9-1 If coverage selected, split pay
Frauentorfer	Todd	Split 47% LB561 53% JJC	97000	LB561	E/C	\$722.54	\$0.00	8-1 EAF upgrade from Zero to E/ C eff 9-1 If coverage selected, split pay
Gosda	Carlaa	General	97000	LB561	Family	\$1,549.58	\$0.00	
Harris	Clarence	Juvenile Services LB561 100%	65253	LB561	Zero	\$0.00	\$0.00	
Harris-Hogan	Darlene	Juvenile Services LB561 100%	65253	LB561	Single	\$697.76	\$0.00	
Seeba	David	Juvenile Services LB561	65253	LB561	Zero	\$0.00	\$0.00	
Sheets	Trevor	Juvenile Services LB561	65253	LB561	Zero	\$0.00	\$0.00	
Weber	James	General	97000	LB561	Family	\$1,549.58	\$0.00	7-14 EAF Adult Diversion being merged into General Fund eff 7-1
Wofford	Marlo	Juvenile Services LB561 100%	65253	LB561	E/C	\$1,363.30	\$0.00	
Pirsch	Peter	General	97000	Mental Health	Family	\$1,549.58	\$0.00	
Fountain	Bruce	General	97000	Planning	Family	\$1,549.58	\$0.00	
Lynam	Dorina			Planning	Zero	\$0.00	\$0.00	
Craney	Cinda	State Ed	66951	State Ed	Single	\$697.76	\$0.00	
Greenfelder	David	State Ed	66951	State Ed	E/C	\$1,363.30	\$0.00	
Keenan	Daniel	State Ed	66951	State Ed	Zero	\$0.00	\$0.00	
Rodriguez	Hilary	State Ed	66951	State Ed	Zero	\$0.00	\$0.00	New Hire 09-08-16
Vanwassenhoven	Barbara	State Ed	66951	State Ed	Zero	\$0.00	\$0.00	
Marek	Pamela	General	97000	STOP	Family	\$1,549.58	\$0.00	
Blankman	Mary	Child Supp CA	66200	Vickie Raymond	E/C	\$1,363.30	\$0.00	
Delman	Marc	Child Supp CA	66200	Vickie Raymond	E/S	\$1,363.30	\$0.00	
Duffy	Kevin	Child Support CA	66200	Vickie Raymond	E/S	\$1,363.30	\$0.00	
Freese	Theresa			Vickie Raymond	Zero	\$0.00	\$0.00	
Gibbs	Carrie	Child Support CA	66200	Vickie Raymond	E/C	\$1,363.30	\$0.00	
Gullfoyle-Wissing	Lorraine			Vickie Raymond	Zero	\$0.00	\$0.00	
Kimball	Lynn	Child Support CA	66200	Vickie Raymond	E/S	\$1,363.30	\$0.00	
Lookman	Kathleen	Child Support CA	66200	Vickie Raymond	Single	\$697.76	\$0.00	
Maddox	Shannon			Vickie Raymond	Zero	\$0.00	\$0.00	
Martin	Gayella	Child Support CA	66200	Vickie Raymond	Single	\$697.76	\$0.00	
Mattingly	Lysandra	Child Support Incentive	66250	Vickie Raymond	Single	\$697.76	\$0.00	

Last Name	First Name	Coverage	Department-Fund	Dept #	Benefits for Grants Information	Co Share	Variance	Comments
DeBartolo	Tara	AD&D	General	97000	CASA	\$5.10		
DeBartolo	Tara	LTD	General	97000	CASA			
Eret	Jesse	AD&D	General	97000	Emergency Mgmt	\$5.10		
Eret	Jesse	LTD	General	97000	Emergency Mgmt			
Marshall	Stuart	AD&D	General	97000	Emergency Mgmt	\$7.65		
Marshall	Stuart	LTD	General	97000	Emergency Mgmt	\$27.67		
Herbert	Eric	AD&D	GIS Fund	64300	GIS	\$5.10		
Herbert	Eric	LTD	GIS Fund	64300	GIS	\$43.59		
Kriener	Eric	AD&D	GIS Fund	64300	GIS	\$5.10		
Kriener	Eric	LTD	GIS Fund	64300	GIS	\$34.60		
Lampe	Nicole	AD&D	GIS Fund	64300	GIS	\$5.10		
Lampe	Nicole	LTD	GIS Fund	64300	GIS	\$29.67		
Nelsen	Christopher	AD&D	GIS Fund	64300	GIS	\$5.10		
Nelsen	Christopher	LTD	GIS Fund	64300	GIS	\$25.44		
Bleha	Charlene	AD&D	General	97000	Kramer	\$6.10		
Bleha	Charlene	LTD	General	97000	Kramer	\$19.48		
Gray	Deborah	AD&D	General	97000	Kramer	\$5.10		
Gray	Deborah	LTD	General	97000	Kramer	\$17.64		
Helwig	Lisa	AD&D	General	97000	Kramer	\$5.10		
Helwig	Lisa	LTD	General	97000	Kramer	\$17.54		
Hornier	Helen	AD&D	General	97000	Kramer	\$5.10		
Hornier	Helen	LTD	General	97000	Kramer	\$15.68		
Kramer	Carol	AD&D	General	97000	Kramer	\$4.99		
Kramer	Carol	LTD	General	97000	Kramer	\$36.61		
Laur/teen	Lots	AD&D	General	97000	Kramer	\$5.10		
Laur/teen	Lots	LTD	General	97000	Kramer	\$18.90		
								Age Related Premium change Postponed until 1 Jan 2017 Paying same rate as June 2016 Billing
Lechrone	Pam	AD&D	General	97000	Kramer	\$6.10		
Lechrone	Pam	LTD	General	97000	Kramer	\$17.64		
Morones-Harris	Angelica	AD&D	General	97000	Kramer	\$5.10		
Morones-Harris	Angelica	LTD	General	97000	Kramer	\$19.48		
Mulvaney	Lisa	AD&D	General	97000	Kramer	\$6.10		
Mulvaney	Lisa	LTD	General	97000	Kramer	\$14.99		
Pieczek	Karla	AD&D	General	97000	Kramer	\$6.10		
Pieczek	Karla	LTD	General	97000	Kramer	\$18.75		
Siders	Deanna	AD&D	General	97000	Kramer	\$6.10		
Siders	Deanna	LTD	General	97000	Kramer	\$16.66		
Troxel	Jacquelyn	AD&D	General	97000	Kramer	\$5.10		
Troxel	Jacquelyn	LTD	General	97000	Kramer	\$19.47		
								Age Related Premium change Postponed until 1 Jan 2017 Paying same rate as June 2016 Billing
Underwood	Rose	AD&D	General	97000	Kramer	\$5.10		
Underwood	Rose	LTD	General	97000	Kramer	\$18.75		
Whitney	Paula	AD&D	General	97000	Kramer	\$7.65		
Whitney	Paula	LTD	General	97000	Kramer	\$34.66		
Fraendorfer	Todd	AD&D	FG - LB561 47%	65263	LB561	\$2.40		Split
Fraendorfer	Todd	AD&D	General 63%	97000	LB561	\$2.70		Split
Fraendorfer	Todd	LTD	FG - LB561 47%	65263	LB561	\$10.70		Split
Fraendorfer	Todd	LTD	General 63%	97000	LB561	\$12.07		Split
Gosda	Carla	AD&D	General	97000	LB561	\$5.10		
Gosda	Carla	LTD	General	97000	LB561	\$22.86		
Harris	Clarence	AD&D	FG - LB561	65263	LB561	\$5.10		
Harris	Clarence	LTD	FG - LB561	65263	LB561	\$20.49		
Harris-Hogan	Darlano	AD&D	FG - LB561	65263	LB561	\$5.10		
Harris-Hogan	Darlano	LTD	FG - LB561	65263	LB561	\$15.80		
Seeba	David	AD&D	LB 561	65263	LB561	\$7.65		
Seeba	David	LTD	LB 561	65263	LB561	\$15.17		
Sheets	Trevor	AD&D	LB 561	65263	LB561	\$5.10		
Sheets	Trevor	LTD	LB 561	65263	LB561	\$20.49		
Weber	James	AD&D	General	97000	LB561	\$5.10		
Weber	James	LTD	General	97000	LB561	\$22.68		
Wofford	Marto	AD&D	FG - LB561 100%	65263	LB561	\$5.10		
Wofford	Marto	LTD	FG - LB561 100%	65263	LB561	\$15.78		
Pirsch	Peter	AD&D	General	97000	Mental Health	\$7.65		
Pirsch	Peter	LTD	General	97000	Mental Health	\$26.10		
Weisbrodt	Ashlie	AD&D	General	97000	Mental Health	\$5.10		
Weisbrodt	Ashlie	LTD	General	97000	Mental Health	\$18.83		
Fountain	Bruce	AD&D	General	97000	Planning	\$7.65		
Fountain	Bruce	LTD	General	97000	Planning	\$37.65		
Lynam	Donna	AD&D	General	97000	Planning	\$7.65		
Lynam	Donna	LTD	General	97000	Planning	\$29.81		
Berst	Jacob	AD&D	General	97000	Pre-Trial	\$5.10		
Berst	Jacob	LTD	General	97000	Pre-Trial	\$20.29		
Craney	Cinda	AD&D	General	68961	State Ed	\$7.65		

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Last Name	First Name	Dental Coverage Type	Department-Fund	Dept #	Benefits for Grants Information	Co Share	Variance	Comments
Debartolo	Tara	FAMILY	General	97000	CASA	\$80.91	\$0.00	
Marcantel	Candi	FAMILY	General	97000	CASA	\$80.91	\$0.00	
Eret	Jessa	FAMILY	General	97000	Emergency Mgmt	\$80.91	\$0.00	
Marshall	Stuart	SINGLE	General	97000	Emergency Mgmt	\$31.98	\$0.00	
Frauendorfer	Todd	SINGLE	Split 47% LB561 53% JJC	65253	FG - LB561	\$15.03	\$0.00	Split
Frauendorfer	Todd	SINGLE	Split 47% LB561 53% JJC	97000	FG - LB561	\$18.95	\$0.00	Split
Gosda	Carisa	FAMILY	General	97000	FG - LB561	\$80.91	\$0.00	
Harris	Clarence E.	FAMILY	FG - LB561	65253	FG - LB561	\$80.91	\$0.00	
Harris-Hogan	Dariene	SINGLE	FG - LB561	65253	FG - LB561	\$31.98	\$0.00	
Weber	James P	FAMILY	General	97000	FG - LB561	\$80.91	\$0.00	
Wofford	Marlo	FAMILY	FG - LB561 100%	65253	FG - LB561	\$80.91	\$0.00	
Herbert	Eric P	FAMILY	GIS Fund	64300	GIS	\$80.91	\$0.00	
Kriener	Eric	FAMILY	GIS Fund	64300	GIS	\$80.91	\$0.00	
Lampe	Nicole	SINGLE	GIS Fund	64300	GIS	\$31.98	\$0.00	
Nelsen	Christopher M	FAMILY	GIS Fund	64300	GIS	\$80.91	\$0.00	
Blaha	Charlene M	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Gray	Deborah L	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Helwig	Lisa	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Horner	Helen	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Kremer	Carol	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Lauriteen	Lole	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Lecrone	Pam M	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Morones-Harris	Angelica	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Mulvaney	Lisa	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Placzek	Karla	ZERO			Kremer	\$0.00	\$0.00	
Siders	Deanna	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Troxel	Jacquelyn J	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Underwood	Rose	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Whitney	Paula	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Pirsch	Petar	FAMILY	General	97000	Mental Health	\$80.91	\$0.00	
Welsbrodt	Ashlie	FAMILY	General	97000	Mental Health	\$80.91	\$0.00	
Fountain	Bruce	SINGLE	General	97000	Planning	\$31.98	\$0.00	
Lynam	Donna	FAMILY	General	97000	Planning	\$80.91	\$0.00	
Craney	Cinda	SINGLE	General	68951	State Ed	\$31.98	\$0.00	
Greenfelder	David J.	FAMILY	State Ed	68951	State Ed	\$80.91	\$0.00	
Keenan	Daniel	ZERO			State Ed	\$0.00	\$0.00	
Vanwassenhoven	Barbara	ZERO			State Ed	\$0.00	\$0.00	
Marak	Pamela	FAMILY	General	97000	STOP	\$80.91	\$0.00	
Blankman	Mary J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Delman	Marc B	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Duffy	Kevin F	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Freese	Theresa A	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Gibbs	Carle J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Guilfoyle-Wissing	Lorraine	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Kimball	Lynn J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Lockman	Kathleen	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Maddox	Shannon	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Marlin	Gayella	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Mattingly	Lysandra	SINGLE	Child Supp Incentive	66250	Vickie Raymond	\$31.98	\$0.00	
Peter	Lisa	SINGLE	Child Supp Incentive	66200	Vickie Raymond	\$31.98	\$0.00	
Raymond	Vickie	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	Eff 10-1 Upgrade from Single to Family
Scott	Joanne	ZERO			Vickie Raymond	\$0.00	\$0.00	
Wills	Elizabeth	SINGLE	Child Supp Incentive	66200	Vickie Raymond	\$31.98	\$0.00	
Wilson	Lyndsey	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Ziomba	Barbette L	FAMILY	Child Supp Incentive	66250	Vickie Raymond	\$80.91	\$0.00	
Hagelstien	Christina	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Hagelstien	Christina	FAMILY	General 50%	97000	Victim Witness	\$30.45	\$0.00	Split
Healey	Kathy	SINGLE	FG - Victim Witness 50%	66310	Victim Witness	\$15.99	\$0.00	Split
Healey	Kathy	SINGLE	General 50%	97000	Victim Witness	\$15.99	\$0.00	Split
Nielsen	Jill C	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Nielsen	Jill C	FAMILY	General 50%	97000	Victim Witness	\$30.45	\$0.00	Split
Yodogawa-Campbell	Sakura	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Yodogawa-Campbell	Sakura	FAMILY	General 50%	97000	Victim Witness	\$30.45	\$0.00	Split

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Last Name	First Name	Department-Fund	Dept #	Benefits for Grant Information	Coverage Type	Total County Share	Variance
DeBartolo	Tara	General	97000	CASA	E/C	\$1,363.30	\$0.00
Eret	Jesse	General	97000	Emergency Mgmt	Family	\$1,549.58	\$0.00
Marshall	Stuart	General	97000	Emergency Mgmt	E/S	\$1,363.30	\$0.00
Weisbrodt	Ashlie	General	97000	FG -Mental Health	Family	\$1,549.58	\$0.00
Herbert	Eric	GIS Fund 100%	64300	GIS	Family	\$1,549.58	\$0.00
Kriener	Eric	GIS Fund 100%	64300	GIS	Family	\$1,549.58	\$0.00
Nelsen	Christopher	GIS Fund 100%	64300	GIS	E/C	\$1,363.30	\$0.00
Blaha	Charlene	General	97000	Kremer	Family	\$1,549.58	\$0.00
Gray	Deborah	General	97000	Kremer	E/S	\$1,363.30	\$0.00
Helwig	Lisa	General	97000	Kremer	Single	\$697.76	\$0.00
Horner	Helen	General	97000	Kremer	Single	\$697.76	\$0.00
Kremer	Carol	General - Elected	97000	Kremer	Single	\$697.76	\$0.00
Lauritsen	Lola	General	97000	Kremer	Single	\$697.76	\$0.00
Lecrone	Pam	General	97000	Kremer	E/S	\$1,363.30	\$0.00
Morones-Harris	Angelica	General	97000	Kremer	Single	\$697.76	\$0.00
Siders	Deanna	General	97000	Kremer	Family	\$1,549.58	\$0.00
Troxel	Jacquelyn	General	97000	Kremer	Single	\$697.76	\$0.00
Whitney	Paula	General	97000	Kremer	E/S	\$1,363.30	\$0.00
Frauentorfer	Todd	Split 47% LB561 53% JJC	65253	LB561	E/C	\$640.76	\$0.00
Frauentorfer	Todd	Split 47% LB561 53% JJC	97000	LB561	E/C	\$722.54	\$0.00
Gosda	Carisa	General	97000	LB561	Family	\$1,549.58	\$0.00
Harris-Hogan	Darlene	Juvenile Services LB561 100%	65253	LB561	Single	\$697.76	\$0.00
Weber	James	General	97000	LB561	Family	\$1,549.58	\$0.00
Wofford	Marlo	Juvenile Services LB561 100%	65253	LB561	E/C	\$1,363.30	\$0.00
Pirsch	Peter	General	97000	Mental Health	Family	\$1,549.58	\$0.00
Fountain	Bruce	General	97000	Planning	Family	\$1,549.58	\$0.00
Craney	Cinda	State Ed	66951	State Ed	Single	\$697.76	\$0.00
Greenfelder	David	State Ed	66951	State Ed	E/C	\$1,363.30	\$0.00
Rodriguez	Hilary	State Ed	66951	State Ed	Family	\$1,655.37	\$0.00
Marek	Pamela	General	97000	STOP	Family	\$1,549.58	\$0.00
Blankman	Mary	Child Supp CA	66200	Vickie Raymond	E/C	\$1,363.30	\$0.00
Delman	Marc	Child Supp CA	66200	Vickie Raymond	E/S	\$1,363.30	\$0.00
Duffy	Kevin	Child Support CA	66200	Vickie Raymond	E/S	\$1,363.30	\$0.00
Gibbs	Carrie	Child Support CA	66200	Vickie Raymond	E/C	\$1,363.30	\$0.00
Kimball	Lynn	Child Support CA	66200	Vickie Raymond	E/S	\$1,363.30	\$0.00
Lockman	Kathleen	Child Support CA	66200	Vickie Raymond	Single	\$697.76	\$0.00
Martin	Gayella	Child Support CA	66200	Vickie Raymond	Single	\$697.76	\$0.00
Mattingly	Lysandra	Child Support Incentive	66250	Vickie Raymond	Single	\$697.76	\$0.00
Peter	Lisa	Child Support Incentive	66200	Vickie Raymond	Single	\$697.76	\$0.00

Last Name	First Name	Coverage	Department-Fund	Dept #	Benefits for Grants Information	Co Share	Variance	Comments
DeBartolo	Tara	AD&D	General	97000	CASA	\$5.10		
DeBartolo	Tara	LTD	General	97000	CASA			
Eret	Jesse	AD&D	General	97000	Emergency Mgmt	\$5.10		
Eret	Jesse	LTD	General	97000	Emergency Mgmt			
Marshall	Stuart	AD&D	General	97000	Emergency Mgmt	\$7.85		
Marshall	Stuart	LTD	General	97000	Emergency Mgmt	\$27.87		
Herbert	Eric	AD&D	GIS Fund	64300	GIS	\$5.10		
Herbert	Eric	LTD	GIS Fund	64300	GIS	\$43.59		
Kriener	Eric	AD&D	GIS Fund	64300	GIS	\$5.10		
Kriener	Eric	LTD	GIS Fund	64300	GIS	\$34.60		
Lampe	Nicole	AD&D	GIS Fund	64300	GIS	\$5.10		
Lampe	Nicole	LTD	GIS Fund	64300	GIS	\$29.97		
Nelsen	Christopher	AD&D	GIS Fund	64300	GIS	\$5.10		
Nelsen	Christopher	LTD	GIS Fund	64300	GIS	\$25.44		
Blaha	Charlene	AD&D	General	97000	Kremer	\$5.10		
Blaha	Charlene	LTD	General	97000	Kremer	\$19.48		
Gray	Deborah	AD&D	General	97000	Kremer	\$5.10		
Gray	Deborah	LTD	General	97000	Kremer	\$17.54		
Helwig	Lisa	AD&D	General	97000	Kremer	\$5.10		
Helwig	Lisa	LTD	General	97000	Kremer	\$17.54		
Hornor	Helen	AD&D	General	97000	Kremer	\$5.10		
Hornor	Helen	LTD	General	97000	Kremer	\$16.69		
Kremer	Carol	AD&D	General	97000	Kremer	\$4.68		
Kremer	Carol	LTD	General	97000	Kremer	\$58.51		
Lauritsen	Lola	AD&D	General	97000	Kremer	\$5.10		
Lauritsen	Lola	LTD	General	97000	Kremer	\$16.90		
								Age Related Premium change Postponed until 1 Jan 2017 Paying same rate as June 2016 Billing
Lecrone	Pam	AD&D	General	97000	Kremer	\$5.10		
Lecrone	Pam	LTD	General	97000	Kremer	\$17.54		
Morones-Harris	Angelica	AD&D	General	97000	Kremer	\$5.10		
Morones-Harris	Angelica	LTD	General	97000	Kremer	\$19.48		
Mulvaney	Lisa	AD&D	General	97000	Kremer	\$5.10		
Mulvaney	Lisa	LTD	General	97000	Kremer	\$14.99		
Placzek	Karla	AD&D	General	97000	Kremer	\$5.10		
Placzek	Karla	LTD	General	97000	Kremer	\$18.75		
Siders	Deanna	AD&D	General	97000	Kremer	\$5.10		
Siders	Deanna	LTD	General	97000	Kremer	\$15.58		
Troxel	Jacquelyn	AD&D	General	97000	Kremer	\$5.10		
Troxel	Jacquelyn	LTD	General	97000	Kremer	\$19.47		
								Age Related Premium change Postponed until 1 Jan 2017 Paying same rate as June 2016 Billing
Underwood	Rose	AD&D	General	97000	Kremer	\$5.10		
Underwood	Rose	LTD	General	97000	Kremer	\$18.75		
Whitney	Paula	AD&D	General	97000	Kremer	\$7.85		
Whitney	Paula	LTD	General	97000	Kremer	\$34.65		
Fraudendorfer	Todd	AD&D	FG - LB561 47%	65253	LB561	\$2.40		Split
Fraudendorfer	Todd	AD&D	General 53%	97000	LB561	\$2.70		Split
Fraudendorfer	Todd	LTD	FG - LB561 47%	65253	LB561	\$10.70		Split
Fraudendorfer	Todd	LTD	General 53%	97000	LB561	\$12.07		Split
Gosda	Carlea	AD&D	General	97000	LB561	\$5.10		
Gosda	Carlea	LTD	General	97000	LB561	\$22.85		
Harris	Clarence	AD&D	FG - LB561	65253	LB561	\$5.10		
Harris	Clarence	LTD	FG - LB561	65253	LB561	\$20.49		
Harris-Hogen	Darlone	AD&D	FG - LB561	65253	LB561	\$5.10		
Harris-Hogen	Darlone	LTD	FG - LB561	65253	LB561	\$15.30		
Seeba	David	AD&D	LB 561	65253	LB561	\$7.05		
Seeba	David	LTD	LB 561	65253	LB561	\$15.17		
Sheets	Trevor	AD&D	LB 561	65253	LB561	\$5.10		
Sheets	Trevor	LTD	LB 561	65253	LB561	\$20.49		
Weber	James	AD&D	General	97000	LB561	\$5.10		
Weber	James	LTD	General	97000	LB561	\$22.58		
Wofford	Marlo	AD&D	FG - LB561 100%	65253	LB561	\$5.10		
Wofford	Marlo	LTD	FG - LB561 100%	65253	LB561	\$16.78		
Pirsch	Peter	AD&D	General	97000	Mental Health	\$7.85		
Pirsch	Peter	LTD	General	97000	Mental Health	\$26.10		
Walsbrodt	Ashlie	AD&D	General	97000	Mental Health	\$5.10		
Walsbrodt	Ashlie	LTD	General	97000	Mental Health	\$18.83		
Fountain	Bruce	AD&D	General	97000	Planning	\$7.65		
Fountain	Bruce	LTD	General	97000	Planning	\$37.65		
Lynan	Donna	AD&D	General	97000	Planning	\$7.65		
Lynan	Donna	LTD	General	97000	Planning	\$29.81		
Berst	Jacob	AD&D	General	97000	Pre-Trial	\$5.10		
Berst	Jacob	LTD	General	97000	Pre-Trial	\$20.28		
Craney	Cinda	AD&D	General	68861	State Ed	\$7.65		

Last Name	First Name	Dental Coverage Type	Department-Fund	Dept #	Benefits for Grants Information	Co Share	Variance	Comments
Debartolo	Tara	FAMILY	General	97000	CASA	\$80.91	\$0.00	
Marcantel	Candi	FAMILY	General	97000	CASA	\$80.91	\$0.00	
Eret	Jesse	FAMILY	General	97000	Emergency Mgmt	\$80.91	\$0.00	
Marshall	Stuart	SINGLE	General	97000	Emergency Mgmt	\$31.98	\$0.00	
Frauentorfer	Todd	SINGLE	Split 47% LB581 53% JJC	66253	FG - LB581	\$15.03	\$0.00	Split
Frauentorfer	Todd	SINGLE	Split 47% LB581 53% JJC	97000	FG - LB581	\$16.95	\$0.00	
Gosda	Carisa	FAMILY	General	97000	FG - LB581	\$80.91	\$0.00	
Harris	Clarence E.	FAMILY	FG - LB581	66253	FG - LB581	\$80.91	\$0.00	
Harris-Hogan	Darlene	SINGLE	FG - LB581	66253	FG - LB581	\$31.98	\$0.00	
Weber	James P	FAMILY	General	97000	FG - LB581	\$80.91	\$0.00	
Wofford	Marlo	FAMILY	FG - LB581 100%	66253	FG - LB581	\$80.91	\$0.00	
Herbert	Eric P	FAMILY	GIS Fund	64300	GIS	\$80.91	\$0.00	
Kriener	Eric	FAMILY	GIS Fund	64300	GIS	\$80.91	\$0.00	
Lampe	Nicole	SINGLE	GIS Fund	64300	GIS	\$31.98	\$0.00	
Nelsen	Christopher M	FAMILY	GIS Fund	64300	GIS	\$80.91	\$0.00	
Blaha	Charlene M	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Gray	Deborah L	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Helwig	Lisa	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Horner	Helen	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Kremer	Carol	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Lauritsen	Lois	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
LeCrone	Pam M	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Morones-Harris	Angelica	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Mulvaney	Lisa	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Placzek	Karla	ZERO			Kremer	\$0.00	\$0.00	
Siders	Deanna	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Troxel	Jacquelyn J	FAMILY	General	97000	Kremer	\$80.91	\$0.00	
Underwood	Rose	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Whitney	Paula	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Pirsch	Peter	FAMILY	General	97000	Mental Health	\$80.91	\$0.00	
Weisbrodt	Ashle	FAMILY	General	97000	Mental Health	\$80.91	\$0.00	
Fountain	Bruce	SINGLE	General	97000	Planning	\$31.98	\$0.00	
Lynam	Donna	FAMILY	General	97000	Planning	\$80.91	\$0.00	
Craney	Cinda	SINGLE	General	66951	State Ed	\$31.98	\$0.00	
Greenfelder	David J.	FAMILY	State Ed	66951	State Ed	\$80.91	\$0.00	
Keenan	Daniel	ZERO			State Ed	\$0.00	\$0.00	
Vanwassenhoven	Barbara	ZERO			State Ed	\$0.00	\$0.00	
Marek	Pamela	FAMILY	General	97000	STOP	\$80.91	\$0.00	
Blankman	Mary J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Delman	Maro B	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Duffy	Kevin F	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Freese	Theresa A	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Gilbs	Carrie J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Gullfoyle-Wissing	Lorraine	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Kimball	Lynn J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	
Lockman	Kathleen	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Maddox	Shannon	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Martin	Gayella	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Mattingly	Lysandra	SINGLE	Child Supp Incentive	66260	Vickie Raymond	\$31.98	\$0.00	
Peter	Lisa	SINGLE	Child Supp Incentive	66200	Vickie Raymond	\$31.98	\$0.00	
Raymond	Vickie	FAMILY	Child Supp CA	66200	Vickie Raymond	\$80.91	\$0.00	Eff 10-1 Upgrade from Single to Family
Scott	Joanne	ZERO			Vickie Raymond	\$0.00	\$0.00	
Willis	Elizabeth	SINGLE	Child Supp Incentive	66200	Vickie Raymond	\$31.98	\$0.00	
Wilson	Lyndsey	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Ziomba	Barbette L.	FAMILY	Child Supp Incentive	66260	Vickie Raymond	\$80.91	\$0.00	
Hagelstien	Christina	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Hagelstien	Christina	FAMILY	General 50%	97000	Victim Witness	\$30.46	\$0.00	
Healey	Kathy	SINGLE	FG - Victim Witness 50%	66310	Victim Witness	\$15.00	\$0.00	Split
Healey	Kathy	SINGLE	General 50%	97000	Victim Witness	\$15.99	\$0.00	
Nielsen	Jill C	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Nielsen	Jill C	FAMILY	General 50%	97000	Victim Witness	\$30.46	\$0.00	
Yodogawa-Campbell	Sakura	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Yodogawa-Campbell	Sakura	FAMILY	General 50%	97000	Victim Witness	\$30.46	\$0.00	

Last Name	First Name	Department-Fund	Dept #	Benefits for Grant Information	Coverage Type	Total County Share	Variance	Comments
DeBarfalo	Tara	General	97000	CASA	E/C	\$1,383.30	\$0.00	
Eret	Jeese	General	97000	Emergency Mgmt	Family	\$1,549.58	\$0.00	
Marshall	Stuart	General	97000	Emergency Mgmt	E/S	\$1,383.30	\$0.00	
Walebrodt	Ashlie	General	97000	FG -Mental Health	Family	\$1,549.58	\$0.00	
Herbert	Eric	GIS Fund 100%	84300	GIS	Family	\$1,549.58	\$0.00	
Kriener	Eric	GIS Fund 100%	84300	GIS	Family	\$1,549.58	\$0.00	
Lampe	Nicole	GIS Fund 100%	84300	GIS	Zero	\$0.00	\$0.00	
Nelson	Christopher	GIS Fund 100%	84300	GIS	Single	\$496.06	\$0.00	Eff 12/1/16 change from E/C to Single. Refund due of \$201.70 on 12/9
Blaha	Charlene	General	97000	Kremer	Family	\$1,549.58	\$0.00	
Gray	Deborah	General	97000	Kremer	E/S	\$1,383.30	\$0.00	
Helwig	Lisa	General	97000	Kremer	Single	\$697.76	\$0.00	
Homer	Helen	General	97000	Kremer	Single	\$697.76	\$0.00	
Kremer	Carol	General - Elected	97000	Kremer	Single	\$697.76	\$0.00	
Lauritsen	Lola	General	97000	Kremer	Single	\$697.76	\$0.00	
Lecrona	Paui	General	97000	Kremer	E/S	\$1,383.30	\$0.00	
Morones-Harris	Angelica	General	97000	Kremer	Single	\$697.76	\$0.00	
Mulvaney	Lisa	General	97000	Kremer	Zero	\$0.00	\$0.00	
Placzek	Karla			Kremer	Zero	\$0.00	\$0.00	
Siders	Deanna	General	97000	Kremer	Family	\$1,549.58	\$0.00	
Troxel	Jacquelyn	General	97000	Kremer	Single	\$697.76	\$0.00	
Underwood	Rose			Kremer	Zero	\$0.00	\$0.00	
Whitney	Paula	General	97000	Kremer	E/S	\$1,383.30	\$0.00	
Fraendorfer	Todd	Split 47% LB561 53% JJC	86283	LB561	E/C	\$640.76	\$0.00	Split
Fraendorfer	Todd	Split 47% LB561 53% JJC	97000	LB561	E/C	\$722.54	\$0.00	
Gosda	Carisa	General	97000	LB561	Family	\$1,549.58	\$0.00	
Harris	Clarence	Juvenile Services LB561 100%	85253	LB561	Zero	\$0.00	\$0.00	
Harris-Hogan	Darlene	Juvenile Services LB561 100%	85253	LB561	Single	\$697.76	\$0.00	
Seeba	David	Juvenile Services LB561	85253	LB561	Zero	\$0.00	\$0.00	
Sheets	Trevor	Juvenile Services LB561	85253	LB561	Zero	\$0.00	\$0.00	
Weber	James	General	97000	LB561	Family	\$1,549.58	\$0.00	7-14 EAF Adult Diversion being merged into General Fund eff 7-1
Wofford	Marlo	Juvenile Services LB561 100%	85253	LB561	E/C	\$1,383.30	\$0.00	
Pirsch	Peter	General	97000	Mental Health	Family	\$1,549.58	\$0.00	
Fountain	Bruce	General	97000	Planning	Family	\$1,549.58	\$0.00	
Lynam	Donna			Planning	Zero	\$0.00	\$0.00	
Craney	Clinda	State Ed	68951	State Ed	Single	\$697.76	\$0.00	
Greenfelder	David	State Ed	68951	State Ed	E/C	\$1,383.30	\$0.00	
Keenan	Daniel	State Ed	68951	State Ed	Zero	\$0.00	\$0.00	
Rodriguez	Hilary	State Ed	68951	State Ed	Family	\$1,443.79	\$0.00	Eff 11-1 Added Family coverage on 10-21 Additional Arrears payment of 62.90 on 10-28 and 62.90 on 11-11 and 62.89 on 11-25
Vanwassenhoven	Barbara	State Ed	68951	State Ed	Zero	\$0.00	\$0.00	
Marek	Pamela	General	97000	STOP	Family	\$1,549.58	\$0.00	
Blankman	Mary	Child Supp CA	88200	Vickie Raymond	E/C	\$1,383.30	\$0.00	
Delman	Maro	Child Supp CA	88200	Vickie Raymond	E/S	\$1,383.30	\$0.00	
Duffy	Kevin	Child Support CA	88200	Vickie Raymond	E/S	\$1,383.30	\$0.00	
Freese	Theresa			Vickie Raymond	Zero	\$0.00	\$0.00	
Gibbs	Carla	Child Support CA	88200	Vickie Raymond	E/C	\$1,383.30	\$0.00	
Gulfoyle-Wiseling	Lorraine			Vickie Raymond	Zero	\$0.00	\$0.00	
Kimball	Lynn	Child Support CA	88200	Vickie Raymond	E/S	\$1,383.30	\$0.00	
Lockman	Kathleen	Child Support CA	88200	Vickie Raymond	Single	\$697.76	\$0.00	
Maddox	Shannon			Vickie Raymond	Zero	\$0.00	\$0.00	
Martin	Gayella	Child Support CA	88200	Vickie Raymond	Single	\$697.76	\$0.00	
Mattlingly	Lyeandra	Child Support Incentive	88200	Vickie Raymond	Single	\$697.76	\$0.00	
Peter	Lea	Child Support Incentive	88200	Vickie Raymond	Single	\$697.76	\$0.00	

Last Name	First Name	Coverage	Department-Fund	Dept #	Benefits for Grants Information	Co Share	Variance	Comments
DeBartolo	Tara	AD&D	General	97000	CASA	\$5.10		
Erst	Jessa	AD&D	General	97000	Emergency Mgmt	\$5.10		
Marshall	Stuart	AD&D	General	97000	Emergency Mgmt	\$7.85		
Marshall	Stuart	LTD	General	97000	Emergency Mgmt	\$27.67		
Herbert	Eric	AD&D	GIS Fund	64300	GIS	\$5.10		
Herbert	Eric	LTD	GIS Fund	64300	GIS	\$43.69		
Krisner	Eric	AD&D	GIS Fund	64300	GIS	\$5.10		
Krisner	Eric	LTD	GIS Fund	64300	GIS	\$34.80		
Lampe	Nicole	AD&D	GIS Fund	64300	GIS	\$5.10		
Lampe	Nicole	LTD	GIS Fund	64300	GIS	\$29.67		
Nelson	Christopher	AD&D	GIS Fund	64300	GIS	\$5.10		
Nelson	Christopher	LTD	GIS Fund	64300	GIS	\$26.44		
Blaaha	Charlene	AD&D	General	97000	Kremer	\$5.10		
Blaaha	Charlene	LTD	General	97000	Kremer	\$19.46		
Gray	Deborah	AD&D	General	97000	Kremer	\$5.10		
Gray	Deborah	LTD	General	97000	Kremer	\$17.54		
Helwig	Lisa	AD&D	General	97000	Kremer	\$5.10		
Helwig	Lisa	LTD	General	97000	Kremer	\$17.54		
Hornier	Helen	AD&D	General	97000	Kremer	\$5.10		
Hornier	Helen	LTD	General	97000	Kremer	\$16.88		
Kremer	Carol	AD&D	General	97000	Kremer	\$4.98		
Kremer	Carol	LTD	General	97000	Kremer	\$38.51		
Lauritsen	Lols	AD&D	General	97000	Kremer	\$5.10		
Lauritsen	Lols	LTD	General	97000	Kremer	\$16.80		
								Age Related Premium change Postponed until 1 Jan 2017 Paying same rate as June 2016 Billing
Lechrone	Pam	AD&D	General	97000	Kremer	\$5.10		
Lechrone	Pam	LTD	General	97000	Kremer	\$17.54		
Morones-Harris	Angelica	AD&D	General	97000	Kremer	\$5.10		
Morones-Harris	Angelica	LTD	General	97000	Kremer	\$19.46		
Mulvaney	Lisa	AD&D	General	97000	Kremer	\$5.10		
Mulvaney	Lisa	LTD	General	97000	Kremer	\$14.99		
Placzek	Karla	AD&D	General	97000	Kremer	\$5.10		
Placzek	Karla	LTD	General	97000	Kremer	\$18.75		
Siders	Deanna	AD&D	General	97000	Kremer	\$5.10		
Siders	Deanna	LTD	General	97000	Kremer	\$15.66		
Troxel	Jacquelyn	AD&D	General	97000	Kremer	\$5.10		
Troxel	Jacquelyn	LTD	General	97000	Kremer	\$19.47		
								Age Related Premium change Postponed until 1 Jan 2017 Paying same rate as June 2016 Billing
Underwood	Rose	AD&D	General	97000	Kremer	\$5.10		
Underwood	Rose	LTD	General	97000	Kremer	\$18.75		
Whitney	Paula	AD&D	General	97000	Kremer	\$7.65		
Whitney	Paula	LTD	General	97000	Kremer	\$34.65		
Fraendorfer	Todd	AD&D	FG - LB581 47%	65263	LB581	\$2.40		Split
Fraendorfer	Todd	AD&D	General 53%	97000	LB581	\$2.70		Split
Fraendorfer	Todd	LTD	FG - LB581 47%	65263	LB581	\$10.70		Split
Fraendorfer	Todd	LTD	General 53%	97000	LB581	\$12.07		Split
Gosda	Carlea	AD&D	General	97000	LB581	\$5.10		
Gosda	Carlea	LTD	General	97000	LB581	\$22.65		
Harris	Clarence	AD&D	FG - LB581	65253	LB581	\$5.10		
Harris	Clarence	LTD	FG - LB581	65253	LB581	\$20.49		
Harris-Hogan	Darlana	AD&D	FG - LB581	65253	LB581	\$5.10		
Harris-Hogan	Darlana	LTD	FG - LB581	65253	LB581	\$16.30		
Seaba	David	AD&D	LB 581	65253	LB581	\$7.85		
Seaba	David	LTD	LB 581	65253	LB581	\$15.17		
Sheets	Trevor	AD&D	LB 581	65253	LB581	\$5.10		
Sheets	Trevor	LTD	LB 581	65253	LB581	\$20.49		
Weber	James	AD&D	General	97000	LB581	\$5.10		
Weber	James	LTD	General	97000	LB581	\$22.68		
Wofford	Mario	AD&D	FG - LB581 100%	65253	LB581	\$5.10		
Wofford	Mario	LTD	FG - LB581 100%	65253	LB581	\$15.78		
Pirach	Peter	AD&D	General	97000	Mental Health	\$7.65		
Pirach	Peter	LTD	General	97000	Mental Health	\$26.10		
Welsbrodt	Ashlie	AD&D	General	97000	Mental Health	\$5.10		
Welsbrodt	Ashlie	LTD	General	97000	Mental Health	\$18.83		
Fountain	Bruce	AD&D	General	97000	Planning	\$7.65		
Fountain	Bruce	LTD	General	97000	Planning	\$37.65		
Lynan	Donna	AD&D	General	97000	Planning	\$7.65		
Lynan	Donna	LTD	General	97000	Planning	\$29.81		
Barst	Jacob	AD&D	General	97000	Pre-Trial	\$5.10		
Barst	Jacob	LTD	General	97000	Pre-Trial	\$20.29		
Craney	Cinda	AD&D	General	66951	State Ed	\$7.65		
Craney	Cinda	LTD	General	66951	State Ed	\$16.78		
Greenfelder	David	AD&D	State Ed	66951	State Ed	\$5.10		

12- December Reliance Dental.xlsm

Last Name	First Name	Dental Coverage Type	Department-Fund	Dept #	Benefits for Grants Information	Co Share	Variance	Comments
Debartolo	Tara	FAMILY	General	97000	CASA	\$60.91	\$0.00	
Marcantel	Candi	FAMILY	General	97000	CASA	\$60.91	\$0.00	
Eret	Jesse	FAMILY	General	97000	Emergency Mgmt	\$60.91	\$0.00	
Marshall	Stuart	SINGLE	General	97000	Emergency Mgmt	\$31.98	\$0.00	
Frauentorfer	Todd	SINGLE	Split 47% LB561 53% JJC	65253	FG - LB561	\$16.03	\$0.00	Split
Frauentorfer	Todd	SINGLE	Split 47% LB561 53% JJC	97000	FG - LB561	\$16.96	\$0.00	
Gosda	Carisa	FAMILY	General	97000	FG - LB561	\$60.91	\$0.00	
Harris	Clarence E.	FAMILY	FG - LB561	65253	FG - LB561	\$60.91	\$0.00	
Harris-Hogan	Darlene	SINGLE	FG - LB561	65253	FG - LB561	\$31.98	\$0.00	
Weber	James P	FAMILY	General	97000	FG - LB561	\$60.91	\$0.00	
Wofford	Marlo	FAMILY	FG - LB561 100%	65253	FG - LB561	\$60.91	\$0.00	
Herbert	Eric P	FAMILY	GIS Fund	64300	GIS	\$60.91	\$0.00	
Kriener	Eric	FAMILY	GIS Fund	64300	GIS	\$60.91	\$0.00	
Lampe	Nicole	SINGLE	GIS Fund	64300	GIS	\$31.98	\$0.00	
Nelson	Christopher M	SINGLE	GIS Fund	64300	GIS	\$31.98	\$0.00	Email 11-21 change to Single coverage eff 12-1
Blaha	Charlene M	FAMILY	General	97000	Kremer	\$60.91	\$0.00	
Gray	Deborah L	FAMILY	General	97000	Kremer	\$60.91	\$0.00	
Helwig	Lisa	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Horner	Helen	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Kremer	Carol	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Lauritsen	Lois	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Lecrone	Pam M	FAMILY	General	97000	Kremer	\$60.91	\$0.00	
Morone-Harris	Angelica	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Mulvaney	Lisa	FAMILY	General	97000	Kremer	\$60.91	\$0.00	
Placzek	Karla	ZERO			Kremer	\$0.00	\$0.00	
Siders	Deanna	FAMILY	General	97000	Kremer	\$60.91	\$0.00	
Troxel	Jacquelyn J	FAMILY	General	97000	Kremer	\$60.91	\$0.00	
Underwood	Rose	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Whitney	Paula	SINGLE	General	97000	Kremer	\$31.98	\$0.00	
Pirsch	Peter	FAMILY	General	97000	Mental Health	\$60.91	\$0.00	
Welsbrodt	Ashlie	FAMILY	General	97000	Mental Health	\$60.91	\$0.00	
Fountain	Bruce	SINGLE	General	97000	Planning	\$31.98	\$0.00	
Lynam	Donna	FAMILY	General	97000	Planning	\$60.91	\$0.00	
Craney	Cinda	SINGLE	General	66951	State Ed	\$31.98	\$0.00	
Greenfelder	David J.	FAMILY	State Ed	66951	State Ed	\$60.91	\$0.00	
Keenan	Daniel	ZERO			State Ed	\$0.00	\$0.00	
Vanwassenhoven	Barbara	ZERO			State Ed	\$0.00	\$0.00	
Marek	Pamela	FAMILY	General	97000	STOP	\$60.91	\$0.00	
Blankman	Mary J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Delman	Marc B	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Duffy	Kevin F	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Freese	Theresa A	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Gibbs	Carrie J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Gulifoye-Wissing	Lorraine	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Kimbail	Lynn J	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Lookman	Kathleen	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Maddox	Shannon	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Martin	Gayella	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Mattlingly	Lysandra	SINGLE	Child Supp Incentive	66250	Vickie Raymond	\$31.98	\$0.00	
Peter	Lisa	SINGLE	Child Supp Incentive	66200	Vickie Raymond	\$31.98	\$0.00	
Raymond	Vickie	FAMILY	Child Supp CA	66200	Vickie Raymond	\$60.91	\$0.00	
Scott	Joanne	ZERO			Vickie Raymond	\$0.00	\$0.00	
Wills	Elizabeth	SINGLE	Child Supp Incentive	66200	Vickie Raymond	\$31.98	\$0.00	
Wilson	Lynndey	SINGLE	Child Supp CA	66200	Vickie Raymond	\$31.98	\$0.00	
Ziamba	Barbette L	FAMILY	Child Supp Incentive	66260	Vickie Raymond	\$60.91	\$0.00	
Hagelstien	Christina	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Hagelstien	Christina	FAMILY	General 50%	97000	Victim Witness	\$30.46	\$0.00	
Healey	Kathy	SINGLE	FG - Victim Witness 50%	66310	Victim Witness	\$15.99	\$0.00	Split
Healey	Kathy	SINGLE	General 50%	97000	Victim Witness	\$15.99	\$0.00	
Nielson	Jill C	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Nielson	Jill C	FAMILY	General 50%	97000	Victim Witness	\$30.46	\$0.00	
Yodogawa-Campbell	Sakura	FAMILY	FG - Victim Witness 50%	66310	Victim Witness	\$30.45	\$0.00	Split
Yodogawa-Campbell	Sakura	FAMILY	General 50%	97000	Victim Witness	\$30.46	\$0.00	

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractors Payment Authorization

Contractor: Live Well Omaha

Project Number & Title: 596-900 ENH-28(111) Metro Omaha Bicycle Safety Education

Contract Approved by Board of Directors: August 2012

Contract Amount of: \$153,625

Payment # 24

1. Computation of Payment

Bill to Date	\$82,786.09
Less Previous Payments	<u>\$79,715.51</u>
Payment Due this Date	<u>\$3,070.58</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Project Supervisor

Responsible Charge / Department Manager

Executive Director

Payment approved by Finance Committee

Treasurer / MAPA Finance Committee Member

BILL TO:

Metropolitan Area Planning Agency
 2222 Cuming Street
 Omaha, NE 68102

Attn: Mike Helgerson

REMIT TO:

Live Well Omaha
 PO Box 31518
 Omaha, NE 68102
 Attn: Madison
 Haugland



Project Name	Bike Safety Education
Project Number	ENH-28(111)
Control Number	22492
Project Manager	Madison Haugland
Billing Period	11-1-16 to 12-31-16

LABOR	Name	Title	Hours	Rate	Amount	Amount
	Sarah Sjolie	Exec Director	7.0	\$56.21	\$393.47	
	Madison Haugland	Program Manager	31.0	\$27.88	\$864.28	
Labor reimbursement request:					\$1,257.75	

Project Summary	Project Amount	Previously Billed	Current Billing	Billed to Date	Amount Remaining	% Billed
Direct Labor	\$54,580.49	\$42,915.61	\$1,257.75	\$44,173.36	\$10,407.13	81%
Direct Expenses						
Sub-Consultants	\$66,900.00	\$19,854.23	\$2,200.00	\$22,054.23	\$44,845.77	33%
Printing and Reproduction	\$37,800.00	\$5,382.73		\$5,382.73	\$32,417.27	14%
Mileage/Travel	\$247.50	\$218.10	\$64.91	\$283.01	\$35.51	114%
Lodging/Meals	\$480.00	\$15.06		\$15.06	\$464.94	3%
Other Misc. Costs	\$30,500.00	\$31,258.67	\$315.57	\$31,574.24	(1074.24)	104%
Direct Expenses Subtotal	\$135,927.50	\$56,728.79	\$2,580.48	\$59,309.27	\$76,618.23	
TOTALS	\$190,507.99	\$99,644.40	\$3,838.23	\$103,482.63	\$87,025.36	119%

TOTAL REIMBURSEMENT REQUEST: \$3,838.23

Cost Breakdown Form

for Actual Costs Fixed Fee Agreement

Company Name:	Live Well Omaha P.O. Box 31518, Omaha, NE
Address:	68131
Employer No:	47-0834161
Project No.:	ENH-28(111)
Project Location:	Douglas and Sarpy Counties
Control No.:	22492
Agreement No.:	
Invoice No. and Date:	Invoice 23, January 6, 2017
progress Report Date:	6-Jan-17
% Work Completed:	119%
Current Billing Period:	11-1-16 to 12-31-16

Actual Costs	This Period	Previously Billed	To Date
Direct Labor	\$1,257.75	\$42,915.61	\$44,173.36
Direct Expenses	\$2,580.48	\$56,728.79	\$59,309.27
Local Match	\$767.65	\$19,928.88	\$20,696.53
TOTAL AMOUNT DUE	\$3,070.58 ✓		

I certify that the billed amounts are actual in agreement with the contract terms.

Signature:

Title

Date

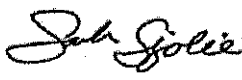
Project Manager

1/6/2017

Madison Haugland

TE Grant Hours November/December 2016

Day	Client	User	Project	Task	Madison's Hours	Sarah's Hours
11/1/2016	MAPA	Madison Haugland	TE Grant	Order Class Materials	0.5	
11/3/2016	MAPA	Madison Haugland	TE Grant	Organize Class Materials	0.5	
11/4/2016	MAPA	Madison Haugland	TE Grant	Organize Class Materials	0.5	
11/7/2016	MAPA	Madison Haugland	TE Grant	Grant Planning	0.5	
11/7/2016	MAPA	Madison Haugland	TE Grant	Paperwork	0.5	
11/7/2016	MAPA	Sarah Sjolie	TE Grant	Grant Planning		0.5
11/9/2016	MAPA	Madison Haugland	TE Grant	Grant Planning	2	
11/9/2016	MAPA	Sarah Sjolie	TE Grant	Grant Planning		2
11/11/2016	MAPA	Madison Haugland	TE Grant	Grant Planning	1	
11/11/2016	MAPA	Sarah Sjolie	TE Grant	Grant Planning		1
11/14/2016	MAPA	Madison Haugland	TE Grant	Paperwork	0.5	
11/14/2016	MAPA	Madison Haugland	TE Grant	Touchbase Meeting	0.5	
11/14/2016	MAPA	Sarah Sjolie	TE Grant	Touchbase Meeting		0.5
11/15/2016	MAPA	Madison Haugland	TE Grant	Invoicing	0.5	
11/15/2016	MAPA	Madison Haugland	TE Grant	Invoicing	2	
11/15/2016	MAPA	Madison Haugland	TE Grant	Bike Map Distribution	0.5	
11/16/2016	MAPA	Madison Haugland	TE Grant	Invoicing	0.5	
11/16/2016	MAPA	Madison Haugland	TE Grant	Paperwork	1.5	
11/16/2016	MAPA	Madison Haugland	TE Grant	Paperwork	3	
11/17/2016	MAPA	Madison Haugland	TE Grant	Promoting Class	0.5	
11/17/2016	MAPA	Madison Haugland	TE Grant	Promoting Class	1	
11/17/2016	MAPA	Madison Haugland	TE Grant	Promoting Class	1.5	
11/21/2016	MAPA	Madison Haugland	TE Grant	Invoicing	0.5	
11/21/2016	MAPA	Madison Haugland	TE Grant	Scheduling Class	1	
11/23/2016	MAPA	Madison Haugland	TE Grant	Paperwork	1	
11/28/2016	MAPA	Madison Haugland	TE Grant	Coordinating Class	1	
11/28/2016	MAPA	Madison Haugland	TE Grant	Grant Planning	2	
11/28/2016	MAPA	Sarah Sjolie	TE Grant	Grant Planning		2
12/1/2016	MAPA	Madison Haugland	TE Grant	Coordinating Incentives	1	
12/5/2016	MAPA	Madison Haugland	TE Grant	Coordinating Class	1.5	
12/6/2016	MAPA	Madison Haugland	TE Grant	Recruiting New LCIs	1	
12/12/2016	MAPA	Madison Haugland	TE Grant	Meeting Planning	0.5	
12/12/2016	MAPA	Sarah Sjolie	TE Grant	Meeting Planning		0.5
12/13/2016	MAPA	Madison Haugland	TE Grant	MAPA Touchbase	0.5	
12/13/2016	MAPA	Sarah Sjolie	TE Grant	MAPA Touchbase		0.5
12/17/2016	MAPA	Madison Haugland	TE Grant	Coordinating Class	1	
12/19/2016	MAPA	Madison Haugland	TE Grant	Coordinating Class	1	
12/19/2016	MAPA	Madison Haugland	TE Grant	Paperwork	0.5	
12/22/2016	MAPA	Madison Haugland	TE Grant	Recruiting New LCIs	1	
Totals:					31	7

X 
 Manager Approval

PELL DUVALL CONSULTING**INVOICE**

402.630.7181
pell.duvall@gmail.com

511 N 36th St
Omaha, NE 68131

Live Well Omaha
1516 Cuming St
Omaha, NE 68102
Date: 11/7/16

Project Title: Bike Education - TE Grant
Project Description: Education and Planning
P.O. Number: N/A
Invoice Number: LWO0016
Terms: payable upon receipt

Description	Quantity	Unit Price	Cost
Billable time - TS101 and LCI planning 10/20/2016	5.0	\$ 40.00	\$ 200.00
Billable time - Active Transportation Education Partnership Meeting 10/25/2016	2.0	\$ 40.00	\$ 80.00
Billable time - TS101 and LCI planning 10/27/2016	2.0	\$ 40.00	\$ 80.00
Billable time - TS101 documentation prep 10/28/2016	2.0	\$ 40.00	\$ 80.00
Billable time - TS101 class time and documentation 10/29/2016	10.0	\$ 40.00	\$ 400.00
Billable time - TS101 review new documentation and presentation build 10/28/2016	4.0	\$ 40.00	\$ 160.00
Billable time - TS101 class time and documentation 11/05/2016	8.0	\$ 40.00	\$ 320.00
Billable time - Correspondence for LCI seminar prep	1.0	\$ 40.00	\$ 40.00
		Subtotal	\$ 1,360.00
		Tax	\$ 0.00
		Total	\$ 1,360.00

Thank you for your business!

PELL DUVALL CONSULTING

INVOICE

402.630.7181
pell.duvall@gmail.com

511 N 36th St
Omaha, NE 68131

Live Well Omaha
1516 Cuming St
Omaha, NE 68102
Date: 11/21/16

Project Title: Bike Education - TE Grant
Project Description: Education and Planning
P.O. Number: N/A
Invoice Number: LWO0017
Terms: payable upon receipt

Description	Quantity	Unit Price	Cost
Billable time - Wellcom Active Transportation Meeting 11/9/2016	2.0	\$ 40.00	\$ 80.00
Billable time - Verdis/Metro Active Transportation Meeting 11/16/2016	1.5	\$ 40.00	\$ 60.00
Billable time - Active Transportation Partnership Meeting - BUMP 10/17/2016	1.0	\$ 40.00	\$ 40.00
Billable time - Ed Recruitment at Safe Kids Douglas County Meeting 11/17/2016	0.5	\$ 40.00	\$ 20.00
Billable time - TS101 documentation and student follow up class 1 of 2 11/17/2016	3.0	\$ 40.00	\$ 120.00
Billable time - Correspondence for LCI seminar prep and MOU 11/21/2016	2.0	\$ 40.00	\$ 80.00
		\$ 40.00	\$ 0.00
		\$ 40.00	\$ 0.00
		Subtotal	\$ 400.00
	Tax		\$ 0.00
		Total	\$ 400.00

Thank you for your business!

PELL DUVALL CONSULTING**INVOICE**

402.630.7181
pell.duvall@gmail.com

511 N 36th St
Omaha, NE 68131

Live Well Omaha
1516 Cuming St
Omaha, NE 68102
Date: 12/19/16

Project Title: Bike Education - TE Grant
Project Description: Education and Planning
P.O. Number: N/A
Invoice Number: LWO0018
Terms: payable upon receipt

Description	Quantity	Unit Price	Cost
Billable time - TS101 documentation and student follow up class 2 of 2 11/17/2016	2.5	\$ 40.00	\$ 100.00
Billable time - Active Transportation Partnership Meeting - BUMP 12/06/2016	1.5	\$ 40.00	\$ 60.00
Billable time - Winter Bicycling Clinic promotion, prep, and seminar 12/8/2016	4.0	\$ 40.00	\$ 160.00
Billable time - Correspondence for LCI seminar prep and MOU	1.5	\$ 40.00	\$ 60.00
Billable time - Metro bike safety education meeting - 11/22/2016	1.5	\$ 40.00	\$ 60.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
		Subtotal	\$ 440.00
		Tax	\$ 0.00
		Total	\$ 440.00

Thank you for your business!

E WELL OMAHA
Expense Worksheet

Traveler: Madison Haugland

Cost Center/WBS Element

Date	Location	Reason for Trip	Mileage	
7/9/16	Community Bike Project	Bike Safety Presentation	1.9	
7/13/16	Metro Transit	BRT Stakeholder Meeting	0.8	
7/13/16	MAPA	TE Grant Planning	0.8	
7/14/16	Union Pacific	Membership Meeting	2	
7/18/16	CHI McAuley Center	DA Planning Meeting	10	
7/18/16	Salvation Army	Bike Safety Presentation	12.8	
7/21/16	Washington Library	Bike Safety Presentation	8.4	
7/25/16	Corkscrew Wine & Cheese	Bike Omaha Network Kickoff	2.6	
7/26/16	UNO	Bike Omaha Network Input Session	5	
7/27/16	UNO	Bike Omaha Network Input Session	5	
7/30/16	Omaha Air Force Base	Bike Safety Presentation	25.4	
7/31/16	Omaha Air Force Base	Bike Safety Presentation	30.4	
8/8/16	MAPA	TE Grant Planning	4.8	
8/9/16	UNO	OBID Presentation	6.6	
8/10/16	CHI McAuley Center	AFHK Meeting	20	
8/11/16	Bike Project	Bike Safety Presentation	2.2	
8/13/16	Community Bike Project	Bike Safety Presentation	1.9	
8/17/16	UNMC	Bike Omaha Network Meeting	6	
8/17/16	DCHD	Horizons in Active Transportation	3.5	
8/19/16	UNO	Local Foods Conference	7	
8/30/16	YMCA	Let's Move! Outside Meeting	2.8	
8/30/16	108th & Fon	Syniah Religgs Bike Education	9.4	
8/31/16	DCHD	Horizons in Active Transportation	3.5	
9/8/16	Harper Center	Health Summit run through	1	
9/16/16	BCBS	BCBS Health Fair	12	
10/4/16	Jacobs Market	Snacks for LWOC Party	10.8	
10/8/16	WoodmanLife	WoodmanLife Health Fair	2.2	
10/7/16	The Bike Union	Bike Safety Education Planning	7.2	
10/21/16	OfficeMax	Pick up office supplies	5.4	
10/28/16	National Park Service	Let's Move! Outside Meeting	2.6	
10/27, 10/28	CHI McAuley Center	Decision Accelerator	30.8	
11/9/16	YMCA	Let's Move! Outside Meeting	2.8	
11/11/16	Valmont	Staff Planning	17.4	
11/16/16	City of Omaha	Bike Omaha Network Meeting	2	
11/17/16	Children's Hospital	Sara Kite Douglas County	12	
TOTAL			281.2	\$151.85

Project	Miles	Dollars
LWO Gen	139	\$75.08
TE Grant	10.2	\$4.21
LWOC	22	\$1.86
RHS		\$0.00
	281.2	\$151.85

I claim reimbursement from Live Well Omaha for the above expenses incurred by me in the line of duty and declare that the above statement of them is a true account of such expenses for which the payment has not been made heretofore by Live Well Omaha

Madison Haugland 21-Nov-16
 Employed Date
[Signature] 11/20/16
 Manager Approval Date



Quality Bicycle Products, Inc.
 6400 W. 105th Street
 Bloomington, MN 55438
 Tel 800-346-0004 Fax 800-346-3340
 arpay@qbp.com

Commercial Invoice

INVOICE NO.	INVOICE DATE	PAGE
0091076601	12/01/2016	1 of 1

Please Remit Payment to:

Quality Bicycle Products, Inc.
 NW 6394
 PO BOX 1450
 MINNEAPOLIS MN 55485-6394
 Print Invoice Number on Your Check - Remit in U.S. Funds

PAYER:

ACTIVATE OMAHA
 PO BOX 31518
 Omaha, NE 68131

SHIP TO:

HEARTLAND BIKE SHARE
 1144 N 11th street.
 Omaha, NE 68102

ORDER DATE	PURCHASE ORDER NUMBER	SOLD TO	PAYMENT TERMS	PAYMENT METHOD	SHIP DATE
12/01/2016	Thomas Torres 11281616	105228	Payable upon receipt	Credit Card	12/01/2016

LINE #	ORDERED	SHIPPED	ITEM NO.	DESCRIPTION	UNIT	UNIT PRICE	EXT. DISCOUNT	EXT. PRICE
1	20	20	LT7362	PlanetBK Beamer 1 LED Head&Taillight set	EA	15.50	0.00	310.00
Shipped From: Distribution Center #1 - Bloomington MN 55438								
Ship Subtotal								310.00
Freight								5.57

Tracking Numbers:
 SP0090050300151933

# OF BOXES: 1	# OF LINES: 1	QTY SHIPPED: 20	ORDER #: 00010IN4	INVOICE TOTAL	315.57
Your Discounts on this order: \$0.00	QBP Freight Discount: \$0.00	Amount added to your rebate when this invoice is paid on time: \$0.00			

US Dollars

We appreciate your business!
 Perfect Order Guarantee on web orders
 Past Due invoices will incur a daily finance charge based on an annual percentage rate of 18%

Category	Date	Name	Hours	Current Billing
Direct Labor				
	11-1-16 to 12-31-16	Sarah Sjolie	7	\$393.47
	11-1-16 to 12-31-16	Madison Haugland	31	\$864.28
Direct Labor Total				\$1,257.75
Direct Expenses				
Sub-Consultants	11/7/2016	Pell Duvall INV 16		\$1,360.00
	11/15/2016	Pell Duvall INV 17		\$400.00
	12/19/2016	Pell Duvall INV 18		\$440.00
Sub-consultants total				\$2,200.00
Printing and Reproduction				
P&R Total				\$0.00
Mileage				
	11/21/2016	Madison Mileage		\$64.91
Milage Total				\$64.91
Other Misc. Costs				
	12/5/2016	Quality Bicycle Products - Lights		\$315.57
Other Misc. Costs total				\$315.57
Direct Expenses Subtotal				\$2,580.48
TOTAL REIMBURSEMENT REQUEST:				\$3,838.23

Handwritten: ✓ \$310.00



Progress Report

Project No: Bike Safety Education
ENH-28(111)
22492

Location: Omaha Metro, Nebraska
Type of Work: Bike Safety Education

Progress: Nov 1 – Dec 31 2016
Progress Report No: 23

Project progress this reporting period:

1. Taught 1 adult bike safety class
 - a. Intense Smart Cycling Class – 5 adults
 - i. Pre-requisite for LCI Seminar we're planning for the April 2017
2. Taught 1 youth bike safety class
 - a. Bike safety presentation – 80 kids – Field Club Elementary
3. Continued outreach to community and potential LCIs to plan future classes and get the word out on the grant:
 - a. Will be working with The Bike Union, The Hunger Collaborative, and Mode Shift Omaha on an educational opportunity
 - b. Will teach at Community Bike Project Omaha/Abide/Creighton Earn-a-Bike event in 2017
4. Continuing to support Pell Duvall on LCI Seminar scheduled for April 2017
 - a. Collaborated on LCI outreach, recruiting and LCI class protocol.
5. Distributed new batch of 2015 Omaha Bicycle Maps
6. Purchased class materials and incentives for Smart Cycling Seminars and future educational opportunities.
7. Worked on updating scope of work and budget with MAPA for 2017
8. Created RFP for educational bike safety website

Upcoming project tasks to be accomplished:

1. Select subcontractor for website
2. Manage creation of website
3. Update Omaha Bicycle Map
4. Bid/Print 30,00 Omaha Bicycle Maps
5. Coordinate upcoming classes!
6. Promote upcoming classes!
7. Staff upcoming classes!
8. Order lights and helmets for upcoming classes!
9. Execute upcoming classes!

Items required from client:

None

Unresolved project issues affecting the schedule:

None

Progress Report No. 23
Project Name: Bike Safety Education
Project Number: ENH-28(111)
Control Number: 22492

Project Manager: Madison Haugland

Biling Period: 11-1-16 to 12-31-16

The following is a summary of project work performed by the Live Well Omaha team for the project during the invoice period noted above:

CURRICULUM DEVELOPMENT

Best practices review and toolkit complete; steering committee seated, curriculum development well underway, outreach to school districts complete

Complete; school outreach determined that train the trainer for PE teachers not possible.

Curriculum development and supporting documentation drafted; performatals and skills test drafted. Materials Complete; using LAB materials and curriculum.

SAFETY EDUCATION DELIVERY

In progress, on schedule (43 adult and 68 youth classes since 2013). See attached report for detailed information and number of people reached.

TRAINING THE TRAINERS

Market second TS101/LCI pair to target professionals

Complete. LCI course was held October 18-20, 2013

Conduct second LCI Course

Complete. LCI course was held October 18-20, 2013. 6 new instructors were certified.

Market third TS101/LCI pair to target professionals; coordinate 3rd LCI class

In Progress. Potential for City of Omaha Parks & Rec employees and community members for Fall 2016/Spring 2017, based on demand.

Conduct third LCI Course

In Progress. LCI training seminar scheduled for April 2017.

PROCUREMENT AND ADMINISTRATION

Set up financial management system, prepared requirements draft RFP for safety brochure design

Complete.

Release RFP for safety brochure design and production, etc.

Complete. Using LAB materials; design of new materials not necessary.

Procure materials needed to deliver classes; manage contract instructors remuneration; third and fourth progress reports

Complete. Materials being ordered from LAB on an on-demand basis (**SINGLE SOURCE MATERIAL**)

Complete/In Progress: Will purchase more throughout 2017.

Complete: Submitted bid documentation and approval from MAPA.

Complete. Agreement reached with wholesale supplier (QBP) to purchase lights/reflective materials for future classes

Design and production of 10,000 updated metro commuter bike maps

Complete. Map printed and distributed. Maps can be picked up or delivered on request.

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractors Payment Authorization

Contractor: Live Well Omaha

Project Number & Title: 159045004 Live Well Omaha Commuter Challenge

Contract Approved by Board of Directors: April 20, 2016

Effective: 04/11/2016 – 12/31/2017

Contract Amount of: \$19,440

Payment #6

1. Computation of Payment

Bill to Date	\$8,369.30
Less Previous Payments	6,567.33
Payment Due this Date	<u>\$1,801.97</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Program Supervisor

Department Manager/Responsible Charge

Executive Director

Payment approved by Finance Committee _____

Treasurer

**Cost Breakdown
Form
for Actual Costs
Fixed Fee
Agreement**

Company Name:	Live Well Omaha P.O. Box 31518, Omaha, NE 68131
Address:	NE 68131
Employer No:	47-0834161
Contract No.:	
Project Location: Douglas and Sarpy Counties	
Control No.:	
Agreement No.:	
Invoice No. and Date:	Invoice 11, January 6, 2017
progress Report Date:	6-Jan-17
% Work Completed:	16%
Current Billing Period:	11-1-16 to 12-31-16

Actual Costs	This Period	Previously Billed To Date	
Direct Labor	\$1,467.81	\$6,531.74	\$7,999.55
Direct Expenses	\$579.88	\$931.14	\$1,511.02
Indirect Expenses	\$204.77	\$746.30	\$951.07
Local Match	\$450.49	\$1,641.84	\$2,092.33
TOTAL AMOUNT DUE	\$1,801.97 ✓		

I certify that the billed amounts are actual in agreement with the contract terms.

Signature: _____ Title: Project Manager Date: 1/6/2017

Madison Haugland

BILL TO:
 Metropolitan Area Planning Agency
 2222 Cuming Street
 Omaha, NE 68102

Attn: Sue Cutsforth

REMIT TO:
 Live Well Omaha
 PO Box 31518
 Omaha, NE
 Attn: Madison
 Haugland



Project Name	Live Well Omaha Commuter Challenge
Contract Number	
Project Manager	Madison Haugland
Biling Period	11-1-16 to 12-31-16

LABOR					
Name	Title	Hours	Rate	Amount	
Sarah Sjolie	Exec Director	9	\$56.21	\$505.89	
Courtney Brewer	Comm Coord	2	\$34.88	\$69.76	
Madison Haugland	Active Living Coorc	32	\$27.88	\$892.16	
Labor reimbursement request:				\$1,467.81	

Project Summary							
Category	Project Amount	Previously		Current Billing	Amount		
		Billed			Billed to Date	Remaining	% Billed
Direct Labor	\$15,900.00	\$6,531.74		\$1,467.81	\$7,999.55	\$7,900.45	50%
Direct Expenses							
Data Tool	\$4,000.00	\$54.00		\$18.00	\$72.00	\$3,928.00	2%
Postage and Delivery	\$200.00	\$100.15		\$11.88	\$112.03	\$87.97	56%
Office Supplies	\$200.00	\$101.99		\$0.00	\$101.99	\$98.01	51%
Bike Valet Services	\$0.00	\$675.00		\$550.00	\$1,225.00	(\$1,225.00)	0%
Direct Expenses Subtotal	\$4,400.00	\$931.14		\$579.88	\$1,511.02	\$2,888.98	34%
Indirect Expenses 10%		\$746.30		\$204.77	\$951.07	(\$951.07)	
TOTALS	\$20,300.00	\$8,209.18		\$2,252.46	\$10,461.64	\$9,838.36	52%

TOTAL REIMBURSEMENT REQUEST: \$2,252.46

Commuter Challenge Hours November/December 2016

Day	Client	User	Project	Task	Entry Notes	Madison's Hours	Sarah's Hours	Courtney's Hours
11/7/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Grant Planning		0.5		
11/7/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Grant Planning			0.5	
11/8/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		1		
11/9/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Grant Planning		2		
11/9/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Grant Planning			2	
11/10/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Data Analysis		1		
11/11/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Grant Planning		1		
11/11/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Grant Planning			1	
11/11/2016	MAPA	Courtney Brewer	LWO Commuter Challenge	Grant Planning				1
11/14/2016	MAPA	Courtney Brewer	LWO Commuter Challenge	Participant Communication	Email			0.5
11/14/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Touchbase Meeting		0.5		
11/14/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Touchbase Meeting			0.5	
11/14/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Participant Communication		1.5		
11/14/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		1		
11/14/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		0.5		
11/14/2017	MAPA	Sarah Sjolie	LWO Commuter Challenge	Admin Tasks	RFP		0.5	
11/14/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		0.5		
11/15/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks	RFP	2		
11/15/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		1		
11/15/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks	RFP	3		
11/15/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		0.5		
11/15/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		0.5		
11/16/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks	RFP	1.5		
11/16/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		0.5		
11/16/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Admin Tasks	RFP		0.5	
11/16/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks	RFP	3.5		
11/17/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks		1		
11/18/2016	MAPA	Madison Haugland	LWO Commuter Challenge	LSBI Meeting		1		
11/28/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks	RFP	2		
11/28/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Admin Tasks	RFP		2	
12/2/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Data Analysis		1.5		
12/6/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks	LWOCC Report	0.5		
12/6/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks				0.5
12/7/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Admin Tasks	LWOCC Report	2		
12/12/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Meeting Planning		0.5		
12/12/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Meeting Planning			0.5	
12/13/2016	MAPA	Madison Haugland	LWO Commuter Challenge	MAPA Touchbase		0.5		
12/13/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	MAPA Touchbase			0.5	
12/19/2016	MAPA	Sarah Sjolie	LWO Commuter Challenge	Admin Tasks	RFP/Budget		1	
12/20/2016	MAPA	Madison Haugland	LWO Commuter Challenge	Business Outreach	Mutual of Omaha	1		
Totals:						32.0	9	2


 x _____
 Manager Approval

Category	Date	Name	Hours	Current Billing
Direct Labor				
	11-1-16 to 12-31-16	Sarah Sjolie	9	\$505.89
	11-1-16 to 12-31-16	Courtney Brewer	2	\$69.76
	11-1-16 to 12-31-16	Madison Haugland	32	\$892.16
				\$1,467.81 ✓
Direct Expenses				
Data Tool				
	11/9/2016	Heroku Hosting		\$9.00 ✓
	12/7/2016	Heroku Hosting		\$9.00 ✓
Data Tool Total				\$18.00
Postage and Delivery				
	11/21/2016	Madison's Mileage		\$11.88 ✓
P & D Total				\$11.88
Office Supplies				
Office Supplies Total				\$0.00
Bike Valet Services				
	11/7/2016	Omaha Bikes		\$550.00
Bike Valet Services Total				\$550.00
Direct Expenses Subtotal				\$579.88
TOTALS				\$2,047.69

Thanks for choosing Heroku,
The Heroku Billing Team
billing@heroku.com

Account:
omahacommuterchallengeops@gmail.com

Billed to:
Sarah Sjolle
PO Box 31518
Omaha NE, 68131
US

Billing period:
November 01, 2016 - December 01, 2016

Invoice #:
9397759

Charges	Amount
Application dynos	\$ 0.00
Add-on services	\$ 9.00
Subtotal:	\$ 9.00
Total:	\$ 9.00

Billed to:
Sarah Sjolle
PO Box 31518
Omaha NE, 68131
US

Billing period:
October 01, 2016 - November 01, 2016

Invoice #:
9171088

Charges	Amount
Application dynos	\$ 0.00
Add-on services	\$ 9.00
Subtotal:	\$ 9.00
Total:	\$ 9.00

E WELL OMAHA
Expense Worksheet

Traveler Madison Haujland

Cost Center/WBS Element

Date	Location	Reason for Trip	Mileage	
7/13/16	Community/Bike Festival	Bike Safety Presentation	1.8	
7/13/16	Metro Transit	BRT Stakeholder Meeting	0.8	
7/14/16	MAPA	RFR Process	0.0	
7/14/16	Union Pacific	Membership Meeting	2	
7/18/16	CHI McAuley Center	DA Planning Meeting	10	
7/19/16	The Salvation Army	Bike Safety Presentation	12.0	
7/21/16	Washington Brewery	Bike Safety Presentation	6.4	
7/25/16	Conkrew Wine & Cheese	Bike Omaha Network Kickoff	2.8	
7/28/16	UNO	Bike Omaha Network Input Session	5	
7/27/16	UNO	Bike Omaha Network Input Session	5	
7/30/16	Ortuit Air Force Base	Bike Safety Presentation	26.4	
7/31/16	Ortuit Air Force Base	Bike Safety Presentation	26.4	
8/8/16	MAPA	VE Grant Presentation	0.3	
8/9/16	UNO	OBID Presentation	6.6	
8/10/16	CHI McAuley Center	AFHK Meeting	20	
8/11/16	Bike Park	Bike Safety Presentation	2.2	
8/13/16	Community/Bike Festival	Bike Safety Presentation	16.0	
8/17/16	UNMC	Bike Omaha Network Meeting	6	
8/17/16	DCHD	Horizons in Active Transportation	3.5	
8/19/16	UNO	Local Foods Conference	7	
8/30/16	YMCA	Let's Move! Outside Meeting	2.8	
8/30/16	108th & North	Sylvia Rollins Bike Education	9.4	
8/31/16	DCHD	Horizons in Active Transportation	3.5	
9/8/16	Harper Center	Health Summit run through	1	
9/16/16	BCBS	BCBS Health Fair	12	
10/4/16	Jacob's Market	Breakfast for LWCC Party	16	
10/6/16	WoodmanLife	WoodmanLife Health Fair	2.2	
10/7/16	The Bike Union	Bike Safety Education Planning	2	
10/21/16	OfficeMax	Pick up office supplies	5.4	
10/28/16	National Park Service	Let's Move! Outside Meeting	2.8	
10/27, 10/28	CHI McAuley Center	Decision Accelerator	30.8	
11/9/16	YMCA	Let's Move! Outside Meeting	2.8	
11/11/16	Vermont	Staff Planning	17.4	
11/16/16	City of Omaha	Bike Omaha Network Meeting	2	
11/17/16	Children's Hospital	State Key Douglas County	12	
TOTAL			281.2	\$151.85

\$0.64

Project	Miles	Dollars
LWCC Gen	139	\$75.00
TC Gen	20	\$84.00
LWCC	20	\$11.88
PHS		\$0.00
	281.2	\$151.88

I claim reimbursement from Live Well Omaha for the above expenses incurred by me in the line of duty and declare that the above statement of them is a true account of such expenses for which the payment has not been made heretofore by Live Well Omaha.

Madison Haujland 21-Nov-16
 Employed Date
Jan Smith 11/20/16
 Manager Approval Date



1516 Cuming St
Omaha, NE 68102

P: 402.915.2207

info@omahabikes.org

<http://omahabikes.org>

Bill To: **Live Well Omaha**
Address: **1516 Cuming St**
Omaha, NE 68102

Phone:
Fax:
Email:

Invoice #: **16009**
Invoice Date: **11/7/2016**
Contact: **Madison Haugland**

Date	Item #	Description	Qty	Unit Price	Discount	Total
10/8/2016		Billable Time - Bike To Farnam Festival Coordination & Setup	6	\$25.00		\$150.00
10/8/2016		Bike To Farnam Festival Valet hours	2	\$25.00		\$50.00
10/8/2016		Billable Time - Bike To Farnam Festival breakdown	2	\$25.00		\$50.00
10/15/2016		Billable time - Event Parking Report with AQ Analysis	12	\$25.00		\$300.00

Invoice Subtotal \$550.00

Tax Rate

Sales Tax

Shipping

Deposit Received

Total \$550.00

MAKE ALL CHECKS PAYABLE TO OMAHA BIKES

Balance due upon receipt.



Progress Report

Project No: Live Well Omaha Commuter Challenge

Location: Omaha Metro, Nebraska

Dates Covered: Nov 1 – Dec 31 2016

Type of Work: Commuter Challenge

Progress Report No: 11

Project progress this reporting period:

1. Community Catalyst Events
 - a. None held during this time frame – out of challenge period
2. Communications Strategy
 - a. Coordinated with Mutual or Omaha to promote Commuter Challenge at physical activity fair in January
3. Data Analysis and Participant Outreach
 - a. Promoted LSBI survey via email to challenge participants
 - b. Wrote and coordinated with MAPA on RFP for new online data tracking tool
 - c. Worked on and turned in 2017 scope of work and budget

Upcoming project tasks to be accomplished:

1. Execute RFP process
2. Manage subcontractor after selection of RFP
3. Coordinate with Omaha Bikes on promoting LSBI at Bike Valet Events in 2017
4. Challenge begins May 1!

Items required from client:

None

Unresolved project issues affecting the schedule:

None

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Lovgren Marketing Group

Project Title: 2016 Air Quality Awareness Campaign

Contract Approved by Board of Directors: January 2016

Effective: February 1, 2016 - January 31, 2017

Contract Amount of: \$299,270

Revised Task Order Total \$196,000

Payment # 10

1. Computation of Payment

Bill to Date	\$173,577.18
Less Previous Payments	<u>164,863.79</u>
Payment Due this Date	<u>\$8,713.39</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Project Supervisor

Responsible Charge / Department Manager

Executive Director

Payment approved by Finance Committee

Treasurer

LOVGREN MARKETING GROUP

809 North 96 Street Suite 2
Omaha NE 68114-2498
402-397-7158

STATEMENT



Metropolitan Area Planning Agency (MAPA)
2222 Cuming Street
Omaha NE 68102-4328

Date
12/12/2016

11/1/2016 - 11/30/2016
Direct Labor/Direct Costs

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

Date	Invoice	Transaction	Amount
12/12/2016	18835	Little Steps Big Impact Ozone Awareness Campaign	\$8,713.38
		AMOUNT DUE*PLEASE REMIT	\$8,713.38

LOVGREN MARKETING GROUP
 809 North 96 Street Suite 2
 Omaha NE 68114-2498
 402-397-7158

INVOICE



Metropolitan Area Planning Agency (MAPA)
 2222 Cuming Street
 Omaha NE 68102-4328

Invoice #
18835
12/12/2016

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

11/1/2016 - 11/30/2016
 Direct Labor/Direct Costs

Services	Amount
<i>MAPA-LITTLE STEPS BIG IMPACT OZONE AWARENESS CAMPAIGN</i>	
TASK 1	
Task 1.4 Conduct Planning Meetings with LSBI Campaign Team	
Principal Manager*Linda Lovgren 1.50 Hrs @ \$190 ✓	\$285.00
Graphics Manager*Tom Nemitz 2.00 Hrs @ \$145 ✓	\$290.00
TASK 2	
Task 2.1 Survey Management & Administration	
Principal Manager*Linda Lovgren 4.25 Hrs @ \$190 ✓	\$807.50
Graphics Manager*Tom Nemitz 13.00 Hrs @ \$145 ✓	\$1,885.00
TASK 3	
Task 3.1 Graphics Design	
Graphics Manager*Tom Nemitz 1.00 Hrs @ \$145 ✓	\$145.00
Page 1	

LOVGREN MARKETING GROUP

809 North 96 Street Suite 2
 Omaha NE 68114-2498
 402-397-7158

INVOICE



Metropolitan Area Planning Agency (MAPA)
 2222 Cuming Street
 Omaha NE 68102-4328

Invoice #
18835
12/12/2016

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

11/1/2016 - 11/30/2016
 Direct Labor/Direct Costs

Services	Amount
<i>MAPA-LITTLE STEPS BIG IMPACT OZONE AWARENESS CAMPAIGN</i>	
TASK 4	
Task 4.4.2 Coordinate invoicing and payment of placements	
Project Administration*Donna Maxey 8.00 Hrs @ \$85	\$680.00
Total Direct Labor:	\$4,092.50
Overhead @ 55% of Direct Labor	\$2,250.88
Page 2 *Sub-Total Labor	\$6,343.38

LOVGREN MARKETING GROUP
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INVOICE



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 Omaha NE 68102-4328

Invoice #
18835
12/12/2016

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

11/1/2016 - 11/30/2016
 Direct Labor/Direct Costs

Services	Amount
<i>MAPA-LITTLE STEPS BIG IMPACT OZONE AWARENESS CAMPAIGN</i>	
<i>Direct Costs</i>	
Randa Zalman*Consultant--Social Media Consultation 12.00 Hrs @ \$75	\$900.00
Page 3* Sub-Total Direct Costs	\$900.00

LOVGREN MARKETING GROUP

809 North 96 Street Suite 2
Omaha NE 68114-2498
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INVOICE



Metropolitan Area Planning Agency (MAPA)
2222 Cuming Street
Omaha NE 68102-4328

Invoice #
18835
12/12/2016

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

11/1/2016 - 11/30/2016
Direct Labor/Direct Costs

Services	Amount
<i>MAPA-LITTLE STEPS BIG IMPACT OZONE AWARENESS CAMPAIGN</i>	
<i>Direct Costs* Media Advertising</i>	
Television Advertising	
KMTV TV 9/26/16 - 10/1/16 23 Spots	\$1,470.00
Page 4* Sub-Total Media Advertising	\$1,470.00
AMOUNT DUE* PLEASE REMIT	\$8,713.38

LOVGREN MARKETING GROUP
809 North 96 Street Suite 2
Omaha NE 68114-2498
402-397-7158

PROGRESS REPORT



PROJECT # 16014500201
TITLE: AIR QUALITY AWARENESS CAMPAIGN-FY16
Location: Omaha-Council Bluffs

Invoice #18835

11/1/2016 - 11/30/2016

Page 1

Project Activity During this Period:

The following is a summary of project work performed by the Lovgren Marketing Group team for Metropolitan Area Planning Agency*Air Quality Awareness Campaign-FY16

Task 1 Project Management

Prep materials for meeting; review project & updates
Facilitate/coordinate/attend client meeting

Task 2 Survey Management & Administration

Discussions -survey and social media results & follow-ups
Prep materials for survey presentation; survey summary and develop PPT presentation
Data responses from survey-compile report from data

Task 3 Graphic and Media Design

Ozone Page: redirect on Mobile Version

Task 4 Media Coordination

Coordinate invoicing/payment for media placements

Task 5 Media Relations

No Activity

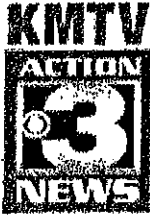
Direct Costs*Media Advertising

Media Advertising* Television Spots

Direct Costs

Social Media Consultation; Check FB and Twitter engagements ; Compile Analytics
Check status of November 2016 Editorial Calendar; Evaluate paid placements

INVOICE



KMTV
 10714 Mockingbird Drive
 Omaha, NE 68127
 Main: (402) 592-3333
 Billing: (888) 877-4689

Invoice #	Invoice Date	Invoice Month	Invoice Period
159017-4	10/02/16	October 2016	09/26/16 - 10/01/16

Property	Account Executive	Sales Office	Sales Region
KMTV	Bridgid McCormick	KMTV-OMAHA	Local

Advertiser	Product	Estimate Number
Metro Area Planning Agenc	MAPA TV 2016	

Flight Dates	Order #	Alt Order #
06/20/16 - 10/02/16	159017	

Billing Calendar	Billing Type	Deal #
Broadcast	Cash	

Special Handling

Agency Code	Advertiser Code	Product 1/2

Agency Ref	Advertiser Ref

SCR1005D
 2000000036 9/2

LOVGREN MARKETING GROUP
 ATTENTION: LINDA LOVGREN
 809 NORTH 96TH STREET SUITE 2
 OMAHA, NE 68114

Send Payment To:

KMTV
OMAHA
P.O. BOX 203590
DALLAS, TX 75320-3590

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																					
2	08/29/16	10/02/16	M-F 5-6am News	5-6am	MTWTF--	:15	2	\$26.00	NM																																																					
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9	07/04/16	10/02/16	M-F 9-10am	9-10am	MTWTF--	:30	2	\$20.00	NM																																																					
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We warrant that the actual broadcast information shown on this invoice was taken from the program log. We do not discriminate in advertising contracts on the basis of race or ethnicity, and will not accept any advertising which is intended to discriminate on the basis of race or ethnicity. Advertiser represents and warrants that it is not purchasing advertising time from us or our station that is intended to discriminate on the basis of race or ethnicity. SEM Customers: Charges for Search Engine Marketing include click costs as well as fees for account set up, management and optimizations. Local advertising in Phoenix, by any method, is subject to tax. If you consider yourself to fall under an exemption, please provide the appropriate documentation. If no documentation is provided, the transaction privilege tax (TPT) with a rate of 0.5%, will be applied to your invoice.



Send Payment To:
KMTV
Omaha
P.O. Box 203590
Dallas, TX 75320-3590

INVOICE

<u>Invoice #</u> 169017-4	<u>Invoice Date</u> 10/02/16	<u>Invoice Month</u> October 2016	<u>Invoice Period</u> 09/26/16 - 10/01/16
<u>Advertiser</u> Metro Area Planning Agency		<u>Product</u> MAPA TV 2016	<u>Estimate Number</u>

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																																																																
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7	KMTV	W	09/28/16	10:56 PM	M-F 1035-1137pm	1035-1137pm	:30	MAPA-01-30-TV-REV1	\$75.00	NM																																																															
25	07/04/16	10/02/16	Sa 6-8am	6-8am	-----S-	:30	1	\$25.00	NM																																																																
<table border="0"> <tr> <td><u>Weeks:</u></td> <td><u>Start Date</u></td> <td><u>End Date</u></td> <td><u>MTWTFSS</u></td> <td><u>Spots/Week</u></td> <td><u>Rate</u></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>09/26/16</td> <td>10/02/16</td> <td>-----S-</td> <td>1</td> <td>\$25.00</td> <td colspan="4"></td> </tr> <tr> <td><u>Spots: #</u></td> <td><u>Ch</u></td> <td><u>Day</u></td> <td><u>Air Date</u></td> <td><u>Air Time</u></td> <td><u>Description</u></td> <td><u>Start/End Time</u></td> <td><u>Length</u></td> <td><u>Ad-ID</u></td> <td><u>Rate</u></td> <td><u>Type</u></td> </tr> <tr> <td>11</td> <td>KMTV</td> <td>Sa</td> <td>10/01/16</td> <td>7:12 AM</td> <td>Sa 6-8am</td> <td>6-8am</td> <td>:30</td> <td>MAPA-01-30-TV-REV1</td> <td>\$25.00</td> <td>NM</td> </tr> </table>										<u>Weeks:</u>	<u>Start Date</u>	<u>End Date</u>	<u>MTWTFSS</u>	<u>Spots/Week</u>	<u>Rate</u>						09/26/16	10/02/16	-----S-	1	\$25.00					<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>	11	KMTV	Sa	10/01/16	7:12 AM	Sa 6-8am	6-8am	:30	MAPA-01-30-TV-REV1	\$25.00	NM																						
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27	07/04/16	10/02/16	Sa 10-1030pm News	10-1030pm	-----S-	:15	1	\$75.00	NM																																																																
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We warrant that the actual broadcast information shown on this invoice was taken from the program log. We do not discriminate in advertising contracts on the basis of race or ethnicity, and will not accept any advertising which is intended to discriminate on the basis of race or ethnicity. Advertiser represents and warrants that it is not purchasing advertising time from us or our station that is intended to discriminate on the basis of race or ethnicity. 3EM Customers: Charges for Search Engine Marketing Include click costs as well as fees for account set up, management and optimizations. Local advertising in Phoenix, by any method, is subject to tax. If you consider yourself to fall under an exemption, please provide the appropriate documentation. If no documentation is provided, the transaction privilege tax (TPT) with a rate of 0.5%, will be applied to your invoice.

INVOICE



Send Payment To:
KMTV
Omaha
P.O. Box 203590
Dallas, TX 75320-3590

<u>Invoice #</u> 159017-4	<u>Invoice Date</u> 10/02/16	<u>Invoice Month</u> October 2016	<u>Invoice Period</u> 09/26/16 - 10/01/16
<u>Advertiser</u> Metro Area Planning Agency		<u>Product</u> MAPA TV 2016	<u>Estimate Number</u>

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type																						
27	07/04/16	10/02/16	Sa 10-1030pm News	10-1030pm	-----S-	:15	1	\$75.00	NM																						
<table border="1"> <thead> <tr> <th>Spots: #</th> <th>Ch</th> <th>Day</th> <th>Air Date</th> <th>Air Time</th> <th>Description</th> <th>Start/End Time</th> <th>Length</th> <th>Ad-ID</th> <th>Rate</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>KMTV</td> <td>Sa</td> <td>10/01/16</td> <td>10:18 PM</td> <td>Sa 10-1030pm News</td> <td>10-1030pm</td> <td>:15</td> <td>MAPA-02-15-TV-REV1</td> <td>\$75.00</td> <td>NM</td> </tr> </tbody> </table>										Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type	10	KMTV	Sa	10/01/16	10:18 PM	Sa 10-1030pm News	10-1030pm	:15	MAPA-02-15-TV-REV1	\$75.00	NM
Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type																					
10	KMTV	Sa	10/01/16	10:18 PM	Sa 10-1030pm News	10-1030pm	:15	MAPA-02-15-TV-REV1	\$75.00	NM																					
<u>Total Spots</u>							23																								

Payment Terms 30 Days

Gross Total **\$1,470.00**

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INVOICE

LOVGN - 005

To:

Linda Lovgren, President & CEO

Lovgren Marketing

e: lovgren@lovgren.com; maxey@lovgren.com

From:

Randa Zalman

11307 Lafayette Ct., #4841

Omaha, NE 68154

C: 402-321-0051

E: randazalman@gmail.com

Date	Description	Amount
November 2016	MAPA / LSBI – Consulting Services 12 hours at \$75 per hour	\$900
TOTALS:		\$900

Please pay upon receipt.

Thank you for this opportunity!

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Lovgren Marketing Group

Project Title: 2016 Air Quality Awareness Campaign

Contract Approved by Board of Directors: January 2016

Effective: February 1, 2016 - January 31, 2017

Contract Amount of: \$299,270

Revised Task Order Total \$196,000

Payment # 11

1. Computation of Payment

Bill to Date	\$176,236.43
Less Previous Payments	<u>173,577.18</u>
Payment Due this Date	<u>\$2,659.25</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Project Supervisor

Responsible Charge / Department Manager

Executive Director

Payment approved by Finance Committee

Treasurer

LOVGREN MARKETING GROUP

809 North 96 Street Suite 2
Omaha NE 68114-2498
402-397-7158

STATEMENT



Metropolitian Area Planning Agency (MAPA)
2222 Cuming Street
Omaha NE 68102-4328

Date
1/4/2017

12/1/2016 - 12/30/2016
Direct Labor/Direct Costs

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

Date	Invoice	Transaction	Amount
1/4/2017	18844	Little Steps Big Impact Ozone Awareness Campaign	\$2,659.25
		AMOUNT DUE*PLEASE REMIT	\$2,659.25

LOVGREN MARKETING GROUP
 809 North 96 Street Suite 2
 Omaha NE 68114-2498
 402-397-7158

INVOICE



Metropolitan Area Planning Agency (MAPA)
 2222 Cuming Street
 Omaha NE 68102-4328

Invoice #
18844
1/4/2017

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

12/1/2016 - 12/30/2016
 Direct Labor/Direct Costs

Services	Amount
MAPA-LITTLE STEPS BIG IMPACT OZONE AWARENESS CAMPAIGN	
TASK 1	
Task 1.5 Project Administration/Management	
Principal Manager*Linda Lovgren 1.50 Hrs @ \$190	\$285.00
Project Administration*Donna Maxey 10.00 Hrs @ \$85	\$850.00
Total Direct Labor:	\$1,135.00
Overhead @ 55% of Direct Labor	\$624.25
Page 1 *Sub-Total Labor	\$1,759.25

LOVGREN MARKETING GROUP

809 North 96 Street Suite 2
Omaha NE 68114-2498
402-397-7158

INVOICE




Metropolitan Area Planning Agency (MAPA)
2222 Cuming Street
Omaha NE 68102-4328

Invoice #
18844
1/4/2017

E-Mail: mengel@mapacog.org scutsforth@mapacog.org

12/1/2016 - 12/30/2016
Direct Labor/Direct Costs

Services	Amount
<i>MAPA-LITTLE STEPS BIG IMPACT OZONE AWARENESS CAMPAIGN</i>	
<i>Direct Costs</i>	
Randa Zalman*Consultant--Social Media Consultation 12.00 Hrs @ \$75	\$900.00
Page 2* Sub-Total Direct Costs	\$900.00
AMOUNT DUE* PLEASE REMIT	\$2,659.25

METROPOLITAN AREA PLANNING AGENCY		Billed 9/3/2016	Billed 5/15/2016	Billed 5-25-2016	Billed 6-30-2016	Billed 7-29-2016	Billed 8-31-2016	Billed 9-30-2016	Billed 10-31-2016	Billed 10-31-2016	Billed 11-30-2016	Billed 12-30-2016	Billed to Date*	Remaining Budget	% of Project Completed	
 Air Quality Awareness Campaign- 2016 February 25, 2016 - December 30, 2016		Task Order Total	Invoice #18398	Invoice #18444-45	Invoice #18550	Invoice #18700	Invoice #18585	Invoice #18640	Invoice #18659	Invoice #18762	Invoice #18766	Invoice #18835	Invoice #18844	Billed to Date*	Remaining Budget	% of Project Completed
Cost by Task																
Task 1 Project Management & Administration*Direct Labor	\$ 10,880.00	\$ 2,273.75	\$ 285.00	\$ 1,502.50	\$ 3,127.50	\$ 1,677.50	\$ 776.25	\$ 142.50	\$ -	\$ 1,701.25	\$ 575.00	\$ 1,135.00	\$ 13,201.25	\$ (2,321.25)	121.34%	
Task 1 Project Management & Administration*Overhead	\$ 5,984.00	\$ 1,253.31	\$ 156.75	\$ 826.38	\$ 1,720.13	\$ 922.63	\$ 426.94	\$ 78.38	\$ -	\$ 985.69	\$ 316.25	\$ 624.25	\$ 7,260.71	\$ (1,276.71)	121.34%	
Task 2 Air Quality Awareness Survey*Direct Labor	\$ 3,800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 522.50	\$ -	\$ 2,905.00	\$ 2,692.50	\$ -	\$ 6,120.00	\$ (2,320.00)	161.05%	
Task 2 Air Quality Awareness Survey*Overhead	\$ 2,090.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 287.38	\$ -	\$ 1,597.75	\$ 1,480.88	\$ -	\$ 3,366.01	\$ (1,276.01)	161.05%	
Task 3.1 Graphic Design*Direct Labor	\$ 25,955.00	\$ -	\$ 1,035.00	\$ 507.50	\$ 4,448.75	\$ 951.25	\$ 2,340.00	\$ 1,051.25	\$ -	\$ 2,537.50	\$ 145.00	\$ -	\$ 13,016.25	\$ 12,938.75	50.15%	
Task 3.1 Graphic Design*Overhead	\$ 14,275.25	\$ -	\$ 569.25	\$ 279.12	\$ 2,446.80	\$ 523.19	\$ 1,287.00	\$ 578.19	\$ -	\$ 1,395.62	\$ 79.75	\$ -	\$ 7,158.92	\$ 7,116.33	50.15%	
Task 4 Media Planning & Placement *Direct Labor	\$ 8,320.00	\$ 522.50	\$ -	\$ -	\$ 807.50	\$ 4,441.25	\$ 1,020.00	\$ -	\$ -	\$ 2,230.00	\$ 680.00	\$ -	\$ 9,701.25	\$ (1,381.25)	116.60%	
Task 4 Media Planning & Placement * Overhead	\$ 4,576.00	\$ 287.38	\$ -	\$ -	\$ 444.13	\$ 2,442.69	\$ 561.00	\$ -	\$ -	\$ 1,226.50	\$ 374.00	\$ -	\$ 5,335.70	\$ (759.70)	116.60%	
Task 5 Public Relations*Direct Labor	\$ 12,145.00	\$ -	\$ -	\$ -	\$ 1,916.25	\$ 1,387.50	\$ 2,617.50	\$ 1,522.50	\$ -	\$ 285.00	\$ -	\$ -	\$ 7,728.75	\$ 4,416.25	63.64%	
Task 5 Public Relations*Overhead	\$ 6,679.75	\$ -	\$ -	\$ -	\$ 1,053.94	\$ 763.12	\$ 1,439.62	\$ 837.36	\$ -	\$ 156.75	\$ -	\$ -	\$ 4,250.79	\$ 2,428.96	63.64%	
Direct Expenses																
Direct Costs:																
Printing Collateral; Production-Radio,TV,Bus Trails, Outdoor, Website	\$ 24,295.00	\$ -	\$ 2,117.20	\$ -	\$ -	\$ 12,692.96	\$ 8,170.85	\$ 1,154.25	\$ -	\$ 1,087.50	\$ 900.00	\$ 900.00	\$ 27,024.76	\$ (2,729.76)	111.24%	
Media*Print Ads, Radio Spots, TV, Outdoor Brds, On-Line, Social Media	\$ 65,000.00	\$ -	\$ -	\$ -	\$ -	\$ 9,158.54	\$ 33,916.43	\$ 22,058.47	\$ 4,284.59	\$ 1,132.00	\$ 1,470.00	\$ -	\$ 72,020.03	\$ (7,020.03)	110.80%	
Survey* Survey Subconsultant	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52.00	\$ -	\$ -	\$ 52.00	\$ 11,948.00	0.43%	
GRAND TOTAL:	\$ 196,000.00	\$ 4,341.94	\$ 4,163.20	\$ 3,115.50	\$ 15,965.00	\$ 34,960.63	\$ 52,555.59	\$ 28,234.78	\$ 4,284.59	\$ 17,242.56	\$ 3,713.38	\$ 2,659.25	\$ 176,236.42	\$ 19,763.58	89.92%	
		Paid 7/14/16	Paid 7/14/16	Paid 8-30-16	Paid 7/25/16	Paid 8-30-16	Paid 11-1-2016	Paid 11-1-2016								
	\$ 196,000.00												Budget Remaining	\$ 19,763.58	10.08%	
Contract issued for \$196,000.00																

LOVGREN MARKETING GROUP
809 North 96 Street Suite 2
Omaha NE 68114-2498
402-397-7158

PROGRESS REPORT



PROJECT # 16014500201
TITLE: AIR QUALITY AWARENESS CAMPAIGN-FY16
Location: Omaha-Council Bluffs

Invoice #18844

12/1/2016 - 12/30/2016

Page 1

Project Activity During this Period:

The following is a summary of project work performed by the Lovgren Marketing Group team for Metropolitan Area Planning Agency*Air Quality Awareness Campaign-FY16

Task 1 Project Management

Strategic Planning/Collaboration
Review Project, Updates, Campaign Status

Task 2 Survey Management & Administration

**No Activity

Task 3 Graphic and Media Design

**No Activity

Task 4 Media Coordination

**No Activity

Task 5 Media Relations

No Activity

Direct Costs*Media Advertising

No Activity

Direct Costs

Social Media Consultation; Check FB and Twitter engagements ; Compile Analytics
Check status of December 2016 Editorial Calendar; Engage other users

INVOICE

LOVGN - 006

To:

Linda Lovgren, President & CEO

Lovgren Marketing

e: lovgren@lovgrenmarketing.com; maxey@lovgrenmarketing.com

From:

Randa Zalman

11307 Lafayette Ct., #4841

Omaha, NE 68154

C: 402-321-0051

E: randazalman@gmail.com

Date	Description	Amount
December 2016	MAPA / LSBI – Consulting Services <i>12 hours at \$75 per hour</i>	\$900
TOTALS:		\$900

Please pay upon receipt.

Thank you for this opportunity!

City of Omaha

Date: 06-JAN-17
Page 1 of 1

1819 Farnam St. Billing Div.
Omaha NE 68183
Contact : (402) 444-5453

Remit To :

City of Omaha Cashier
RM H10
1819 Farnam St.
Omaha NE 68183

Bill To :

MAPA
GREG YOUELL, DIRECTOR
2222 CUMING ST
OMAHA NE 68102

Ship To :

Customer Number : 28392

Invoice Number : 130194

Transaction Type : PLANNING

Terms : 30 NET


Total due : \$ 15,068.20

PLEASE RETURN TOP PORTION WITH REMITTANCE

Item No	Description	Qty Invoiced	Unit Price	Extended Price
1	QUARTER 2 2016 - 2017	1	15068.20	15068.20
	SPECIAL INSTRUCTIONS	DUE DATE		TOTAL DUE
	Invoice Number : 130194	05-FEB-17		-\$15,068.20

\$ 15,499.01

Cost Breakdown Form for Actual Cost Plus Fixed Fee Agreements

Company Name:	City of Omaha		
Address:	1819 Farnam Street, Suite 1100		
Project No.:	410.12 Omaha Planning - FY 2017		
Project Location:	OMAHA, NE		
Control No.:			
Agreement No.:	MAPA contract #		
Invoice No. and Date:	130194 1/6/2017		
Progress Report Date:	12/31/2016		
% Work Completed:	SEE ATTACHED SUMMARY		
Current Billing Period:	July 1st 2016-September 30th 2016		
Actual Cost plus Fixed Fee Amount >	Limiting Max. Amount \$60,000.00	Fixed Fee for Profit	Total Contract Amount \$60,000.00
	Amount		
	This Period	Previously Billed	To Date
Direct Labor	\$10,538.68	\$11,594.53	\$22,133.21
Overhead @ % of Direct Labor	\$0.00		\$0.00
Fixed Fee = % of Labor and Overhead	\$0.00		\$0.00
FCCM @ % of Direct Labor	\$0.00		\$0.00
Direct Non-Labor Costs			\$0.00
Indirect Costs	\$4,529.52	\$4,983.33	\$9,512.85
Outside Services (Subconsultants)			
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Subtotal - Outside Services	\$0.00	\$0.00	\$0.00
Total Amount Due >	\$15,068.20 <i>21548.01</i>	\$16,577.86	\$31,646.06
<i>I certify that the billed amounts are actual and in agreement with the contract terms.</i>		Balance:	\$28,353.94
Signature: 	Title: Operations Manager		Date: 1-10-17

City of Omaha Invoice
Q2 2016-2017

MAPA
Greg Youell, Director
2222 Cumings St
Omaha Ne 68102

Rate Used Incorrect

Direct Personnel Costs

Project	Name	Hourly Rate	Description	Hours	Total	Federal 70%	Local 30%
Project 1	Derek Millier	\$66.90	Effective Rate	✓ 36.5	2,441.85	1,709.30	732.55
Project 1	Chad Weaver	\$83.26	Effective Rate	0	-	-	-
Project 1	Tim Fries	\$48.54	Effective Rate	✓ 67	3,252.18	2,276.53	975.65
Project 1	Stephen Osberg	\$47.17	Effective Rate	✓ 56	2,641.52	1,849.06	792.46
Project 1	Sam Starr	\$48.54	Effective Rate	✓ 4	194.16	135.91	58.25

Project 1 Subtotal 163.5 \$ 8,529.71 \$ 5,970.80 \$ 2,558.91

Project 2	Derek Miller	\$66.90	Effective Rate	✓ 40	2,676.00	1,873.20	802.80
Project 2	Chad Weaver	\$83.26	Effective Rate	0	-	-	-
Project 2	Tim Fries	\$48.54	Effective Rate	✓ 21	1,019.34	713.54	305.80
Project 2	Stephen Osberg	\$47.17	Effective Rate	✓ 60	2,830.20	1,981.14	849.06
Project 2	Sam Starr	\$48.54	Effective Rate	0	-	-	-

Project 2 Subtotal 61 \$ 6,525.54 \$ 4,567.88 \$ 1,957.66

	Current	Previous	Total	Budget	Balance
Staff time	15,055.25	16,563.60	31,618.85	\$ 57,828.00	\$ 26,209.15
Travel	-	-	-	\$ 3,118.00	\$ 3,118.00
Indirect cost rate (42.98%)	6,470.75	7,119.04	13,589.79	\$ 24,854.00	\$ 11,264.21

Total 21,526.00 23,682.64 45,208.64 85,800.00 40,591.36

Subtotal Direct Personnel Costs 224.5 15,055.25 10,538.68 4,516.57
Indirect cost rate (42.98%) 6,470.75 4,529.52 1,941.23

Other Direct Costs

Training	-	-	-
Travel	-	-	-
Services	-	-	-
	-	-	-

Total 21,526.00 23,682.64 45,208.64

Billing: 2016.11111.109031.0000.41199.0000 \$ 15,068.20
 Bill effective date 12/31/2016
 Customer # 28392

28,111.15 ✓ 15,068.20

2016-2017 Budget

Item		Total	Federal (70%)	Local (30%)	JULY - SEPT 2016	Oct- Dec 2016	Total Spent	Amount left
<i>Direct Costs</i>								
Training, Travel, Services		\$3,118.00	\$2,123.00	\$995.00		-		3,118.00
<i>Personnel Costs</i>	<i>Hours</i>							
Effective Rate	1178	\$57,828.00	\$40,479.00	\$17,349.00	16,563.60	15,055.25	31,618.85	26,209.15
<i>2016 Indirect cost rate (42.98%)</i>								
		\$24,854.00	\$17,398.00	\$7,456.00	7,149.04	6,470.75	13,589.79	11,264.21
Total		\$85,800.00	\$60,000.00	\$25,800.00	23,682.64	21,526.00	45,208.64	40,591.36

*

	A	B	C	D	E
L	2016-2017 Budget				
2	Item		Total	Federal (70%)	Local (30%)
3	<i>Direct Costs</i>				
4	Training, Travel, Services		\$3,118.00	\$2,123.00	\$995.00
5					
5					
7	<i>Personnel Costs</i>	<i>Hours</i>			
3	Effective Rate	1178	\$57,828.00	\$40,479.00	\$17,349.00
3					
0	<i>2016 Indirect cost rate (42.98%)</i>				
1			\$24,854.00	\$17,398.00	\$7,456.00
2	Total		\$85,800.00	\$60,000.00	\$25,800.00

MAPA Unified Work Program Funding Request

Omaha City Planning

Fiscal year: 2016

Project #2

Progress Report Q2

Project Name:

Long Range Planning Projects

Project Period Activities:

- Master Plan updates and implementation
 - Suburban Parks
- Annexation Study
 - Finalized and approved by City Council
- Citizens Guide to Development Review
 - Draft Guide will be complete next quarter
 - Meetings being held with project partners
- Creation and adoption of 2017-2022 Capital Improvement Plan
 - Finalized and adopted with budget by City Council
- Public Engagement Process Development
 - Received approval by directors to start to develop a city PE guide.
- Internal and External Agency Coordination
 - MAPA 2050, Bike Ped Plan, etc.
 - H2050 Infrastructure Committee Meetings
 - H2050 Summit
 - MTIS
 - Metro Transit
 - BRT Stakeholder Committee Meetings
 - Omaha Public Works
 - Papio Missouri River NRD Meetings
 - Other municipal and county jurisdictions

- 2 of the 9 counters were purchased and installed this quarter. Another 7 will be purchased next quarter.
- 20 Mile Loop Implementation
 - Standard Signage Manual - Ongoing
 - Leavenworth Road Diet Study / Evaluation – Nearly Complete
 - Steering committee developed to guide Bike Omaha system expansion
- Complete Streets Design Manual
 - Public Meetings started in October.
 - Multiple internal Project Team meetings were held this quarter.
 - A second Stakeholder Committee meeting will take place in January.
- Landscape Handbook Update
 - Conducted 3 meetings with stakeholder group in October and November
 - Will continue to meet with 2 small groups to finish up the Introduction and Code Guide sections of the outline
 - Once the outline is complete, will bring back to stakeholder group for approval in January.

MAPA Unified Work Program Funding Request

Omaha City Planning

Fiscal year: 2017

Project #1

Progress Report Q2

Project Name:

Short Range Planning Projects

Current Period Activities:

- Midtown Downtown Alternatives Analysis Phase II
 - BRT PE/NEPA - Finalized
 - Urban Circulator Financial Analysis Completion
 - Nearly Complete
 - Urban Circulator Advanced Conceptual Engineering Scoping
 - Has been scope will negotiate hours in the next quarter.
- North Downtown Pedestrian Bridge Approval and Design
 - 30% plans and NEPA will be approved in next quarter
- Transit Oriented Development Policy and Zoning Amendment Development
 - BRT (Dodge Corridor) –
 - General Policy has been developed,
 - TOD Grant was submitted in October.
 - Urban Circulator
 - TOD Grant will likely be submitted in January
- Development Review
 - Ongoing
- 24th Street Road Diet Project
- 30th Street Road Diet Project
- B-Cycle Implementation
 - CMAQ Grant will be approved by City Council next quarter
- Parking Regulation Reform
 - Ongoing
- Bicycle and Pedestrian Automatic Counters

Fringe Benefit Calculation for Responsible Charge

DEREK MILLER

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 83,504.46	2080	\$ 40.15

*Shaded areas to be completed by the LPA

~The City of Omaha is self insured, therefore the "quarterly Average per Month/Hour" cost will fluctuate.

Workman's Compensation Insurance - rate = \$.265 per \$100 of wages (rate + \$100 x Wage Rate = \$.09 per hr.) \$ 0.11

Health/Dental/Life	Average	Months	Total
Health/Dental/Life	1266.67	12	\$ 15,200.00
Life	9.33	12	112
Dental	71.5	12	858

Insurance Cost (Per Year)

Health~	\$ 15,200.00
Dental~	\$ 858.00
Accidental Death and Dismemberment (AD&D)	
Life~	\$ 112.00
Vision	
Other Insurance Benefits	
Insurance Cost/Year	\$ 16,170.00
Insurance Cost/Hr	\$ 7.77

Workmen's Compensation

Rate per \$100 of coverage	\$ 0.27
Effective Hourly Effective Wage Rate	\$ 40.15
Workman's Compensation Insurance Cost	\$ 0.11

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 2.49
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.58

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	24.4
Sick Days	15.3
Pers/Adm. Days	1.0
Holidays	12.0
Leave days/year	52.7
Leave hours/year	421.3

Derek Miller Accumulations:			
Annual	7.50 per pay period	0.09	Per hour
Sick	4.7 per pay period	0.06	Per hour
Holidays	8 hours per holiday day	0.1	Per Hour
Annual Totals			
Annual	195		
Sick	122.2		
Holiday	104		
Annual Total Accumulated	421.2		

Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,658.7
Effective Hourly Wage Rate	\$ 40.15

Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost \$ 10.20

Pension

Percent of Effective Wage Rate	18.8%
Pension/Retirement Cost	\$ 7.54

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$7.77	\$0.11	\$2.49	\$0.58	\$10.20	\$7.54	\$28.69

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 40.15
Fringe benefits per hour	\$ 28.69
Total hourly rate	\$ 68.83

Fringe Benefit Calculation for Responsible Charge

TIM FRIES

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 60,575.06	2080	\$ 29.12

*Shaded areas to be completed by the LPA

~The City of Omaha is self insured, therefore the "quarterly Average per Month/Hour" cost will fluctuate.

Workman's Compensation Insurance - rate = \$.265 per \$100 of wages (rate ÷ \$100 x Wage Rate = \$.09 per hr.)

Health/Dental/Life	Average	Months	Total
Health/Dental/Life	1266.67	12	\$ 15,200.00
Life	9.33	12	112
Dental	71.5	12	858

Tim Fries Accumulations:			
Annual	3.70 per pay period	0.05	Per hour
Sick	4.7 per pay period	0.06	Per hour
Holidays	8 hours per holiday day	0.1	Per Hour
Annual Totals			
Annual	96.2		
Sick	122.2		
Holiday	104		
Annual Total Accumulated	322.4		

Insurance Cost (Per Year)

Health-	\$ 15,200.00
Dental-	\$ 858.00
Accidental Death and Dismemberment (AD&D)	
Life-	\$ 112.00
Vision	
Other Insurance Benefits	
Insurance Cost/Year	\$ 16,170.00
Insurance Cost/Hr	\$ 7.77

Workmen's Compensation

Rate per \$100 of coverage	\$ 0.27
Effective Hourly Effective Wage Rate	\$ 29.12
Workman's Compensation Insurance Cost	\$ 0.08

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.81
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.42

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	12.0
Sick Days	15.3
Pers/Adm. Days	1.0
Holidays	12.0
Leave days/year	40.3
Leave hours/year	322.5
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,757.5
Effective Hourly Wage Rate	\$ 29.12
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ 5.34

Pension

Percent of Effective Wage Rate	18.8%
Pension/Retirement Cost	\$ 5.47

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$7.77	\$0.08	\$1.81	\$0.42	\$5.34	\$5.47	\$20.89

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 29.12
Fringe benefits per hour	\$ 20.89
Total hourly rate	\$ 50.01

Fringe Benefit Calculation for Responsible Charge

SAM STARR

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 56,498.00	2080	\$ 27.16

*Shaded areas to be completed by the LPA

~The City of Omaha is self insured, therefore the "quarterly Average per Month/Hour" cost will fluctuate.

Workman's Compensation Insurance - rate = \$.265 per \$100 of wages (rate + \$100 x Wage Rate = \$.09 per hr.)

Health/Dental/Life	Average	Months	Total
Health/Dental/Life	1266.67	12	\$ 15,200.00
Life	9.33	12	112
Dental	71.5	12	858

Sam Starr Accumulations:

Annual	3.7 per pay period	0.05	Per hour
Sick	4.7 per pay period	0.06	Per hour
Holidays	8 hours per holiday day	0.1	Per Hour
Annual Totals			
Annual	96.2		
Sick	122.2		
Holiday	104		
Annual Total Accumulated	322.4		

Insurance Cost (Per Year)

Health	\$ 15,200.00
Dental	\$ 858.00
Accidental Death and Dismemberment (AD&D)	
Life	\$ 112.00
Vision	
Other Insurance Benefits	
Insurance Cost/Year	\$ 16,170.00
Insurance Cost/Hr	\$ 7.77

Workmen's Compensation

Rate per \$100 of coverage	\$ 0.27
Effective Hourly Effective Wage Rate	\$ 27.16
Workman's Compensation Insurance Cost	\$ 0.07

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.68
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.39

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	12.0
Sick Days	15.3
Pers/Adm. Days	1.0
Holidays	12.0
Leave days/year	40.3
Leave hours/year	322.5

Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,757.5
Effective Hourly Wage Rate	\$ 27.16

Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost \$ 4.98

Pension

Percent of Effective Wage Rate	18.8%
Pension/Retirement Cost	\$ 5.10

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$7.77	\$0.07	\$1.68	\$0.39	\$4.98	\$5.10	\$20.01

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 27.16
Fringe benefits per hour	\$ 20.01
Total hourly rate	\$ 47.17

Fringe Benefit Calculation for Responsible Charge

STEPHEN OSBERG

Annual Salary	Estimated hours worked/year	Effective Wage rate
\$ 58,466.20	2080	\$ 28.11

*Shaded areas to be completed by the LPA

-The City of Omaha is self insured, therefore the "quarterly Average per Month/Hour" cost will fluctuate.

Workman's Compensation Insurance - rate = \$.265 per \$100 of wages (rate ÷ \$100 x Wage Rate = \$.09 per hr.) \$ 0.07

Health/Dental/Life	Average	Months	Total
Health/Dental/Life	1266.67	12	\$ 15,200.00
Life	9.33	12	112
Dental	71.5	12	858

Insurance Cost (Per Year)

Health-	\$ 15,200.00
Dental-	\$ 858.00
Accidental Death and Dismemberment (AD&D)	
Life-	\$ 112.00
Vision	
Other Insurance Benefits	
Insurance Cost/Year	\$ 16,170.00
Insurance Cost/Hr	\$ 7.77

Workmen's Compensation

Rate per \$100 of coverage	\$ 0.27
Effective Hourly Effective Wage Rate	\$ 28.11
Workman's Compensation Insurance Cost	\$ 0.07

FICA/Medicare (7.65 %)

FICA (6.2 Percent of Effective Hourly Wage Rate)	\$ 1.74
Medicare (1.45 Percent of Effective Hourly Wage Rate)	\$ 0.41

Stephen Osberg Accumulations:

Annual	3.7 per pay period	0.05	Per hour
Sick	4.7 per pay period	0.06	Per hour
Holidays	8 hours per holiday day	0.1	Per Hour
Annual Totals			
Annual	96.2		
Sick	122.2		
Holiday	104		
Annual Total Accumulated	322.4		

Holiday/Vacation/Sick Leave/Personal/Admin Time Off

Vacation days	12.0
Sick Days	15.3
Pers./Adm. Days	1.0
Holidays	12.0
Leave days/year	40.3
Leave hours/year	322.5
Normal Working Hours/day	8.0
Normal Hours/year	2,080.0
Adjusted Working Hours/year	1,757.5
Effective Hourly Wage Rate	\$ 28.11
Holiday/Vacation/Sick Leave/Personal/Admin Time Off Cost	\$ 5.16

Pension

Percent of Effective Wage Rate	18.8%
Pension/Retirement Cost	\$ 5.28

Insurance Cost	Work Comp	6.2% FICA	1.45% Medicare	Holiday Vac Sick	Pension/Retirement	Total fringe/hour
\$7.77	\$0.07	\$1.74	\$0.41	\$5.16	\$5.28	\$20.43

Other typical expenses may be submitted for reimbursement as allowed under the RC Reimbursement guidelines

Effective hourly rate	\$ 28.11
Fringe benefits per hour	\$ 20.43
Total hourly rate	\$ 48.54

TIM FRIES

Name	November - 2016																														Monthly Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Project #1 - Short Range Planning Projects																																0
Develop and refine the short range transportation planning process; including project reviews, collect and maintain data to analyze transportation, housing and land use trends; utilize and coordinate geographic Information Systems (GIS) and aerial photography to develop project plans and proposals; assist in the development of Transportation Improvement Program (TIP); assist in setting the Capital Improvement Plan (CIP); assist in programming, funding and delivery of transportation improvement projects; develop and maintain performance measures to track progress toward regional goals.		2.0					3.0		3.0	4.0								2.0				3.0							3.0	4.0	24.0	
Project #2 - Long Range Planning Projects																																0.0
Develop and refine the long range transportation planning efforts; including participation and coordination in external working groups to develop long range transportation plans including but not limited to updates and creation of elements that are part of the Long Range Transportation Plan.			2.0					3.0																					1.0		6.0	
Daily Total	0.0	2.0	2.0	0.0			3.0	3.0	3.0	4.0			0.0	0.0	0.0	0.0	0.0	2.0			3.0	0.0	0.0					1.0	3.0	4.0	30.0	
Non-work days																															Grand Total	

Tim Fries	October - 2016																															Monthly Total		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Project #1 - Short Range Planning Projects																																		0
Develop and refine the short range transportation planning process; including project reviews, collect and maintain data to analyze transportation, housing and land use trends; utilize and coordinate geographic Information Systems (GIS) and aerial photography to develop project plans and proposals; assist in the development of Transportation Improvement Program (TIP); assist in setting the Capital Improvement Plan (CIP); assist in programming, funding and delivery of transportation improvement projects; develop and maintain performance measures to track progress toward regional goals.			2.0	3.0	3.0		2.0				4.0	3.0																	4.0				21.0	
Project #2 - Long Range Planning Projects																																		0.0
Develop and refine the long range transportation planning efforts; including participation and coordination in external working groups to develop long range transportation plans including but not limited to updates and creation of elements that are part of the Long Range Transportation Plan.				2.0										1.0				3.0										2.0					8.0	
Daily Total			2.0	5.0	3.0	0.0	2.0				4.0	3.0	0.0	1.0			0.0	3.0	0.0	0.0	0.0			0.0	0.0	0.0	2.0	4.0			0.0	29.0		
Non-work days																																	Grand Total	

Derek Miller	November - 2016																														Monthly Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Project #1 - Short Range Planning Projects																																
Develop and refine the short range transportation planning process; including project reviews, collect and maintain data to analyze transportation, housing and land use trends; utilize and coordinate geographic information systems (GIS) and aerial photography to develop project plans and proposals; assist in the development of Transportation Improvement Program (TIP); assist in setting the Capital Improvement Plan (CIP); assist in programming, funding and delivery of transportation improvement projects; develop and maintain performance measures to track progress toward regional goals.	1.0	2.0					1.0			1.0					1.0		1.0											4.0	1.0	12.0		
Project #2 - Long Range Planning Projects																																
Develop and refine the long range transportation planning efforts; including participation and coordination in external working groups to develop long range transportation plans including but not limited to updates and creation of elements that are part of the Long Range Transportation Plan.			1.0					2.5	1.0					1.0	1.0	2.0						2.0							1.0	11.5		
Daily Total	1.0	2.0	1.0	0.0			1.0	2.5	1.0	1.0	0.0			1.0	2.0	2.0	1.0	0.0			2.0	0.0	0.0	0.0	0.0			5.0	1.0	0.0	23.5	
Non-work days																																
																																Grand Total

Stephen Osberg	October - 2016																															Monthly Total			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Project #1 - Short Range Planning Projects						1.5	1.5						3	1			1.5	1.5	4																14
Develop and refine the short range transportation planning process; including project reviews, collect and maintain data to analyze transportation, housing and land use trends; utilize and coordinate geographic Information Systems (GIS) and aerial photography to develop project plans and proposals; assist in the development of Transportation Improvement Program (TIP); assist in setting the Capital Improvement Plan (CIP); assist in programming, funding and delivery of transportation improvement projects; develop and maintain performance measures to track progress toward regional goals.																																			
Project #2 - Long Range Planning Projects			4.0	5.0	4.0							2.5							1.5	3.0				3.0	3.5									26.5	
Develop and refine the long range transportation planning efforts; including participation and coordination in external working groups to develop long range transportation plans including but not limited to updates and creation of elements that are part of the Long Range Transportation Plan.																																			
Daily Total			4.0	5.0	4.0	0.0	0.0				0.0	2.5	0.0	0.0			0.0	0.0	1.5	3.0	0.0			3.0	3.5	0.0	0.0	0.0				0.0	40.5		
Non-work days																																			
																																			Grand Total

Stephen Osberg	November - 2016																														Monthly Total
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Project #1 - Short Range Planning Projects	3									2				1.5	1	1		2.5				4							1	1	17
Develop and refine the short range transportation planning process; including project reviews, collect and maintain data to analyze transportation, housing and land use trends; utilize and coordinate geographic Information Systems (GIS) and aerial photography to develop project plans and proposals; assist in the development of Transportation Improvement Program (TIP); assist in setting the Capital Improvement Plan (CIP); assist in programming, funding and delivery of transportation improvement projects; develop and maintain performance measures to track progress toward regional goals.																															
Project #2 - Long Range Planning Projects		1.5	1.5	2.0				5.0	5.5							2.5	3.0														21.0
Develop and refine the long range transportation planning efforts; including participation and coordination in external working groups to develop long range transportation plans including but not limited to updates and creation of elements that are part of the Long Range Transportation Plan.																															
Daily Total	3.0	1.5	1.5	2.0			0.0	5.0	5.5	2.0				1.5	1.0	3.5	3.0	2.5			0.0	4.0	0.0				0.0	1.0	1.0	38.0	
Non-work days																															
																															Grand Total

OK
 [Signature]

CONTRACT COVER PLATE

CONTRACT IDENTIFICATION

1. Contract Number: 17GRTN01
2. Title: City of Gretna, Downtown Revitalization
3. Effective Date: November 23, 2016
4. Completion Date: November 30, 2017

CONTRACT PARTIES

5. Omaha-Council Bluffs Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, NE 68102
6. City of Gretna
204 N. McKenna Ave
Gretna, NE 68028

ACCOUNTING DATA

7. Contract - \$3,000

DATES OF SIGNING AND MAPA BOARD APPROVAL

8. Date of Legal Review -
9. Date of MAPA Board Approval -
10. Date of City Approval -

AGREEMENT

THIS CONTRACT, entered into as of this twenty-third day of November, 2016 by and between the City of Gretna, Nebraska, 204 N McKenna Ave, Gretna, NE 68028 (herein called the "City ") and the Omaha-Council Bluffs Metropolitan Area Planning Agency, 2222 Cuming Street, Omaha, Nebraska 68102 (herein called the "Planning Agency"),

WITNESSETH THAT:

WHEREAS, the City desires to engage the Planning Agency to render certain technical and professional services, hereafter described by the City of Gretna, in carrying out the Scope of Services of a Community Development Block Grant Agreement Number _____.

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. Employment of Planning Agency. The City hereby agrees to engage the Planning Agency and the Planning Agency hereby agrees to perform services herein set forth.

2. Area Covered. The Planning Agency shall perform all of the necessary services provided under this Contract in connection with and respecting the following area, herein called the "planning area": Gretna, NE.

3. Scope of Services. The Planning Agency shall do, perform and carry out in a satisfactory and proper manner, all of the services as stated. Said services shall include, but not be limited to the following:

- A. Objective. The objective of this program is to assist the City with grant administration of CDBG funding related to Phase 1: Downtown Revitalization Plan.
- B. Work Activity. The Planning Agency will provide and perform the necessary grant administration services including preparation of an environmental review, grant reports and financial grant draw downs.
- C. Anticipated Results. The Planning Agency will assist the City in obtaining the necessary authorization to conduct grant reporting and billings of CDBG grants.
- D. Coordination and Progress Report. The Planning Agency will provide the City with monthly progress and financial reports in addition to a final report at the completion of its work.
- E. Final Report. The Planning Agency shall prepare a written narrative documenting work activities and accomplishments under the terms of this Contract.
- F. Delivery Schedule. . A final report shall be delivered by the Planning Agency within fifteen (15) days after the completion of all work covered under this Contract.

4. Personnel. The Planning Agency shall furnish the necessary personnel, materials and services, equipment and transportation and otherwise do all things necessary for or incidental to the performance of the work set forth in the Scope of Services herein.

All of the services required hereunder shall be performed by the Planning Agency or under its supervision and all personnel engaged in the work shall be fully qualified and shall be authorized by the Planning Agency to perform such services.

None of the work or services covered by this Contract shall be subcontracted by the Planning Agency without prior written approval by the City.

5. Time of Performance. The services of the Planning Agency are to commence as soon as this agreement is signed by both parties, and shall be completed by November 30, 2017.

6. Compensation. The City agrees to compensate the Planning Agency for professional services rendered in an amount not to exceed three thousand dollars (\$3,000). Staff time will be billed hourly at the following rates:

Support Staff	\$42.00 per hour
Professional Staff	\$62.00 per hour
Principal Staff	\$88.00 per hour
Senior Staff	\$100.00 per hour

7. Method of Payment. The Planning Agency may request partial payment for services performed under this Contract on a monthly or quarterly schedule. Such requests shall be based on the percentage of work completed to date of such requests. Final payment of services under this contract shall be made by the City within sixty (60) days following satisfactory completion of the Planning Agency's obligations under this Contract.

8. Records and Audits. The Planning Agency shall maintain accounts and records, including personnel, property and financial records, adequate to identify and account for all costs pertaining to the Contract and such other records as may be deemed necessary by the City to assure proper accounting for all project funds, both federal and non-federal shares. These records will be made available for audit purposes to the City, any representative of the Secretary of U.S. DHUD, the Inspector General, the Government Accounting Office, the State Auditor's Office, IDED, or any authorized representative, and will be retained for five years after the expiration of this Contract unless permission to destroy them is granted by the City.

9. Civil Rights Provisions.

A. Discrimination in Employment - MAPA shall not discriminate against any qualified employee or applicant for employment because of race, color, religion, sex, national origin, age, or disability. MAPA shall take affirmative action to ensure that applicants are employed and that employees are treated without regard to their race, color, religion, sex, national origin, age or disability. Such action shall include but may not be limited to the following: employment, upgrading, demotion or transfers, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including an apprenticeship. MAPA agrees to post notices setting forth the provisions of the nondiscrimination clause in conspicuous places so as to be available to employees.

B. Considerations for Employment - MAPA shall, in all solicitations or advertisements for employees placed by or on behalf of the Grantee, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, or disability.

Solicitation and Advertisement - MAPA shall list all suitable employment openings with the State Employment Service local offices.

C. Civil Rights Compliance in Employment - MAPA shall comply with all relevant provisions of the Iowa Civil Rights Act of 1965 as amended, Iowa Executive Order #15 dated April 2, 1973 and Executive Order #34 dated July 22, 1988, Federal Executive Order 11246, as amended by Federal Executive Order 11375, Title VII of the U.S. Civil Rights Act of 1964, as amended, the Fair Labor Standards Act (29 U.S.C. Section 201 et. seq.), Section 504 of the Vocational Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, as amended; and the Americans with Disabilities Act, as applicable, (P.L. 101-336,42 U.S.C. 12101-12213). MAPA will furnish all information and reports requested by the State of Iowa or required by or pursuant to the rules and regulations thereof and will permit access to payroll and employment records by the State of Iowa to investigate compliance with these rules and regulations.

D. Program Nondiscrimination - MAPA shall conform to requirements of Title VI of the Civil Rights Act of 1964 (Public Law 88-352; 42 U.S.C. 2000d et seq.) and DHUD regulations issued pursuant thereto contained in 24 CFR Part 1. No person in the United States shall on the ground of race, color, national origin, or sex be excluded from participation in, be denied the benefits of, or be

subjected to discrimination under any program or activity funded in whole or in part with funds made available through this contract. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et. seq.) or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Vocational Rehabilitation Act of 1973 as amended, (29 U.S.C. Section 794) shall also apply to any such program or activity.

- E. Fair Housing - MAPA (if applicable) shall comply with Title VIII of the Civil Rights Act of 1968 (Public Law 90-284 42 U.S.C. 3601 et seq.), generally known as the Fair Housing Act, and with HUD regulations found at 24 CFR Part 107, issued in compliance with Federal Executive Order 11063, as amended by Federal Executive Order 12259. MAPA shall also comply with Section 109, Title I of the Housing and Community Development Act of 1974, as amended.
- F. Training and Employment - MAPA shall comply with provisions for training, employment, and contracting in accordance with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u).
- G. Noncompliance with the Civil Rights Laws - In the event of MAPA's noncompliance with the nondiscrimination clauses of this contract or with any of the aforesaid rules, regulations, or requests, this contract may be canceled, terminated, or suspended either wholly or in part. In addition, the State of Iowa may take further action, imposing other sanctions and invoking additional remedies as provided by the Iowa Civil Rights Act of 1965, as amended, (Chapter 601A, Code of Iowa, 1981) as heretofore and hereafter amended, or as otherwise provided by law.

10. Termination of Contract for Cause. If, through any cause, the Planning Agency shall fail to fulfill in a timely and proper manner its obligations under this Contract, or if the Planning Agency shall violate any of the covenants, agreements, or stipulations of this Contract, the City shall thereupon have the right to terminate this Contract by giving written notice to the Planning Agency of such termination and specifying the effective date thereof, at least five (5) working days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, and reports prepared by the Planning Agency shall, at the option of the City, become its property, and the Planning Agency shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials.

11. Termination for Convenience of the City. The City may terminate this Contract at any time by giving written notice to the Planning Agency of such termination and specifying the effective date thereof, at least fifteen (15) days before the effective date of such termination. In that event, all finished or unfinished documents and other materials as described in Paragraph 10 above shall, at the option of the City, become its property. If the contract is terminated by the City as provided herein, the Planning Agency will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Planning Agency covered by this Contract, less payments of compensation previously made: Provided, however, that if less than sixty (60%) percent of the services covered by this Contract have been performed upon the effective date of such termination, the Planning Agency shall be reimbursed (in addition to the above payment) for that portion of the actual out-of-pocket expenses (not otherwise reimbursed under this Contract) incurred by the Planning Agency during the Contract period which are directly attributable to the uncompleted portion of the services covered by this Contract. If this Contract is terminated due to the fault of the Planning Agency, Paragraph 10 hereof relative to termination shall apply.

12. Changes. The City may, from time to time, require changes in the scope of the services of the Planning Agency to be performed hereunder. Such changes, including any increase or decrease in the amount of the Planning Agency's compensation, which are mutually agreed upon by and between the City and the Planning Agency, shall be incorporated in written amendments to this Contract.

13. Interest of Members of the City and Others. No employee of the City and no members of its governing body, and no other public official of the governing body of the locality in which the Project is situated or being carried out who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this Project, shall participate in any decision relating to this Contract which affects his personal interest or have any personal or pecuniary interest, direct or indirect, in this Contract or the proceeds thereof.

14. Interest of the Planning Agency. The Planning Agency covenants that it presently has no interest

and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. The Planning Agency further covenants that in the performance of this Contract no person having any such interest shall be employed.

15. The Planning Agency hereby agrees to comply with all federal, state and local laws, rules and ordinances applicable to the work and to this Agreement.

16. This Agreement shall be binding on successors and assigns of either party.

17. The Planning Agency warrants that it has not employed or retained any company, or persons, other than a bona fide employee working solely for the Planning Agency to solicit or secure this Contract, and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Planning Agency, any fee, commission, percentage, brokerage fee, gifts or any other consideration, contingent upon or resulting from the award or making of this Contract. For breach or violation of this warranty the City shall have the right to annul this Contract without liability.

18. Equal Employment Opportunity. During the performance of this contract, the Planning Agency agrees as follows:

(A) The Planning Agency will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Planning Agency will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Planning Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

(B) The Planning Agency will, in all solicitations or advertisements for employees placed by or on behalf of the Planning Agency, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

(C) The Planning Agency will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the Planning Agency's commitments under Section 202 of the Executive Order No. 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(D) The Planning Agency will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(E) The Planning Agency will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and order of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(F) In the event of the Planning Agency's non-compliance with the nondiscrimination clause of this contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the Planning Agency may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(G) The Planning Agency will include the provisions of Paragraphs (A) through (G) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The Planning Agency will take such action with respect to any subcontract or purchase order as the contracting agency may direct as a means of

enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event the Planning Agency becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Planning Agency may request the United States to enter into such litigation to protect the interests of the United States.

IN WITNESS WHEREOF the City and the Planning Agency have executed this Contract as of the date first above written.

CITY OF GRETNA, NE

Attest _____

By _____
City of Gretna, NE, Title Date

OMAHA-COUNCIL BLUFFS METROPOLITAN
AREA PLANNING AGENCY

Attest _____

By _____
Chairman, Board of Directors Date

Approved as to Legal Form

Date: _____

Signed: _____
MAPA Legal Counsel

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Hamilton Associates, P.C.

Contract Approved by Board of Directors: September 16, 2015

Not to exceed \$10,600

Contract Amended:

Final Payment

1. Computation of Payment -

Billed to date	\$10,600.00
Less Previous Payments	<u>\$7,115.00</u>
Payment due this Date	<u>\$3,485.00</u>

2. Payment Approval

RECOMMENDED PAYMENT

Project Coordinator

Executive Director

Payment approved by Finance Committee

Treasurer / Finance Committee Member

Payment approved by Board of Directors

MAPA Board of Directors Chair / Member

Hamilton Associates, P.C.
Certified Public Accountants and Consultants

20 PEARL STREET
P.O. BOX 959
COUNCIL BLUFFS, IA 51502

(712) 322-0277



Bill To:

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, NE 68102-4328

INVOICE

Invoice No. 20083
Date 12/09/2016
Client No. 12235

Final billing for services rendered through December 9 in
connection with the audit for the year ended June 30, 2016

\$ 3,485.00

MAPA Expense Authorization Voucher	
Date <u>12/9/16</u>	Amt. <u>3485.00</u>
Project <u>98002-03</u>	
Account <u>10-5320</u>	
Grant <u>161ND001</u>	
Acctg. Dir. <u>MKE</u>	
Exec. Dir. _____	
Treasurer _____	

Payment in Full Due On Receipt

1 1/4% monthly or 15% annual finance charge
will be computed on all outstanding balances over 30 days.

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractors Payment Authorization

Contractor: Heartland Family Services

Contract Approved by Board of Directors: May 2014

Contract Amount of: \$161,350

Payment # 34 **FINAL PAYMENT**

1. Computation of Payment

Bill to Date	\$161,350.00
Less Previous Payments	<u>160,211.07</u>
Payment Due this Date	<u>\$1,138.93</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Responsible Charge/Staff Member

Department Manager

Executive Director

Payment approved by Finance Committee _____

Treasurer/ Finance Committee Member

Payment approved by Board of Directors _____

Board Chair/ Member

Progress Report

Title: Heartland Family Service- Ways to Work

Date: 10/1/2016 -10/31/2016

Title: MAPA bill \$ 1,139.02 out of \$161,350

1. Work Completed for Current Billing Period:

- a. The Ways to Work program currently has 5 people shopping for vehicles.

2. Anticipated Work for Next Billing Period:

- a. Same as prior month

3. Information Needed from FTA/MAPA:

- a. No information is needed.

4. Percent of Work Completed to Date:

- a. 100% of grant utilized

5. Outstanding Issues:

Data

1. Number of repossessions in the month (bought back loans)

- a. 0

2. Number of new closed loans in the month

- a. 0

3. Number of loans outstanding

- a. 20

4. Other.....

- a.

5. Narrative

- a. Inquiries continue to increase along with improvements in employment situations of clients that have been awarded an automotive loan.

MAPA JARC GRANT BILLING DOCUMENT
MAPA BUDGET MOD APRIL 2015

PART IV - Project Budget Worksheet

Project Name: HEARTLAND FAMILY SERVICE - WAYS TO WORK
Contact Name: Joanie Poore, VP

BUDGET DETAIL	TOTAL JARC BUDGET (ORIGINAL)	11/1/2016 - 11/30/2016		TOTAL COST MONTH	Program to Date		Is from Inception of 2 year Contract			
		JARC	LOCAL MATCH		JARC	LOCAL MATCH	JARC Budget Change	New Budget Amount JARC	New Match Amount	Budget left
A. OPERATING EXPENSES¹										
1. Salaries and Benefits	107,800	\$ 2,209.54	\$ 1,294.93	\$ 3,504.47	\$ 94,221.91	\$ 80,262.98	\$ (17,700.00)	\$ 90,100.00	57300.00	-4121.91
2. Atty, Audit, Acct, POS	3,600	\$ -	\$ 177.08	\$ 177.08	\$ 5,293.30	\$ 5,469.35	\$ 1,250.00	\$ 4,850.00	4850.00	-443.30
3. Office and Meeting Supplies	1,200	\$ 7.88	\$ 7.88	\$ 15.75	\$ 531.73	\$ 478.61	\$ (350.00)	\$ 850.00	500.00	318.27
4. Phone & Internet	1,200	\$ 13.66	\$ 13.66	\$ 27.31	\$ 698.51	\$ 463.39	\$ (250.00)	\$ 950.00	950.00	251.49
5. Postage & Shipping	400	\$ 4.30	\$ 4.30	\$ 8.59	\$ 244.66	\$ 156.02	\$ 50.00	\$ 450.00	450.00	205.35
6. Building and Occupancy	2,400	\$ 71.97	\$ 71.97	\$ 143.94	\$ 3,090.19	\$ 2,814.56	\$ 1,550.00	\$ 3,950.00	3950.00	859.81
7. Equipment & Equip rep/rent	1,400	\$ 21.02	\$ 21.02	\$ 42.03	\$ 1,316.41	\$ 1,117.88	\$ 500.00	\$ 1,900.00	1900.00	583.59
8. Advertising, Printing and Pubs	700	\$ 9.68	\$ 9.68	\$ 19.35	\$ 3,580.69	\$ 5,600.85	\$ 3,400.00	\$ 4,100.00	7500.00	519.31
9. Mileage, travel, conf, auto ins.	2,650	\$ 90.87	\$ 90.87	\$ 181.74	\$ 2,662.51	\$ 2,594.43	\$ 550.00	\$ 3,200.00	3200.00	537.50
10. Borrower Incentives	-			\$ -	\$ -	\$ -	\$ -	\$ -	0.00	0.00
11. Org Dues & Misc	-			\$ -	\$ -	\$ 453.10	\$ -	\$ -	750.00	0.00
12. Administrative Costs		\$ -	\$ 737.53	\$ 737.53	\$ -	\$ 32,228.74	\$ -	\$ -	29000.00	0.00
Subtotal - Operating Expenses	\$ 121,350	\$ 2,428.90	\$ 2,428.90	\$ 4,857.79	\$ 111,639.89	\$ 111,639.89	\$ (11,000.00)	\$ 110,350.00	\$ 110,350.00	\$ (1,289.89)
C. CAPITAL EXPENSES²										
1. Loan Guarantee Funds	\$ 40,000	\$ -	\$ 591.51	\$ 591.51	\$ 51,000.00	\$ 71,047.68	\$ 11,000.00	\$ 51,000.00	12750.00	0.01
Subtotal - Capital Expenses	\$ 40,000	\$ -	\$ 591.51	\$ 591.51	\$ 51,000.00	\$ 71,047.68	\$ 11,000.00	\$ 51,000.00	\$ 12,750.00	\$ 0.01
D. PROGRAM TOTAL BUDGET										
1,138.93										
\$ 161,350	\$ 161,350	\$ 1,139.02	\$ 4,310.29	\$ 5,449.30	\$ 162,639.88	\$ 182,687.56	\$ -	\$ 161,350.00	\$ 123,100.00	\$ (1,289.88)
Percent of Total Budget		100%								
\$ 161,350	PROGRAM BUDGET TOTAL	MONTHLY JARC TOTAL	MONTHLY Local Match TOTAL	MONTHLY PROGRAM TOTAL	PTD JARC TOTAL	PTD Local Match TOTAL				

Reconciled Remaining Balance is \$ 1,138.93.

¹ New Freedom funding for Operating Expenses may not exceed 50% of the total cost and/or the budget.
² New Freedom funding for Project Administration is available only by agreement with MAPA.
³ New Freedom funding for Capital Expenses may not exceed 80% of the total cost and/or the budget.

Period	Date	Journal	Comments	Beginning Balance	Debit	Credit	Net Change	Ending Balance	Salaries & Benefits
1750-21			SPECIAL EVENTS: WTW						
1900-21			UNITED WAY ALLOCAT: WTW	(8,333.32)					
11	42704	AR-000365	UNITED WAY			2,083.33		(10,416.65)	
				(8,333.32)		2,083.33	(2,083.33)	(10,416.65)	
1999-21			INDIRECT REV (EXP):OPEN	6,810.82					
11	11/30/2016	JE-003532	WTW INDIRECT CLOSING ENTRY		630.40			7,441.22	
				6,810.82	630.40		630.40	7,441.22	
2100-21			SALARIES: DIS. FAM.	29,933.01					
11	11/30/2016	AJ-080310	SALARIES GRANT MANAGERS		47.63			29,980.64	47.63
11	11/30/2016	AJ-080590	ALLOCATION OF SALARY - LAKIN		9.29			29,989.93	9.29
11	11/30/2016	PR-000354	SALARIES		3,003.12			32,993.05	3,003.12
				29,933.01	3,060.04		3,060.04	32,993.05	3,060.04
2210-21			GROUP HEALTH INSURANCE: WTW	2,600.88					
11	11/30/2016	PR-000354	HEALTH INS		21.52			2,622.40	21.52
				2,600.88	21.52		21.52	2,622.40	21.52
2220-21			RETIREMENT PLAN: WTW	912.88					
11	11/30/2016	PR-000354	RETIREMENT		94.16			1,007.04	94.16
				912.88	94.16		94.16	1,007.04	94.16
2290-21			OTHER BENEFITS/DIS.: WTW	117.38					
11	11/30/2016	PR-000354	LONG TERM DISABILITY		12.02			129.40	12.02
				117.38	12.02		12.02	129.40	12.02
2300-21			PAYROLL TAXES: WTW	3,192.06					
11	11/30/2016	AJ-080332	PR TAXES PROF LIAB		70.68			3,262.74	70.68
11	11/30/2016	AJ-080612	ALLOCATION OF TAXES - LAKIN		3.17			3,265.91	3.17
11	11/30/2016	PR-000354	PAYROLL TAXES		229.72			3,495.63	229.72
11	11/30/2016	PR-000354	STATE UNEMPLOYMENT		13.16			3,508.79	13.16
				3,192.06	316.73		316.73	3,508.79	316.73
2410-21			ATTORNEY FEES: WTW						
11	11/21/2016	AP-004732	BAIRD HOLM LLP /IN: 182442		124.20			124.20	

Period	Date	Journal	Comments	Beginning Balance	Debit	Credit	Net Change	Ending Balance	Salaries & Benefits
					124.20		124.20	124.20	
2420-21			OTHER LEGAL COSTS: WTW	254.00				254.00	
				254.00				254.00	
2430-21			AUDITING/ACCOUNT FEES: WTW	94.46					
11	11/30/2016	AJ-080345	AUDITING/ACCT FEES ALLOC		9.68			104.14	
				94.46	9.68		9.68	104.14	
2490-21			OTHER PURCHASE OF SERVICE: WTW	673.76					
11	11/30/2016	AJ-080357	PURCHASE OF SERVICE ALLOC		20.82			694.58	
11	11/30/2016	AP-004750	CORELOGIC CREDCO, LLC /IN: 989		19.00			713.58	
				673.76	39.82		39.82	713.58	
2491-21			Interdepartmental: WTW	32.96					
11	11/30/2016	RJ-003696	EXPENS/INTEROFFICE DELIVERY		3.38			36.34	
				32.96	3.38		3.38	36.34	
2510-21			OFFICE SUPPLIES: WTW	142.09					
11	11/30/2016	AJ-080374	LAKIN CAMPUS OFFICE SUPPLIES		6.02			148.11	
11		42704 AP-004746	PHYSICIANS MUTUAL /IN: 9111		7.28			155.39	
				142.09	13.30		13.30	155.39	
2520-21			BUILDING & GROUND SUPPLIES: WTW	133.61					
11	11/30/2016	AJ-080387	BUILDING SUPPLIES - LAKIN CAMP		0.71			134.32	
11	11/30/2016	AJ-080382	BUILDING & GROUND SUPPLIES		0.21			134.53	
11	11/30/2016	MC-003796	AMERICAN NATIONAL BANK VISA 06		68.13			202.66	
				133.61	69.05		69.05	202.66	
2550-21			FOOD: WTW	120.00					
11		42704 AJ-080389	LAKIN - FOOD		2.45			122.45	
				120.00	2.45		2.45	122.45	
2800-21			TELEPHONE: WTW	296.87					
11	11/30/2016	AJ-080413	ALLOCATION TELEPHONE LAKIN		13.38			310.25	
11	11/30/2016	AJ-080418	TELEPHONE		1.87			312.12	
11	11/30/2016	AJ-080703	TELEPHONE		12.06			324.18	
				296.87	27.31		27.31	324.18	
2700-21			POSTAGE & SHIPPING: WTW	82.59					
11	11/30/2016	AJ-080426	POSTAGE - LAKIN CAMPUS		1.08			83.67	
11	11/30/2016	AJ-080431	POSTAGE ALLOCATION		15.81			99.48	
11	11/30/2016	AJ-080716	POSTAGE ALLOCATION			12.06		87.42	
11	11/30/2016	JE-003497	POSTAGE - NOV		3.76			91.18	
				82.59	20.65	12.06	8.59	91.18	
2830-21			UTILITIES: WTW	187.80					
11	11/30/2016	AJ-080446	UTILITIES ALLOCATION		18.22			206.02	
				187.80	18.22		18.22	206.02	
2840-21			CARE OF BUILDINGS & GROUNDS: WTW	377.73					
11	11/30/2016	AJ-080457	ALLOCATION OF CARE OF BUILDING		18.75			396.48	
11		42704 AJ-080462	ALLOCATION - CARE OF BUILDING		7.29			403.77	
				377.73	26.04		26.04	403.77	

Atty, Legal, Audit, Acct, POS, Interdept	Office & Mtg Supplies	Phone & Internet	Postage & shipping	Building & Occupancy (Utilities, care of bldg/grnds, bldg/grnd supp, prop ins)	Equip & Equip rent/repair	Advertising, Pmtg, Pubs	Mileage, travel, conf, agency vehicle, auto ins	Borrower Incentives	Org Dues & Misc	Admin @ 17.9%	Loan Guarantee Funds (Misc)	Total
											1,000.00	1,000.00
177.08	15.75	27.31	8.59	143.94	42.03	19.35	181.74	-	-	-	591.51	4,711.77
										737.53		737.53
177.08	15.75	27.31	8.59	143.94	42.03	19.35	181.74	-	-	737.53	591.51	5,449.30
177.08	15.75	27.31	8.59	143.94	42.03	19.35	181.74	-	-	737.53	591.51	5,449.30

Date	Loan Number	Receivables (Money received after default) is		Payables (paid by HFS) account 4900-		Federal Eligible	MAPA/JARC Capital Funds Received
		account 1701-21	21	Balance			
7/29/2013	33218		\$ 1,862.90	\$ 1,862.90	\$ 1,490.32		
7/29/2013	35865		\$ 2,809.70	\$ 4,672.60	\$ 3,738.08		
7/31/2013	38899	\$ 330.05		\$ 4,342.55	\$ 3,474.04		
8/7/2013	39461	\$ 266.00		\$ 4,076.55	\$ 3,261.24		
8/22/2013	53375		\$ 4,066.16	\$ 8,142.71	\$ 6,514.17		
8/22/2013	59411		\$ 4,558.39	\$ 12,701.10	\$ 10,160.88		
8/29/2013	35865	\$ 1,225.00		\$ 11,476.10	\$ 9,180.88		
9/3/2013	39461	\$ 166.00		\$ 11,310.10	\$ 9,048.08		
9/30/2013	39461	\$ 166.00		\$ 11,144.10	\$ 8,915.28		
10/10/2013	49599		\$ 4,368.18	\$ 15,512.28	\$ 12,409.82		
10/10/2013	51194		\$ 4,850.01	\$ 20,362.29	\$ 16,289.83		
10/10/2013	60355		\$ 6,018.48	\$ 26,380.77	\$ 21,104.62		
10/14/2013	48622	\$ 4,000.00		\$ 22,380.77	\$ 17,904.62		
11/6/2013	39461	\$ 100.00		\$ 22,280.77	\$ 17,824.62		
11/12/2013	48622	\$ 300.00		\$ 21,980.77	\$ 17,584.62		
11/13/2013	54479		\$ 4,811.32	\$ 26,792.09	\$ 21,433.67		
11/13/2013	61408		\$ 6,096.58	\$ 32,888.67	\$ 26,310.94		
11/14/2013	61408	\$ 860.00		\$ 32,028.67	\$ 25,622.94		
11/15/2013	48584	\$ 1,865.00		\$ 30,163.67	\$ 24,130.94		
11/15/2013	51194	\$ 220.00		\$ 29,943.67	\$ 23,954.94		
11/16/2013	46085		\$ 4,423.40	\$ 34,367.07	\$ 27,493.66		
11/18/2013	54479	\$ 426.12		\$ 33,940.95	\$ 27,152.76		
12/17/2013	39690		\$ 2,603.59	\$ 36,544.54	\$ 29,235.63		
12/17/2013	42977		\$ 3,875.38	\$ 40,419.92	\$ 32,335.94		
12/17/2013	53461		\$ 5,041.87	\$ 45,461.79	\$ 36,369.43		
		\$ 9,924.17	\$ 55,385.96				
1/1/2014				\$ 45,461.79	\$ 16,369.43	\$ 20,000.00	
1/8/2014	42977	\$ 200.00		\$ 45,261.79	\$ 16,209.43		
1/8/2014	48622	\$ 300.00		\$ 44,961.79	\$ 15,969.43		
2/11/2014	42292		\$ 2,891.79	\$ 47,853.58	\$ 18,282.86		
2/11/2014	44104		\$ 3,173.26	\$ 51,026.84	\$ 20,821.47		
2/11/2014	56056		\$ 5,156.70	\$ 56,183.54	\$ 24,946.83		
2/14/2014	48622	\$ 200.00		\$ 55,983.54	\$ 24,786.83		
2/21/2014	39461	\$ 166.00		\$ 55,817.54	\$ 24,654.03		
2/21/2014	42977	\$ 138.00		\$ 55,679.54	\$ 24,543.63		
2/21/2014	48622	\$ 500.00		\$ 55,179.54	\$ 24,143.63		
2/27/2014	40923		\$ 1,992.49	\$ 57,172.03	\$ 25,737.62		
2/27/2014	47804		\$ 3,310.75	\$ 60,482.78	\$ 28,386.22		
3/5/2014	39461	\$ 166.00		\$ 60,316.78	\$ 28,253.42		
4/9/2014	48622	\$ 300.00		\$ 60,016.78	\$ 28,013.42		
5/9/2014	42705		\$ 1,911.66	\$ 61,928.44	\$ 29,542.75		
5/9/2014	59586		\$ 4,769.94	\$ 66,698.38	\$ 33,358.70		
5/12/2014	33218	\$ 751.00		\$ 65,947.38	\$ 32,757.90		
5/12/2014	49599	\$ 651.00		\$ 65,296.38	\$ 32,237.10		
5/15/2014	39615	\$ 755.00		\$ 64,541.38	\$ 31,633.10		
6/6/2014	42977	\$ 100.00		\$ 64,441.38	\$ 31,553.10		
6/17/2014	48622	\$ 200.00		\$ 64,241.38	\$ 31,393.10		
		\$ 4,427.00	\$ 23,206.59				
7/28/2014	39453		\$ 1,695.28	\$ 65,936.66	\$ 32,749.33		

Date	Loan Number	Receivables (Money received after default) is		Payables (paid by HFS) account 4900-		Balance	Federal Eligible	MAPA/JARC Capital Funds Received
		account 1701-21	21					
7/28/2014	42829		\$ 1,645.70	\$ 67,582.36	\$ 34,065.89			
		\$ -	\$ 3,340.98					\$ -
8/1/2014	48622	\$ 200.00	\$ 200.00	\$ 67,582.36	\$ 34,065.89			
8/1/2014				\$ 67,582.36	\$ 34,065.89			
8/5/2014	39461	\$ 167.00		\$ 67,415.36	\$ 33,932.29			
8/26/2014	56854		\$ 4,088.51	\$ 71,503.87	\$ 37,203.10			
8/26/2014	63931		\$ 4,551.94	\$ 76,055.81	\$ 40,844.65			
8/29/2014	42705	\$ 100.00		\$ 75,955.81	\$ 40,764.65			
		\$ 467.00	\$ 8,840.45					
9/29/2014	42829	\$ 1,555.97	\$ -	\$ 74,399.84	\$ 39,519.87			
9/30/2014				\$ 74,399.84	\$ 39,519.87			
10/2/2014	39461	\$ 150.00		\$ 74,249.84	\$ 39,399.87			
10/23/2014	44716		\$ 3,419.01	\$ 77,668.85	\$ 42,135.08			
10/23/2014	61327		\$ 5,346.32	\$ 83,015.17	\$ 46,412.14			
10/31/2014				\$ 83,015.17	\$ 46,412.14			
		\$ 150.00	\$ 8,765.33					
11/5/2014	61327	\$ 3.47		\$ 83,011.70	\$ 46,409.36			
12/4/2014			3127.49	\$ 86,139.19	\$ 48,911.35			
12/4/2014			2703.99	\$ 88,843.18	\$ 51,074.54			
12/4/2014			1379.51	\$ 90,222.69	\$ 52,178.15			
12/29/2014	56498	200		\$ 90,022.69	\$ 52,018.15			
12/29/2014	56498	100		\$ 89,922.69	\$ 51,938.15			
12/29/2014	42829	90.56		\$ 89,832.13	\$ 51,865.70			
	42705	100		\$ 89,732.13	\$ 51,785.70			
		\$ 290.56	\$ 7,210.99					
1/12/2015	66701		\$ 3,689.18	\$ 93,421.31	\$ 54,737.05			
1/12/2015	68658		\$ 4,190.29	\$ 97,611.60	\$ 58,089.28			
1/12/2015	52808		\$ 1,523.66	\$ 99,135.26	\$ 59,308.21			
1/27/2015	56498	200		\$ 98,935.26	\$ 59,148.21			
1/30/2015	61327	200		\$ 98,735.26	\$ 58,988.21			
1/30/2015	39461	150		\$ 98,585.26	\$ 58,868.21			
1/30/2015	60371	6.15		\$ 98,579.11	\$ 58,863.29			
1/30/2015	49750	4.57		\$ 98,574.54	\$ 58,859.63			
1/30/2015	42705	100		\$ 98,474.54	\$ 58,779.63			
		\$ 660.72	\$ 9,403.13					
2/13/2015	58342		2482.63	\$ 100,957.17	\$ 60,765.74			
2/13/2015	70407		3731.41	\$ 104,688.58	\$ 63,750.86			
2/13/2015	55580		2181.1	\$ 106,869.68	\$ 65,495.74			
2/13/2015	52697		1448.86	\$ 108,318.54	\$ 66,654.83			
2/10/2015	56498	1000		\$ 107,318.54	\$ 65,854.83			
2/10/2015	56498	999.99		\$ 106,318.55	\$ 65,054.84			
2/10/2015	39461	140		\$ 106,178.55	\$ 64,942.84			
2/27/2015	61327	2000		\$ 104,178.55	\$ 63,342.84			
2/27/2015	39461	100		\$ 104,078.55	\$ 63,262.84			
		\$ 4,239.99	\$ 9,844.00					
3/27/2015	46034		263.29	\$ 104,341.84	\$ 63,473.47			

Date	Loan Number	Receivables	Payables	Balance	Federal Eligible	MAPA/JARC Capital Funds Received
		(Money received after default) is account 1701-21	(paid by HFS) account 4900- 21			
3/27/2015	49335		847.62	\$ 105,189.46	\$ 64,151.57	
3/27/2015	79480		6193.85	\$ 111,383.31	\$ 69,106.65	
3/17/2015	52808	1800		\$ 109,583.31	\$ 67,666.65	
3/24/2015	60371	220		\$ 109,363.31	\$ 67,490.65	
3/31/2015	42705	45		\$ 109,318.31	\$ 67,454.65	
		\$ 2,065.00	\$ 17,148.76			
4/28/2015	70989		3431.54	\$ 112,749.85	\$ 70,199.88	
4/15/2015	44716	3420		\$ 109,329.85	\$ 67,463.88	
4/15/2015	39461	150		\$ 109,179.85	\$ 67,343.88	
4/29/2015	70989	100		\$ 109,079.85	\$ 67,263.88	
		\$ 3,670.00	\$ 3,431.54			
5/20/2015	49335	1100		\$ 107,979.85	\$ 66,383.88	
5/20/2015	39461	150		\$ 107,829.85	\$ 66,263.88	
		\$ 1,250.00	\$ -			
6/19/2015		90		\$ 107,739.85	\$ 66,191.88	
6/11/2015			3127.49	\$ 110,867.34	\$ 68,693.87	
		\$ 90.00	\$ 3,127.49			
7/1/2015		1448.86		\$ 109,418.48	\$ 67,534.78	
7/28/2015		650		\$ 108,768.48	\$ 67,014.78	
7/28/2015		549.6		\$ 108,218.88	\$ 66,575.10	
7/28/2015		150		\$ 108,068.88	\$ 66,455.10	
7/29/2015		40		\$ 108,028.88	\$ 66,423.10	
7/13/2015			325.36	\$ 108,354.24	\$ 66,683.39	
7/13/2015			5779.36	\$ 114,133.60	\$ 71,306.88	
		\$ 2,838.46	\$ 6,104.72			
8/12/2015		5760		\$ 108,373.60	\$ 66,698.88	
8/12/2015		860		\$ 107,513.60	\$ 66,010.88	
8/12/2015		560		\$ 106,953.60	\$ 65,562.88	
8/26/2015		60		\$ 106,893.60	\$ 65,514.88	
8/20/2015			400	\$ 107,293.60	\$ 65,834.88	27720.37
		\$ 7,240.00	\$ 400.00			
9/16/2015		160		\$ 107,133.60	\$ 37,986.51	
9/11/2015			274.97	\$ 107,408.57	\$ 38,206.49	
		\$ 7,400.00	\$ 1,074.97			
10/14/2015		250		\$ 107,158.57	\$ 38,006.49	
		\$ 250.00	\$ -			
11/5/2015		100		\$ 107,058.57	\$ 37,926.49	
11/5/2015		25		\$ 107,033.57	\$ 37,906.49	
		\$ 125.00	\$ -			
12/16/2015		301		\$ 106,732.57	\$ 37,665.69	
12/16/2015		25		\$ 106,707.57	\$ 37,645.69	

Date	Loan Number	Receivables	Payables	Balance	Federal Eligible	MAPA/JARC Capital Funds Received
		(Money received after default) is account 1701-21	(paid by HFS) account 4900- 21			
12/30/2015		550		\$ 106,157.57	\$ 37,205.69	
		\$ 876.00	\$ -			
1/15/2016			5,054.91	\$ 111,212.48	\$ 41,249.61	
1/15/2016			2,781.19	\$ 113,993.67	\$ 43,474.57	
1/15/2016			760.16	\$ 114,753.83	\$ 44,082.69	
		\$ -	\$ 5,054.91			
2/29/2016		3,143.00		\$ 111,610.83	\$ 41,568.29	
		\$ 3,143.00	\$ -			
3/31/2016		300.00		\$ 111,310.83	\$ 41,328.29	
		\$ 300.00	\$ -			
4/30/2016		2,211.00	5,215.80	\$ 114,315.63	\$ 43,732.13	
		\$ 2,211.00	\$ 5,215.80			
5/31/2016		845.47	-	\$ 113,470.16	\$ 43,055.76	
		\$ 845.47	\$ -			
6/30/2016		-	-	\$ 113,470.16	\$ 43,055.76	
		\$ -	\$ -			
7/31/2016		271.57	1,000.00	\$ 114,198.59	\$ 43,638.50	
		\$ 271.57	\$ 1,000.00			
8/31/2016		671.20	2,983.52	\$ 116,510.91	\$ 45,488.36	
		\$ 671.20	\$ 2,983.52			
9/30/2016		278.44	1,000.00	\$ 117,232.47	\$ 46,065.61	
		\$ 278.44	\$ 1,000.00			
10/31/2016		221.57	4,445.26	\$ 121,456.16	\$ 49,444.56	
		\$ 221.57	\$ 4,445.26			
11/30/2016		408.49	1,000.00	\$ 122,047.67	\$ 49,917.77	
		\$ 408.49	\$ 1,000.00			

Karla McKay

Subject: FW: Ways to Work Numbers for November 2016

From: Lisa Picker
Sent: Tuesday, January 03, 2017 3:52 PM
To: Karla McKay
Subject: Ways to Work Numbers for November 2016

Sorry Karla. Here they are

Below are the numbers for Ways to Work for November 2016.

Number of repossessions in the month (bought back loans) – 1
Number of new closed loans in the month – 0
Number of loans outstanding – 19

From: Karla McKay
Sent: Tuesday, January 03, 2017 3:28 PM
To: Lisa Picker
Subject: FW: Ways to Work Numbers for November 2016

Hi Lisa,

Do you have the numbers for November?

Karla McKay
Accounts Payable Clerk
Heartland Family Service
402-552-7452
kmckay@heartlandfamilyservice.org

11/11/2016 182442 OCT 2016 1,613.50 0.00 1,613.50

HEARTLAND family Service

Good works.

Check: 140052 11/22/2016 BAIRD HOLM LLP 1,613.50

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

140052



2101 S. 42ND ST.
OMAHA, NE 68105
402-553-3000
A United Way Member Agency

AMERICAN NATIONAL BANK
OMAHA, NEBRASKA 68114

NUMBER

27-55/1040

*ONE THOUSAND SIX HUNDRED THIRTEEN AND 50/100

AMOUNT

PAY TO THE ORDER OF

BAIRD HOLM LLP
1700 FARNAM STREET
SUITE 1500
OMAHA, NE 68102-2068
BAIRD



*****1,613.50*



A SECOND SIGNATURE REQUIRED FOR CHECKS OVER 1,000 DOLLARS

⑈ 140052 ⑆ ⑆ 104000854 ⑆ 3285463 ⑆

HEARTLAND FAMILY SERVICE

140052

FILE COPY

Heartland Family Service
Attn: John Jeanetta, President & CEO
2101 S 42nd St
Omaha, NE 68105-2909

Com: OCT 2014 Nov.
Prog. Serv. _____
Amt. 1,613.50
Cler. 28
Appr. _____
Acct. No. 2410-09 = 90.00
2410-03 = 1,275.10
2410-34 = 124.20
2410-21 = 124.20

Client: F0580

November 11, 2016
Invoice No.: 182442

POSTED

Statement Summary

Amount this Statement		\$1,613.50
Balance from Previous Statement	\$816.75	
(Less Payment Received through 11/11/16)	(\$816.75)	
Balance Forward	\$0.00	\$0.00
Total Amount Due:		\$1,613.50

Please disregard balance forward if payment was made after 11/11/16.

Client Copy

Federal Tax I.D. No. 47-0389074

Baird Holm LLP

Heartland Family Service
Attn: John Jeanetta, President & CEO
2101 S 42nd St
Omaha, NE 68105-2909

Client: F0580
Matter: F0580-00996
General 2016
November 11, 2016
Invoice No.: 182442

Date	Description	Rate	Hours	Amount	
10/11/16	JDS Review of trust document; Drafting of resolution removing Wells Fargo and terminating trust; E-mail to Kristine Hull forwarding same	\$260.00	1.00	\$260.00	03
10/19/16	RJS E-mail from (and to) K. Hull; Conferred with G. Derrick; Call from K. Hull, S. Nadason and Jason regarding FLSA regular rate calculation; E-mail to K. Hull and S. Nadason	\$345.00	0.30	\$103.50	
10/26/16	TRW Email from client regarding landlord deposit	\$345.00	0.20	\$69.00	34
10/27/16	TRW Revise letter regarding deposit and forward to client	\$345.00	0.20	\$69.00	
10/27/16	RJS Attended board meeting (no charge)	\$0.00	0.00	\$0.00	
10/31/16	RJS E-mail from (and call to) L. Picker regarding Ways to Work Program	\$345.00	0.40	\$138.00	21
Fee Total:			5.50	\$1,523.50	

Matter Summary

Total Costs and Disbursements	\$0.00
Fee Total	\$1,523.50
Total this Matter	\$1,523.50

12/5/2016

9998668

19.00

0.00

19.00



Check: 140355

12/6/2016 CORELOGIC CREDCO, LLC

19.00

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

140355



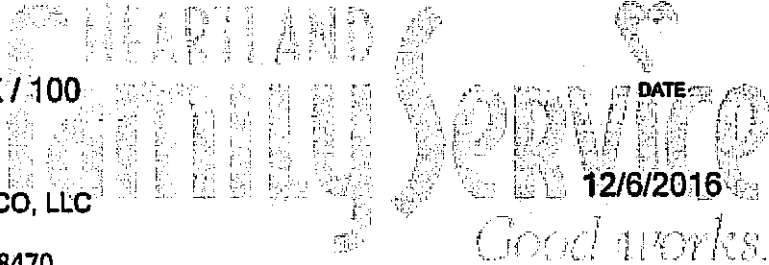
2101 S. 42ND ST.
OMAHA, NE 68105
402-553-3000
A United Way Member Agency

AMERICAN NATIONAL BANK
OMAHA, NEBRASKA 68114

NUMBER

27-85/1040

*NINETEEN AND XX / 100



DATE

AMOUNT

12/6/2016

*****19.00*

PAY TO THE ORDER OF

CORELOGIC CREDCO, LLC
PO BOX 847070
DALLAS, TX 75284-8470

CORELOG

A SECOND SIGNATURE REQUIRED FOR CHECKS OVER 1,000 DOLLARS



140355 104000854 328563

HEARTLAND FAMILY SERVICE

140355

FILE COPY

CoreLogic Credco LLC
 10277 Scripps Ranch Blvd.
 San Diego , California 92131
 www.CredcoServices.com



PAID
 NOV

STATEMENT FOR :

JENNY SCHULTE
 HEARTLAND FAMILY SERVICES
 2101 S. 42ND STREET
 OMAHA, NE 68105

Prog. Serv. _____
 Amt. 19.00
 Cler. Rm
 Appr. _____
 Acct. No. 2490-21

For questions regarding this statement, please e-mail us at credco.billing@corelogic.com, call (800) 294-5566 or fax to (800) 998-4747.

Account Number	Statement Number	Statement Date	Service Period
4255199	9998668	12/03/16	11/01/16 - 11/30/16

Balance Forward Previous Month	\$47.50
Adjustments	\$0.00
Payments	(\$47.50)
Current Charges	\$18.44
Third Party Fees	\$0.00
Surcharges	\$0.56
Sales Tax	\$0.00
Total Due by 12/25/16	\$19.00

AGED BALANCE SUMMARY

Current	30 Days	60 Days	90 Days	120+ Days	Total
\$19.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.00

* Surcharge included in price.

† Includes secondary use charges.

Credit Card Authorization Form

Account Number : 4255199

Statement Number : 9998668

HEARTLAND FAMILY SERVICES

I would like to pay on my Credco account by charging the following credit card:

VISA

MasterCard

American Express

Discover Card

Amount to Charge : _____

Card Number : _____

Card Verification
Number : _____

Expiration Date : _____

(Necessary to charge your account)

Name as it appears on card : _____

Signature : _____

(Necessary to charge your account)

Cardholder's Address : _____

City : _____ State : _____ Zip Code : _____

Phone Number : _____

I understand that this is not retained for future use.

**Fax Credit Card payments directly to
the Accounts Receivable Department at 800-998-4747.**

Summary Of Usage

	0-Bureau	1-Bureau	2-Bureau	3-Bureau	Total
IND	0	0	2	0	2
IND ID SCORE ORIG	2	0	0	0	2
IND PS OFAC ORIG	2	0	0	0	2
SCOREDISCLOSURE	0	0	2	0	2
Totals :	4	0	4	0	8

ADJUSTMENTS

Time Stamp	Reference Num	Notes	Type	Check #	Adjustment	Tax	Total
11/10/16			Payment	139813	(\$47.50)	\$0.00	(\$47.50)
Totals :					(\$47.50)	\$0.00	(\$47.50)

* Surcharge included in price.
 † Includes secondary use charges.

Account Num : 4255199
Statement Num : 9998658

TRANSACTIONS

Name	Time Stamp	Reference Num	Product / Access Type	Type	Bureau	Charge	Tax	Tot
Bill/Flag - Notes								
MCCROY, MELANEY	11/07/16	111822917140000	INSTANT MERGE/ORIGINAL	IND	EFX,XPN	\$9.50	\$0.00	\$9.
CANNON, ATALAYA	11/17/16	1118350B9090000	INSTANT MERGE/ORIGINAL	IND	EFX,XPN	\$9.50	\$0.00	\$9.

GRAND TOTALS

Totals : \$19.00 \$0.00 \$19.

* Surcharge included in price.
† Includes secondary use charges

Karla McKay

From: Lisa Picker
Sent: Tuesday, December 06, 2016 9:47 AM
To: Karla McKay
Subject: FW: CoreLogic Credco Nov invoice
Attachments: HFS 4255199 Nov 16.pdf

Good morning Karla ☺

Okay to pay the attached invoice.

Thanks
Lisa

From: Karla McKay
Sent: Tuesday, December 06, 2016 9:14 AM
To: Lisa Picker
Subject: CoreLogic Credco Nov invoice

Hi Lisa,

For approval please. Thanks!

Karla McKay
Accounts Payable Clerk
Heartland Family Service
402-552-7452
kmckay@heartlandfamilyservice.org

11/17/2016 9062
11/30/2016 9111

22.25
352.89

0.00
0.00

22.25
352.89

HEARTLAND FAMILY Service

Good works.

Check: 140548

12/20/2016 PHYSICIANS MUTUAL

375.14

THIS DOCUMENT CONTAINS ORIGINAL DOCUMENT, PRINTED ON CHEMICAL REACTIVE PAPER, WITH MICROPRINTED BORDER

140548

HEARTLAND
family Service
Good works.

2101 S. 42ND ST.
OMAHA, NE 68105
402-553-3000
A United Way Member Agency

AMERICAN NATIONAL BANK
OMAHA, NEBRASKA 68114

NUMBER

27-85/1040

*THREE HUNDRED SEVENTY-FIVE AND 14 / 100

DATE

AMOUNT

12/20/2016

*****375.14*

PAY
TO THE
ORDER
OF

PHYSICIANS MUTUAL
ATTN: AJI GEORGE
6119 N 16TH STREET
OMAHA, NE 68110
PHYMUTL

Good works.



A SECOND SIGNATURE REQUIRED FOR CHECKS OVER 1,000 DOLLARS

⑈ 140548 ⑆ ⑆ 104000854 ⑆ 3285463 ⑆

HEARTLAND FAMILY SERVICE

140548

11/17/2016 9062
11/30/2016 9111

22.25
352.89

0.00
0.00

22.25
352.89

FILE COPY

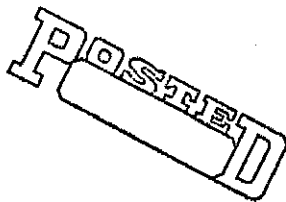
Check: 140548

12/20/2016 PHYSICIANS MUTUAL

375.14

Invoice

Physicians Mutual
 6119 N 16th Street
 Omaha, NE 68110-1002
 Phone: (402) 930-2827



Prog. Serv. _____
 Amt. 352.89
 Clr. DB
 Appr. _____
 Acct. No. _____

Nov.

Bill To:
 Heartland Family Service
 2101 S. 42nd Street

Ship To:
 Heartland Family Service
 2101 S. 42nd Street

Omaha, NE 68105-2909

Omaha, NE 68105-2909

Invoice Date	11/30/2016	Attention:	Jane Shinn	Customer ID	OCHI
Invoice #	9111	Terms	Net 30 Days	PO Number	
Order Date	11/30/2016	Ship Via			

2510- 03	=	3.64
2510- 04	=	18.19
2510- 05	=	18.19
2510- 11	=	14.55
2510- 16	=	211.00
2510- 18	=	14.55
2510- 21	=	7.28
2510- 23	=	10.90
2510- 28	=	7.28
2510- 30	=	3.64
2510- 34	=	3.64
2510- 39	=	10.91
2510- 40	=	7.28
2510- 44	=	7.28
2510- 49	=	7.28
2510 61	=	7.28
TOTAL	=	352.89

Description	Product Name	Quantity	Unit Price	
Natalie Minchow	21 UP DUPLEX - COLOR	100	\$0.034	
Cristal Cabrera	21 UP DUPLEX - COLOR	100	\$0.034	
Kristina Jensen	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Joanie Poore	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Haley Martinez	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Chad Bartlett	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Paige Seier	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Monica Meier	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Julia Long	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Tiffany Cook	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Lauren Pesarchick	21 UP DUPLEX - COLOR	100	\$0.034	\$3.40
Maria Perales	21 UP DUPLEX - COLOR	200	\$0.034	\$6.80
Mary O'Neill	21 UP DUPLEX - COLOR	200	\$0.034	\$6.80
Jill Gill	21 UP DUPLEX - COLOR	200	\$0.034	\$6.80

Questions concerning this invoice?
 Call: (402) 930-2827

Service charge of 1.5% per month will be added to all over due accounts

Mail Payments To:
 Physicians Mutual
 Attn: Aji George
 6119 N 16th Street
 Omaha, NE 68110

Physicians Mutual Business Card Order Form

DATE: November 2016

21 up (w/bleed)
\$.034 per

DEPT.

CARDS ORDERED IN QTY. OF 100 (3.40)

Natalie Minchow	\$3.40	18
Cristal Cabrera	\$3.40	18
Kristina Jensen	\$3.40	61
Joanie Poore	\$3.40	11
Haley Martinez	\$3.40	03
Chad Bartlett	\$3.40	30
Paige Seier	\$3.40	61
Monica Meier	\$3.40	05
Julia Long	\$3.40	18
Tiffany Cook	\$3.40	34
Lauren Pesarchick	\$3.40	18

37.40

CARDS ORDERED IN QTY. OF 200 (6.80)

Maria Perales	\$6.80	44
Mary O'Neill	\$6.80	05
Jill Gill	\$6.80	05
Lisa Picker	\$6.80	21
Lauren Peitzmeier	\$6.80	40
Mandy Standley	\$6.80	28
Lane Heinert	\$6.80	49

47.60

CARDS ORDERED IN QTY. OF 300 (10.20)

Ali Heimbaugh	\$10.20	23
Rebecca Hood-Kjeldgaard	\$10.20	16
Hardship Assistance Program	\$10.20	11
Tatyana Kolesnikova	\$10.20	39

40.80

CARDS ORDERED IN QTY. OF 400 (13.60)

CARDS ORDERED IN QTY. OF 500 (17.00)

Donna Dostal	\$17.00	04
Shannon Mahnke	\$17.00	16

34

CARDS ORDERED IN QTY. OF 750 (25.50)

CARDS ORDERED IN QTY. OF 1000 (34.00)

5	Broadway-Gendler Scheduling Card	\$170.00	16
---	----------------------------------	----------	----

TOTAL

Total Cost

\$329.80

1262 PICKER, LISA - Send to Mary if Couer, Joanie if wtw				
Ameristar Wellness Conf - candy for table	2520-21	10/18/16	Wal-Mart 3150	68.13
				68.13

See back of receipt for your chance
to win \$1000

ID #: 7JZXT6133J56

Candy
#21
Walmart Fair
Walmart 
Save money. Live better.

(713) 888 - 3914
 MANAGER CLAYTON CASEY
 1800 N 18TH ST
 COUNCIL BLUFFS, IA 51501

5th 03150 0PN 000562 1L0 1Z FRM 04624	
80ML 009070235997	2.50 F
80ML 009070235997	2.50 F
800S VARIETY 004000049616 F	13.04 F
TRUNK (REAR) 003000099241 F	19.54 F
HARS HY HINI 004000049616 F	14.74 F
TWIZZLEW TUB 003400051902 F	5.90 M
100SIE ROLL 007172000769 F	7.40 F
100SIE ROLL 007172000769 F	7.40 F
SUBTOTAL 64.06	
TAX 1 2.00 %	4.07
TOTAL 68.13	
VISA TENB	68.13

Visa Credit 3000 0000 0000 1262 1 2
 APPROVAL # 000144
 NET # 629200400168
 THANK TO - 466792494094026
 VBI 000100 - 520H
 PAYMENT SERVICE - 1

AEM 000000003010
 IC A52EE1183126EADL
 TERMINAL # SC010051
 *Signature Val: Filed

10/10/16 08:45:07
 CHANGE AMT 0.00

ITEMS SOLD 8



L. V. P. [Signature]
 Low Prices You Can Trust. Every Day.
 10/10/16 08:45:07

CONDITIONS APPLY
 Store receipts on your phone. Walmart P
 ay.



Karla McKay

From: Lisa Picker
Sent: Tuesday, October 25, 2016 9:37 AM
To: AccountsPayable
Subject: Credit Card Receipt
Attachments: Scanned from a Xerox Multifunction Printer.pdf

Good morning everyone

Attached is a copy of my credit card receipt for the purchase of candy for the AmeriStar Wellness conference that the Ways to Work participated in. Let me know if you need anything else.

Thanks
Lisa

-----Original Message-----

From: Scan
Sent: Tuesday, October 25, 2016 9:35 AM
To: Lisa Picker
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: Lakin Office
Device Name: Lakin X 7845C

Heartland Family Services A/P Data

Date	Transaction Type	Status	Description	Amount	Balance
	Oct-16			\$2,293.19	going to finance, not yet entered in Financial Edge
9/30/16	SEP2016 Invoice	Paid		\$2,514.50	\$0.00
9/1/16	AUG2016 Invoice	Paid		\$2,419.79	\$0.00
7/31/16	JUL2016 Invoice	Paid		\$2,428.60	\$0.00
6/30/16	JUN2016 Invoice	Paid		\$2,407.33	\$0.00
6/30/16	MAY2016 Invoice	Paid		\$2,406.97	\$0.00
5/13/16	Mar2016 Invoice	Paid		\$2,651.99	\$0.00
4/30/16	APR2016 Invoice	Paid		\$2,530.90	\$0.00
3/31/16	FEB2016 Invoice	Paid		\$2,496.53	\$0.00
2/1/16	JAN 2016 Invoice	Paid		\$5,590.38	\$0.00
2/1/16	Nov2015 Invoice	Paid		\$3,948.34	\$0.00
2/1/16	DEC 2015 Invoice	Paid		\$2,565.16	\$0.00
12/31/15	OCT 2015 Invoice	Paid		\$2,632.24	\$0.00
9/30/15	Sep2015 Invoice	Paid		\$2,473.71	\$0.00
9/1/15	Aug 2015 Invoice	Paid		\$1,902.26	\$0.00
8/1/15	Jul2015 Invoice	Paid		\$5,026.82	\$0.00
6/30/15	May 2015 Invoice	Paid		\$1,903.51	\$0.00
6/30/15	Jun 2015 Invoice	Paid	Payment # 17	\$6,539.43	\$0.00
6/30/15	Apr 2015 Invoice	Paid		\$2,896.71	\$0.00
6/30/15	Mar 2015 Invoice	Paid		\$6,099.49	\$0.00
3/1/15	Feb 2015 Invoice	Paid		\$3,957.51	\$0.00
2/1/15	Jan 2015 Invoice	Paid		\$2,529.78	\$0.00
1/1/15	July2014 Invoice	Paid		\$2,329.52	\$0.00
1/1/15	Dec2014 Invoice	Paid		\$22,454.10	\$0.00
1/1/15	Sept2014 Invoice	Paid		\$2,567.84	\$0.00
1/1/15	Oct2014 Invoice	Paid		\$2,241.39	\$0.00
1/1/15	Nov2014 Invoice	Paid		\$2,372.67	\$0.00
1/1/15	Aug2014 Invoice	Paid		\$2,365.41	\$0.00
6/30/14	cm063014 Credit Mem Applied			(\$40,690.56)	\$0.00
6/30/14	063014 Invoice	Paid	Request #2-5	\$57,904.53	\$0.00
6/1/14	CM060114 Credit Mem Applied			(\$54,284.09)	\$0.00
6/1/14	060114 Invoice	Paid	Request # 1	\$92,735.12	\$0.00
12/31/13	073113 Invoice	Paid		\$1,692.37	\$0.00 Previous Contract
6/30/13	063013 Invoice	Paid		\$51,882.90	\$0.00 Previous Contract

	\$160,211.07
Remaining Balance	\$1,138.93
	\$161,350.00

METROPOLITAN AREA PLANNING AGENCY
2222 Cuming Street
Omaha, Nebraska 68102

Subcontractor's Payment Authorization

Contractor: Exis Design Shop

Project Title: 16607101401 - American Heroes Park, Concept Design

Contract Approved by Board of Directors: September 16, 2015

Contract Period: October 1, 2015 - April 30, 2016

Contract Amendment: October 1, 2015 - December 31, 2016

Contract Amount: not to exceed \$9,000

Final Payment

1. Computation of Payment

Bill to Date	\$9,000.00
Less Previous Payments	<u>\$6,000.00</u>
Payment Due this Date	<u>\$3,000.00</u>

2. Payment Approved

RECOMMENDED PAYMENT BY:

Project Supervisor

Department Manager

Executive Director

Payment approved by Finance Committee

Treasurer

Payment approved by Board of Directors

Chairman, MAPA Board of Directors



MAPA and the City of Bellevue
American Heroes Park - Kramer Plant Development

Invoice 03

Concept Design Package

Client:

Omaha-Council Bluffs Metropolitan Area Planning Agency
2222 Cuming Street
Omaha NE 68102

Date: January 4, 2017

Matt Knutson, Architect
AIA, NCARB, LEED AP

RE: Invoice 03

Old Market District
1105 Howard Street
Suite 102
Omaha, NE 68102

\$3,000.00 - Total.

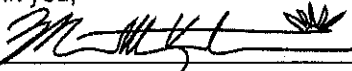
T 402 478 8757
C 402 250 9440
E mknutson@exisdesignshop.com

- \$1,500.00 - Direct Labor Costs - See Attached Time Log.
- \$1,500.00 - Building Cost Consultants(BCC) fee. See attached BCC Proposal.

Thank you for the opportunity to work with you to investigate the exciting opportunities at American Heroes Park in Bellevue. This invoice is for services to complete drawings and specifications for cost work, final review of narratives, book file assembly, and final review. We are confident this study will empower the City of Bellevue to gain community support to build this great place for its residents and visitors.

Please submit payment upon receipt of this invoice, make checks payable to EXis design shop. Call to discuss any questions or clarifications concerning this invoice. A 1.5% interest charge will apply to invoices 30 days past due and will apply each month until paid in full.

Thank you,


Matt Knutson

January 4, 2017

Date

Time Log - American Heroes Park Kramer Plant Development - Invoice 03

DATE	PROJECT	HOURS		DESCRIPTION
		Principal	Staff	
1/22/16	15_0118.01 American Heroes Park - Kramer Plant	0		Update email to team.
1/27/16		1		Design tower - update skup model w/ MRRS Skin. stair and level changes
1/28/17		4		Design tower - update skip model w/ level changes and vestibule design.
2/11/16		5		sketchup model, stairs railings, vestibules
2/12/16		1		sketchup model, skins
2/16/16		4		Tower skin design and model.
2/18/16		6		Modelling Interp and design and model observe deck. Renderings. Drawing in vectorworks.
2/19/16		4		Renderings, modeling and photoshop
2/22/16		6.5		Model Interpretive center and drawings. Elevator review and changes per Alan.
2/23/16		4		Drawings.
2/24/16		6		Plan draws and model updates for elevations. Discussion w/ Andrew concerning cladding. Site plan sent to BMW.
2/25/16		0.5		Discussion on landscape design scope w/ BMW.
2/29/16		8		Kramer plant line draws, section, tower framing axons, elevations. package draws and distribute.
3/1/16		5		Renderings and package drawings
3/2/16		4.5		Park view rendering, package renderings and distribution. Meeting w/ John Floyster to review landscape design. Cost discussion w/ Denny Sieh.
3/7/16		4		Meeting prep w/ Infrastructure. Meeting w/ Ehler to review Kramer plant structural. Meeting follow up notes and stair design research.
3/10/16		1.5		Project lighting design and fixture selection for pricing, w/ AES lighting.
3/19/16		0		Lighting review w/ Misty - talk monday.
5/9/16		2.5		Drawing updates and email to Jeff Payne.
5/10/16		1		Discussions w/ Jeff Ehler concerning steel framing details, model images, and emails.
5/24/16		1		Project catch-up and narratives.
6/14/16		0.75		Project discussion, including MRRS, w/ Larry. Call to Greg Youle for project update. 2 emails to Larry.
8/12/16		0.5		Conf call w/ Larry and Grant on how we move forward to finish the study. Update Grant on the current status and efforts being made to resolve the power through the park issues.
12/28/16		8		Division write up details for Denny finished and emailed w/ new drawings. Reworked renderings. Wrote design narrative and 1/2 of exec summary. Updated drawing and made corrections. Talked with Denny about schedule. Nice!
12/30/16		6.5		Proof read writing for book. assemble .pdf sections. create cover. Submit book less pricing. Answer landscape and Gablon wall questions for Denny, email.
1/2/17		1.5		Work schedule sent to Denny. Narrative review and project packing.
1/3/17		2		Review cost estimate from Denny. Cost data sheet updates and formatting.
1/4/17		4		Cost estimate formatting. Table of contents and exec. summary updates. Final format to print book. Call to Denny to review cost questions/ updates.
Total		92.75	0	Total Hours for Invoice 03
Fee		\$1,500.00		Direct Labor Costs (not to exceed)
		12	\$1,500.00	Principal
		0.0	\$0.00	Staff

Company Name

Memo

To: File
From: Amanda Morales
cc:
Date: 01/06/2017
Re: Exis Design Shop Final Request

Invoice 03 is the final invoice for Exis Design Shop. The request includes detailed hours of 92.75. 7.5 hours of those hours are outside of the contracted completion date of 12/31/2016. Prior to submitting invoice 03, Exis had a remaining \$3,000 eligible to request for the contract period. On the current invoice, Exis is requesting \$1,500 for sub contract fees, leaving \$1,500 of direct labor costs eligible to be reimburse on the contract. The \$1,500 is equivalent to 12 hours of Principle time at the contracted rate of \$125 an hour. Exis Design Shop has documented eligible hours in excess of reimbursement, so no invoice revision is necessary.

BCC Building Cost Consultants, Inc. Professional
Cost
Estimators

Invoice

P.O. Box 278
Plattsmouth, NE 68048

Date	Due Date
1/6/2017	Due Upon Receipt

Bill To
Matt Knutson EXis design shop 1105 Howard Street, Suite 102 Omaha, NE 68102

Invoice #	Description	Amount
	American Heroes Park Kramer Plant Site Bellevue, Nebraska Budget Estimate Budget Estimate =	1,500.00
We appreciate you considering BCC, Inc. and look forward to working with you in the future!		Total \$1,500.00



Amanda Morales <amorales@mapacog.org>

Re: American Heroes Park - Kramer Plant Site - Invoice 03

1 message

Melissa Engel <mengel@mapacog.org>
To: EXis design <mknutson@exisdesignshop.com>
Cc: Grant Anderson <ganderson@mapacog.org>
Bcc: amorales@mapacog.org

Tue, Jan 10, 2017 at 7:15 PM

Thank you for the clarification. We assumed budget estimate to be an estimate for his time and not an estimate for the project costs. With that clarification we can proceed with the payment.

On Tue, Jan 10, 2017 at 2:27 PM, EXis design <mknutson@exisdesignshop.com> wrote:

Melissa,

Good afternoon.

This is Matt Knutson w/ EXis design. I understand there are concerns over the Invoice from BCC (see attached) and the use of the word estimate. Denny Seih is the project estimator who did the estimating for us on this study, in his language "budget estimate" is his term for doing the cost opinion work on the project. He went through the project and calculated material cost and quantities, labor quantities, equipment cost, etc and assembled the "budget estimate" for the project. What he is calling the budget estimate is what I am calling the cost opinion in the publication.

I can ask him to change the wording on the invoice to replace the words budget estimate. Before I do that I want to make sure I get wording that is clear for MAPA and its auditors. Per the description above, what words or description would best describe what Denny is calling "budget estimate".

Please let me know.

Thank you,
Matt

Matt Knutson, Architect
NCARB, Legacy LEED AP

Old Market District
1105 Howard Street
Suite 102
Omaha, NE 68102

O. 402 478 8757
C. 402 250 9440

mknutson@exisdesignshop.com

Begin forwarded message:

From: EXis design <mknutson@exisdesignshop.com>
Subject: Re: American Heroes Park - Kramer Plant Site - Invoice 03
Date: January 6, 2017 at 4:29:35 PM CST
To: Grant Anderson <ganderson@mapacog.org>

Grant,

Sorry about that. See attached invoice from BCC.

Thank you,
Matt

Denny Sieh was the estimator I worked with. (402) 298-8260.

Matt Knutson, Architect
NCARB, Legacy LEED AP

Old Market District
1105 Howard Street
Suite 102
Omaha, NE 68102

O. 402 478 8757
C. 402 250 9440

mknutson@exisdesignshop.com

On Jan 6, 2017, at 8:37 AM, Grant Anderson <ganderson@mapacog.org> wrote:

Matt,

MAPA's fiscal officer has informed me that we will need the actual invoice paid for BCC, not an estimate.

Thank you,
Grant

On Thu, Jan 5, 2017 at 10:11 AM, EXis design <mknutson@exisdesignshop.com> wrote:
Grant,

Happy new year to you.

Please attached invoice 03 for payment.

I will be contacting Larry Burks to review printing the books and help out if needed. How many copies would MAPA like of this study?

Thank you,
Matt

Matt Knutson, Architect
NCARB, Legacy LEED AP

Old Market District
1105 Howard Street
Suite 102
Omaha, NE 68102

O. 402 478 8757
C. 402 250 9440

mknutson@exisdesignshop.com

--
Grant Anderson, Planner
Metropolitan Area Planning Agency (MAPA)
2222 Cuming Street
Omaha, NE 68102
p: 402-444-6866 ext. 222
f: 402-951-6517
www.mapacog.org

--
Melissa K. Engel, CPA
Director of Finance and Operations
Metropolitan Area Planning Agency (MAPA)
2222 Cuming St
Omaha, NE 68102-4328
402-444-6866, ext 213
402-951-6517 (Fax)

mengel@mapacog.org

www.mapacog.org

CONTRACT COVER PLATE

CONTRACT IDENTIFICATION

1. Contract Number: 17MILL01
2. Title: Mills County, NRDR Phase 1 and 2 Infrastructure
3. Effective Date: October 11, 2016
4. Completion Date: September 30, 2021

CONTRACT PARTIES

5. Omaha-Council Bluffs Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, NE 68102
6. Mills County
418 Sharp Street
Glenwood, Iowa 51534

ACCOUNTING DATA

7. Contract - \$101,769

DATES OF SIGNING AND MAPA BOARD APPROVAL

8. Date of Legal Review -
9. Date of MAPA Board Approval -
10. Date of County Approval -

AGREEMENT

THIS CONTRACT, entered into as of this eleventh day of October, 2016, by and between Mills County Iowa, 418 Sharp Street, Glenwood, Iowa, 51534 (herein called the "County ") and the Omaha-Council Bluffs Metropolitan Area Planning Agency, 2222 Cuming Street, Omaha, Nebraska 68102 (herein called the "Planning Agency"),

WITNESSETH THAT:

WHEREAS, the County desires to engage the Planning Agency to render certain technical and professional services, hereafter described by Mills County, Iowa, in carrying out administrative services for **13NDR1008**.

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. Employment of Planning Agency. The County hereby agrees to engage the Planning Agency and the Planning Agency hereby agrees to perform services herein set forth.

2. Area Covered. The Planning Agency shall perform all of the necessary services provided under this Contract in connection with and respecting the following area, herein called the "planning area": Mills County, Iowa.

3. Scope of Services. The Planning Agency shall do, perform and carry out in a satisfactory and proper manner, all of the services as stated. Said services shall include, but not be limited to the following:

- A. Objective. The objective of this program is to assist the County with grant administration of National Disaster Resilience (**NRDR**) Phase 1 and 2 Infrastructure.
- B. Work Activity. The Planning Agency will provide and perform the necessary grant administration services as identified in Attachment A.
- C. Anticipated Results. The Planning Agency will assist the County in the administration of the NRDR Phase 1 and 2 Infrastructure project.
- D. Coordination and Progress Report. The Planning Agency will provide the County with monthly progress and financial reports in addition to a final report at the completion of its work.
- E. Final Report. The Planning Agency shall prepare a written narrative documenting work activities and accomplishments under the terms of this Contract.
- F. Delivery Schedule. . A final report shall be delivered by the Planning Agency within fifteen (15) days after the completion of all work covered under this Contract.

4. Personnel. The Planning Agency shall furnish the necessary personnel, materials and services, equipment and transportation and otherwise do all things necessary for or incidental to the performance of the work set forth in the Scope of Services herein.

All of the services required hereunder shall be performed by the Planning Agency or under its supervision and all personnel engaged in the work shall be fully qualified and shall be authorized by the Planning Agency to perform such services.

None of the work or services covered by this Contract shall be subcontracted by the Planning Agency without prior written approval by the County.

5. Time of Performance. The services of the Planning Agency are to commence on October 11, 2016, and shall be completed by September 30, 2021.

6. Compensation. The County agrees to compensate the Planning Agency for professional services rendered in an amount not to exceed one hundred one thousand seven hundred sixty-nine dollars (\$101,769). See Attachment B.

Payments for work under this agreement will be made based on actual costs up to a Maximum-Not-To-Exceed amount identified in the preceding paragraph. Actual costs include direct labor costs, direct non-labor costs, and overhead costs.

A. Direct Labor Costs are the earnings that individuals receive for the time they are working directly on the project.

a. Hourly Rates: For hourly employees, the hourly earnings rate shall be their employee's straight time hourly rate for the pay period in which the work was performed. If overtime hours are worked on this project, the premium pay portion of those hours is not allowable as a direct labor cost. For salaried employees, the hourly earnings rate shall be their actual hourly rate as recorded in the Planning Agency's accounting books of record.

b. Time Reports: The hours charged to the project must be supported by adequate time distribution records that clearly indicate the distribution of hours to all projects/activities on a daily basis for the entire pay period. Time reports must provide a clear identifying link to the projects: such as project description, project number, pertinent work phase, dates of service, and the individual's name and position. There must be an adequate system of internal controls in place to ensure that time charges are correct and have the appropriate supervisory approval.

B. Direct Non-Labor Costs: These costs include all necessary, actual, and allowable costs related to completing the work under the agreement, including but not limited to: meals, lodging, mileage, subject to the limitations outlined below; communication costs; reproduction and printing costs; special equipment and materials required for the project; special insurance premiums if required solely for this agreement; and such other allowable items. Purchases of such items should follow federal funding procurement process. Meal and lodging expenses shall not exceed IRS published per diem rates for the region. Alcoholic beverages are not considered to be an allowable expense and are not reimbursable.

A non-labor cost charged as a direct cost cannot be included in the Plannin Agency's overhead rate. If for reasons of practicality, the consultant is treating a direct non-labor cost category, in its entirety, as an overhead cost, then costs from that category are not eligible to be billed to this project as a direct expense.

Planning Agency shall submit to the County an invoice or billing itemizing all direct non-labor costs claimed for work under this agreement, and all supporting receipts or invoices.

7. Method of Payment. The Planning Agency may request partial payment for services performed under this Contract on a monthly or quarterly schedule. Such requests shall be based on the percentage of work completed to date of such requests. Final payment of services under this contract shall be made by the County within sixty (60) days following satisfactory completion of the Planning Agency's obligations under this Contract.

8. Records and Audits. The Planning Agency shall maintain accounts and records, including personnel, property and financial records, adequate to identify and account for all costs pertaining to the Contract and such other records as may be deemed necessary by the County to assure proper accounting for all project funds, both federal and non-federal shares. These records will be made available for audit purposes to the County, any representative of the Secretary of U.S. DHUD, the Inspector General, the Government Accounting Office, the State Auditor's Office, IDED, or any authorized representative, and will be retained for five years after the expiration of this Contract unless permission to destroy them is granted by the County.

9. Civil Rights Provisions.

- A. Discrimination in Employment - MAPA shall not discriminate against any qualified employee or applicant for employment because of race, color, religion, sex, national origin, age, or disability. MAPA shall take affirmative action to ensure that applicants are employed and that employees are treated without regard to their race, color, religion, sex, national origin, age or disability. Such action shall include but may not be limited to the following: employment, upgrading, demotion or transfers, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including an apprenticeship. MAPA agrees to post notices setting forth the provisions of the nondiscrimination clause in conspicuous places so as to be available to employees.
- B. Considerations for Employment - MAPA shall, in all solicitations or advertisements for employees placed by or on behalf of the Grantee, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, or disability.

Solicitation and Advertisement - MAPA shall list all suitable employment openings with the State Employment Service local offices.

- C. Civil Rights Compliance in Employment - MAPA shall comply with all relevant provisions of the Iowa Civil Rights Act of 1965 as amended, Iowa Executive Order #15 dated April 2, 1973 and Executive Order #34 dated July 22, 1988, Federal Executive Order 11246, as amended by Federal Executive Order 11375, Title VII of the U.S. Civil Rights Act of 1964, as amended, the Fair Labor Standards Act (29 U.S.C. Section 201 et. seq.), Section 504 of the Vocational Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, as amended; and the Americans with Disabilities Act, as applicable, (P.L. 101-336, 42 U.S.C. 12101-12213). MAPA will furnish all information and reports requested by the State of Iowa or required by or pursuant to the rules and regulations thereof and will permit access to payroll and employment records by the State of Iowa to investigate compliance with these rules and regulations.
- D. Program Nondiscrimination - MAPA shall conform to requirements of Title VI of the Civil Rights Act of 1964 (Public Law 88-352; 42 U.S.C. 2000d et seq.) and DHUD regulations issued pursuant thereto contained in 24 CFR Part 1. No person in the United States shall on the ground of race, color, national origin, or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available through this contract. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et. seq.) or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Vocational Rehabilitation Act of 1973 as amended, (29 U.S.C. Section 794) shall also apply to any such program or activity.
- E. Fair Housing - MAPA (if applicable) shall comply with Title VIII of the Civil Rights Act of 1968 (Public Law 90-284 42 U.S.C. 3601 et seq.), generally known as the Fair Housing Act, and with DHUD regulations found at 24 CFR Part 107, issued in compliance with Federal Executive Order 11063, as amended by Federal Executive Order 12259. MAPA shall also comply with Section 109, Title I of the Housing and Community Development Act of 1974, as amended.
- F. Training and Employment - MAPA shall comply with provisions for training, employment, and contracting in accordance with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u).
- G. Noncompliance with the Civil Rights Laws - In the event of MAPA's noncompliance with the nondiscrimination clauses of this contract or with any of the aforesaid rules, regulations, or requests, this contract may be canceled, terminated, or suspended either wholly or in part. In addition, the State of Iowa may take further action, imposing other sanctions and invoking additional remedies as provided by the Iowa Civil Rights Act of 1965, as amended, (Chapter 601A, Code of Iowa, 1981) as heretofore and hereafter amended, or as otherwise provided by law.

10. Termination of Contract for Cause. If, through any cause, the Planning Agency shall fail to fulfill in a timely and proper manner its obligations under this Contract, or if the Planning Agency shall violate any of the covenants, agreements, or stipulations of this Contract, the County shall thereupon have the right to terminate this Contract by giving written notice to the Planning Agency of such termination and specifying

the effective date thereof, at least five (5) working days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, and reports prepared by the Planning Agency shall, at the option of the County, become its property, and the Planning Agency shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials.

11. Termination for Convenience of the County. The County may terminate this Contract at any time by giving written notice to the Planning Agency of such termination and specifying the effective date thereof, at least fifteen (15) days before the effective date of such termination. In that event, all finished or unfinished documents and other materials as described in Paragraph 10 above shall, at the option of the County, become its property. If the contract is terminated by the County as provided herein, the Planning Agency will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Planning Agency covered by this Contract, less payments of compensation previously made: Provided, however, that if less than sixty (60%) percent of the services covered by this Contract have been performed upon the effective date of such termination, the Planning Agency shall be reimbursed (in addition to the above payment) for that portion of the actual out-of-pocket expenses (not otherwise reimbursed under this Contract) incurred by the Planning Agency during the Contract period which are directly attributable to the uncompleted portion of the services covered by this Contract. If this Contract is terminated due to the fault of the Planning Agency, Paragraph 10 hereof relative to termination shall apply.

12. Changes. The County may, from time to time, require changes in the scope of the services of the Planning Agency to be performed hereunder. Such changes, including any increase or decrease in the amount of the Planning Agency's compensation, which are mutually agreed upon by and between the County and the Planning Agency, shall be incorporated in written amendments to this Contract.

13. Interest of Members of the County and Others. No employee of the County and no members of its governing body, and no other public official of the governing body of the locality in which the Project is situated or being carried out who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this Project, shall participate in any decision relating to this Contract which affects his personal interest or have any personal or pecuniary interest, direct or indirect, in this Contract or the proceeds thereof.

14. Interest of the Planning Agency. The Planning Agency covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. The Planning Agency further covenants that in the performance of this Contract no person having any such interest shall be employed.

15. The Planning Agency hereby agrees to comply with all federal, state and local laws, rules and ordinances applicable to the work and to this Agreement.

16. This Agreement shall be binding on successors and assigns of either party.

17. The Planning Agency warrants that it has not employed or retained any company, or persons, other than a bona fide employee working solely for the Planning Agency to solicit or secure this Contract, and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Planning Agency, any fee, commission, percentage, brokerage fee, gifts or any other consideration, contingent upon or resulting from the award or making of this Contract. For breach or violation of this warranty the County shall have the right to annul this Contract without liability.

18. Equal Employment Opportunity. During the performance of this contract, the Planning Agency agrees as follows:

(A) The Planning Agency will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Planning Agency will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Planning Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the

provisions of this nondiscrimination clause.

(B) The Planning Agency will, in all solicitations or advertisements for employees placed by or on behalf of the Planning Agency, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

(C) The Planning Agency will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the Planning Agency's commitments under Section 202 of the Executive Order No. 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(D) The Planning Agency will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(E) The Planning Agency will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and order of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(F) In the event of the Planning Agency's non-compliance with the nondiscrimination clause of this contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the Planning Agency may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(G) The Planning Agency will include the provisions of Paragraphs (A) through (G) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The Planning Agency will take such action with respect to any subcontract or purchase order as the contracting agency may direct as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event the Planning Agency becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Planning Agency may request the United States to enter into such litigation to protect the interests of the United States.

IN WITNESS WHEREOF the County and the Planning Agency have executed this Contract as of the date first above written.

MILLS COUNTY, IOWA

Attest _____

By _____
Mills County Iowa, Title Date

OMAHA-COUNCIL BLUFFS METROPOLITAN
AREA PLANNING AGENCY

Attest _____

By _____
Chairman, Board of Directors Date

Approved as to Legal Form

Date: _____

Signed: _____
MAPA Legal Counsel

ATTACHMENT A

SCOPE OF SERVICES- 17MILL01

The Metropolitan Area Planning Agency (MAPA) shall assist Mills County, Iowa (Grantee) with compliance requirements set forth by the Iowa Economic Development Authority (IEDA), maintenance of required records and documents; and other required actions not specifically listed, but requested by the local government, including, but not limited to the following activities:

1. GENERAL ACTIVITIES

A. Grant Notification

1. Be responsible for knowing and complying with IEDA regulations in the writing of the program schedule and any other submission to IEDA before contract signing
2. Set up a model for the program schedule assuring compliance time and monetary limitations of grant contract
3. Submit program schedule within the timeframe set up by IEDA
4. Meet with Grantee to review and assure understanding of terms and conditions of the contract with IEDA

B. Environmental Review

1. Assist in finding of Exemption or Environmental Assessment/Level of Clearance Finding
2. Complete and document historic properties procedures
3. Assist in the publishing of early notice and notice of explanation concerning floodplains or wetlands
4. Assist in publishing Notice of Finding of No Significant Effect
5. Assist in publishing Notice of Intent to Request a Release of Funds
6. Assist in submitting Certification of Environmental Review and Request for Release of Funds

C. Program Set-Up

1. Prepare and forward press releases and/or stories concerning the grant
2. Prepare Code of Conduct and resolution
3. Prepare written procurement procedures and resolution
4. Maintain and promote performance standards in minority participation, services to low/moderate incomes, etc. that will help the grantee secure future grants
5. Assure environmental compliance for all phases of grant
6. Set up filing system including the following files:
 - a. Application and Citizen Participation Process
 - b. Administration Plan
 - c. Environmental Review
 - d. IEDA Contract
 - e. MAPA Contract
 - f. Financial Management
 - g. Local Effort
 - h. Equal Opportunity/Affirmative Action
 - i. Labor Standards
 - j. Engineering
 - k. Acquisition
 - l. Project Files
 - m. Quarterly Performance Reports
 - n. Project Monitoring
 - o. Procurement
 - p. Grant Closeout
 - q. General Correspondence

D. Labor Standards

1. Assist in determining the applicability of Labor Standards.
2. Requesting wage determinations
3. Providing wage determination and requirements for inclusion in bid documents
4. Review requirements at pre-construction conference
5. Review of payroll reports
6. Conducting employee interviews
7. If necessary, ensuring wage restitution
8. Prepare and submit applicable reports

E. Project Amendments (as needed)

1. Identify problem with Grantee
2. Public hearing- prepare notices and attend hearing
3. Gather information
4. Write amendment - prepare for grantee approval
5. Conference with IEDA if necessary
6. Approval and implementation
7. Revise financial and compliance records

F. Record Keeping

1. Assist in setting up books for grant funds
2. Assist in setting up filing system for program information maintenance
3. Maintain and monitor records
4. Assist in executing budget amendments
5. Assist in preparing drawdown forms, authorizing and making disbursements
6. Assist in meeting with IEDA officials during site visits
7. Prepare and present program reports to the grantee at least quarterly
8. Prepare and present monthly expenditure reports and quarterly performance reports for IEDA

G. Program Close-out

1. Assist the Grantee in selection of an auditor for the program
2. Assist auditor by providing all available information for financial and compliance audit
3. Assist in submission of audit to IEDA
4. Provide assistance to grantee in answering audit findings, if any
5. Assist grantee in providing proof of expenditure of unaudited funds, if any
6. Assist in preparation of close-out report

H. Other State and Federal Programs

1. Will assist the grantee in acquiring or administering other state or federal programs, which are needed or desired to match IEDA CDBG funds

II. PROGRAM ADMINISTRATION

A. Files

1. Shall review files regularly and shall assist in insuring appropriate information is contained in each
2. Shall be located in the office of the County Auditor and will remain the property of the Grantee

III. COSTS NOT INCLUDED IN SCOPE

1. Historical and archeological studies required by third parties
2. Cost of completing an Environmental Review in excess of 160 hours
3. Appraisals, property acquisition and relocation activities
4. Cost of audits

The above outline is generally specific, but some areas may have more detailed requirements implied, but not listed.

MAPA will assist the grantee with these requirements if requests are made by the Chief Executive or governing body of the grantee.

The grantee may request assistance from MAPA that is not specifically designated upon agreement of both parties.

**PROJECT BUDGET
17MILL01 - NRDR PHASE 1 & 2**

Direct Personnel Costs	
Salaries	\$ 45,850
Payroll Additive (at annual approved rate)	24,328
	\$ 70,178
Direct Nonpersonnel Costs	
Postage	\$ 471
Public Notices	3,500
Supplies	2,500
Travel	3,000
	\$ 9,471
Indirect Cost Rate (at annual approved rate)	22,120
Total Budget	\$ 101,769

This budget represents approximately 1,480 hours of service

MAPA
CONTRACT COVER PLATE

CONTRACT IDENTIFICATION

1. Contract Parties: MAPA-Black Hills Works
2. Project Title: 17604400302 Black Hills Works – Offutt Air Force Base
3. Effective Date: February 1, 2017
4. Completion Date: December 31, 2017

CONTRACT PARTIES

5. Contractor Name and Address: Black Hills Works
PO Box 1134
Bellevue NE 68005
6. The Planning Agency: The Omaha-Council Bluffs Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, Nebraska 68102

ACCOUNTING DATA

7. Contract -\$21,681 of FTA 5316 Job Access Reverse Commute funds less independent audit and inspection fees, unless acceptable compliance with 2 CFR 200 can be substituted, plus \$21,681 in matching funds.

DATES OF SIGNING AND MAPA BOARD APPROVAL

8. Date of MAPA Board Approval –
9. Date of Legal Review –
10. Date of FTA Release of Funds –

AGREEMENT
FOR PROFESSIONAL SERVICES

THIS AGREEMENT entered into this first day of February, 2017, by and between Black Hills Workshop, PO Box 1134, Bellevue, NE 68005, herein after referred to as "the Contractor", and the Omaha-Council Bluffs Metropolitan Area Planning Agency, 2222 Cuming Street, Omaha, Nebraska 68102, hereinafter referred to as "MAPA", providing for professional services described herein.

NOW, THEREFORE, it is mutually understood and agreed by the parties hereto as follows:

1. EMPLOYMENT OF THE CONTRACTOR

The Contractor agrees to undertake certain transportation planning activities identified in Section 5316 Formula Grant for Job Access and Reverse Commute. This Agreement shall be subject to all required provisions of FTA Project NE-37-X008-04 attached and incorporated hereto by reference (Exhibit A).

2. AREA COVERED

The service area to be covered under this Agreement shall be the Omaha-Council Bluffs urbanized area. The Contractor will provide paratransit service for disabled individuals employed at Offutt Air Force Base.

3. SCOPE OF SERVICES

- A. The Contractor shall do, perform, and carry out the duties stated herein Exhibit B.
- B. The Contractor will cooperate with MAPA in the preparation of information and reports to meet, in a timely manner, the requirements of the FTA. MAPA will be provided a copy of data and reports developed as a result of this Agreement.
- C. The Contractor will be available to provide quarterly oral reports to the MAPA Coordinated Transportation Committee and the MAPA Board of Directors when necessary, and will submit written quarterly progress reports. These progress reports will provide the following information: work performed during the completed quarter, conformance to approved project scope, percent completed, if on schedule, and planned activities for the next quarter. These reports need to be submitted no later than 30 days after the end of each quarter.

4. PERSONNEL

- A. The Contractor represents that it has, or will secure all personnel required in performing the services under this Agreement without exceeding the project budget. Such personnel will not have any other financial interest pertaining to work covered by this Agreement.
- B. All of the services required hereunder shall be performed by the Contractor or under its supervision and all personnel engaged in the work shall be fully qualified and authorized under state and local law to

perform such services.

- C. All subcontracted services covered by this Agreement shall be reviewed and approved prior to contracting by MAPA and FTA. The Contactor must follow the federal requirements as it pertains to the procurement of goods and services. The Contractor shall provide to MAPA, as well as State and Federal Agencies, upon request proof of the procurement process.

5. RESIDENCY VERIFICATION

Pursuant to Neb. Rev. Stat. § 4-114 *et seq.*, each party shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

6. TIME OF PERFORMANCE

The Contractor agrees to perform the services of this Agreement as stated herein, within the time of this Agreement. The agreement shall cover work performed beginning February 1, 2017 and ending December 31, 2017.

7. COMPENSATION

Contingent upon receipt of Federal Transit Administration (FTA) 5316 funds under FTA Project NE-37-X008-04, MAPA agrees to pay for the services rendered by the Contractor under the terms of this Agreement, compensation on a cost reimbursement basis for costs incurred and to include direct costs not to exceed in any event twenty-one thousand six hundred eighty-one dollars (\$21,681.00) less independent audit and inspection fees, unless acceptable compliance with 2 CFR 200 can be substituted. The Contractor agrees to contribute in cash or in services a minimum requirement of twenty-one thousand six hundred eighty-one dollars (\$21,681.00). Services shall be defined as staff time paid with non-federal dollars or equipment purchased with non-federal dollars. (Exhibit C)

- A. Direct Labor Costs are the earnings that individuals receive for the time they are working directly on the project.

- a. Hourly Rates: For hourly employees, the hourly earnings rate shall be their employee's straight time hourly rate for the pay period in which the work was performed plus overhead. The approved rates and estimated hours are included in the budget (Exhibit C).

- b. Time Reports: The hours charged to the project must be supported by adequate time

distribution records that clearly indicate the distribution of hours to all projects/activities on a daily basis for the entire pay period. Time reports must provide a clear identifying link to the projects: such as project description, project number, pertinent work phase, dates of service, and the individual's name and position. There must be an adequate system of internal controls in place to ensure that time charges are correct and have the appropriate supervisory approval.

- B. Direct Non-Labor Costs: These costs include all necessary, actual, and allowable costs related to completing the work under the agreement, including but not limited to: meals, lodging, mileage, subject to the limitations outlined below; communication costs; reproduction and printing costs; special equipment and materials required for the project; special insurance premiums if required solely for this agreement; and such other allowable items. Meal and lodging expenses shall not exceed IRS published per diem rates for the region. Alcoholic beverages are not considered to be an allowable expense and are not reimbursable.

A non-labor cost charged as a direct cost cannot be included in the Consultant's overhead rate. If for reasons of practicality, the consultant is treating a direct non-labor cost category, in its entirety, as an overhead cost, then costs from that category are not eligible to be billed to this project as a direct expense.

Consultant shall submit to the Planning Agency an invoice or billing itemizing all direct non-labor costs claimed for work under this agreement, and all supporting receipts or invoices.

8. RECORDS AND AUDITS

- A. The Contractor shall maintain an accurate cost-keeping system as to all costs incurred in connections with the subject of this Agreement and shall produce for examination books of account, bills, invoices and other vouchers, or certified copies thereof if originals be lost, at such reasonable time and place as may be designated by MAPA, FTA or any authorized representative of the Federal government and shall permit extracts and copies thereof to be made, during the contract period and for three (3) years after the date of final payment.
- B. MAPA shall at all times afford a representative of the State, FTA, or any authorized representative of MAPA, FTA or any authorized representative of the Federal government, reasonable facilities for examination and audits of the cost account records; shall make such returns and reports to a representative as he may require, shall produce and exhibit such books, accounts, documents and property as he may desire to inspect, shall in all things aid him in the performance of his duties. MAPA shall be responsible for meeting the audit requirements of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Super Circular).

- C. 2 CFR 200 states that when expenditures of federal awards, whether pass-through or direct, in total exceed \$750,000 in a fiscal year, an audit for each Major Federal Program is required. Pass-through monies from MAPA shall be separately identified on Contractor's *Schedule of Expenditures of Federal Awards* as reported in their financial audit.
- D. If any amount paid by MAPA to the Contractor under this agreement as found to be ineligible for reimbursement from FTA, the Contractor shall pay such amount back to MAPA.

9. SUBMISSION OF VOUCHERS/INVOICES

- A. The Contractor may submit monthly, but no less than quarterly, documented invoices of costs incurred for the work elements and work activities that were previously identified in Sections 3A of this Agreement. Said reports shall account for the expenditure of Federal and Contractor shares, shall indicate work program percentage completion, and shall contain a statement of the Contractor's estimate of the percentage of work completed and be signed by a responsible representative of the Contractor's certifying that all of the items herein are true and correct for the work performed under the terms of this Agreement. Final payment shall be made upon determination by MAPA and FTA that all requirements hereunder have been completed, which determination shall not be unreasonably withheld. Promptly after receipt of the Contractor's invoices, and following receipt of funds from FTA Project NE-37-X008-04. MAPA shall make payment thereon to the Contractor. MAPA may withhold ten percent (10%) of the total compensation pending a final audit of this Agreement.
- B. All invoices shall be taken from the books of account kept by the Contractor shall have available copies of payroll distribution, receipted bills or other documents reasonably required by MAPA. The Contractor shall use actual labor rates for billing purposes.
- C. The Contractor shall have available a listing of all Contractor personnel positions that may be selected or assigned to the work contemplated herein. Said listing shall indicate the title or classification and salary range of each such position. It is agreed that employees of the Contractor, whose time is directly assignable to the FY 2017 Program, shall keep and sign a time record showing the work element and work activity of the FY 2017 Program, date and hours worked, and title of position.

10. TERMINATION OF AGREEMENT FOR CAUSE

- A. If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Agreement, or refuse to accept changes required by FTA, MAPA shall thereupon have the right to terminate this Agreement by giving written notice to the Contractor of such termination and specifying the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings and reports prepared by the Contractor shall be made available to MAPA, and the Contractor shall be entitled to receive compensation for all expenses incurred or obligated on all work mutually agreed to be satisfactorily completed through the effective date of termination.
- B. The above also applies when the contract may be terminated because of circumstances beyond the

control of MAPA or the Contractor.

11. CHANGES

The Contractor or MAPA may, from time to time, request changes in the Scope of Services set forth in this Agreement to be performed by the Contractor. Such changes, including any increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and between MAPA and the Contractor, and subject to the approval of the FTA, shall be incorporated in written amendments to this Agreement.

12. PROHIBITED INTEREST

- A. No member of or delegate to the Congress of the United States shall be admitted to any share or part of this contract or to any benefit arising therefrom.
- B. No member, officer, or employee of MAPA or of a local governing public body during his tenure or one year thereafter shall have any interest, direct or indirect, in this Contract or the proceeds thereof.

13. ASSIGNABILITY

Neither the Contractor nor MAPA shall assign any interest in this Agreement, and shall not transfer any interest in the same (whether by assignment or novation), without prior written mutual consent.

14. CLAIMS

Both parties indemnify, save and hold harmless the other party, and all its agents and employees of and from any and all claims, demands, actions or causes of action of whatever nature or character arising out of, or by reason of, the work to be performed by either party. Each party further agrees to defend, at its own sole cost and expense, any action or proceeding commenced for the purpose of asserting any such claim of whatever character arising as a result of its actions. It is further agreed that any and all employees of either party while engaged in the performance of any work or service required or provided for herein to be performed by that party, shall not be considered employees of the other party, and that any and all claims that may or might arise under the Worker's Compensation Act of the State of Nebraska on behalf of said employees, while so engaged, and any and all claims made by any third parties as a consequence of any act or omission on the part of said employees, shall in no way be the obligation or responsibility of the other party.

15. INTEREST OF THE CONTRACTOR

The Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required to be performed under this Agreement. The Contractor further covenants that in the performance of this Agreement, no person having any such interest shall be employed.

16. IDENTIFICATION OF DOCUMENTS

- A. All reports, maps, and other documents completed as part of this Agreement, other than documents completed exclusively for internal use within MAPA, shall carry the following notation on the front cover or a title page (or, in the case of maps in the same block) containing the name of MAPA, the Contractor and the following:

"The preparation of this report, document, etc. was financed in part through a Federal grant from the Department of Transportation under U.S.C. Section 5316 Formula Grants for Job Access and Reverse Commute"

Together with the date (month and year) the document was prepared.

- B. Originals of all documents including computer tapes, tracings, drawings, estimates, specifications, field notes, investigations, studies, etc., as instruments of service under terms of this Agreement are to be the joint property of the political jurisdiction and governmental agencies participating in the transportation planning process. Copies of said documents will be made available to such participants upon request at costs of such reproduction.

17. PUBLICATION OR RELEASE OF INFORMATION

- A. Papers, interim reports, forms or other material which are a part of the work under contract will not be copyrighted without written approval of FTA.
- B. Either party to the Agreement may initiate a request for publication of the final or interim reports, or any portions thereof.
- C. Publication by either party shall give credit to the other party and to FTA. However, if FTA does not wish to subscribe to the findings or conclusions of the study the following statement shall be included on the credit sheet: "The opinions, findings and conclusions expressed in this publication are those of the authors and not necessarily those of FTA."
- D. In the event of failure of agreement between FTA and the Contractor relative to the publication of any reports during the period of the contract, each party reserves the right to publish independently, in which event the nonconcurrence of the other party shall be set forth, if requested.
- E. Both written and oral releases are considered to be within the context of publication. However, there is no intention to limit discussion of the study with participants in the Transportation Planning Program, small technical groups or lectures to employees or students. Lectures to other groups which describe the plans are permissible.
- F. Neither party shall publish nor otherwise disclose, nor permit to be disclosed or published, the results of the investigation herein contemplated, during the period of the Agreement, without notifying the other party.
- G. When the scheduled time for presentation of a paper does not permit formal review and approval of a complete report, abstracts may be used for notification of intent to present a paper based on the study.

Such presentation must protect the interest of the other party by the inclusion of a statement in the paper and in presentation to the effect that the paper had not been reviewed by the State.

18. NONDISCRIMINATION

- A. In connection with the execution of this Agreement, the Contractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR part 26 in the award and administration of DOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as the recipient deems appropriate.
- B. The Contractor agrees to comply with the requirements of Title VI of the Civil Rights Act of 1964.
- C. The Contractor further agrees to comply with any and all requirements of the U. S. Department of Transportation and the Federal Transit Administration regarding equal employment opportunity and nondiscrimination. (See Exhibit B attached and incorporated hereto by reference.)

19. DISADVANTAGED BUSINESS ENTERPRISE

In connection with the performance of this Agreement, the Contractor will cooperate with the project sponsor in meeting commitments and goals with regard to the maximum utilization of disadvantaged business enterprises and will use its best efforts to ensure that disadvantaged business enterprises shall have the maximum practicable opportunity to compete for subcontract work under this Agreement.

21. COPELAND "ANTI-KICKBACK" ACT (*18 U.S.C. 874 and 40 U.S.C. 276c*)

The Consultant or subcontractor shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the Federal awarding agency.

22. DAVIS-BACON ACT¹, *as amended (40 U.S.C. 276a to a-7)*

The Consultant and subcontractors shall be required to pay wages to laborers and mechanics at a rate not less than the minimum wages specified in a wage determination made by the Secretary of Labor. In addition, contractors shall be required to pay wages not less than once a week. The recipient shall place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation and the award of a contract shall be conditioned upon the acceptance of the wage determination. The recipient shall report all suspected or reported violations to the Federal awarding agency.

23. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (*40 U.S.C. 327-333*)

The Consultant and subcontractors shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is

permissible provided that the worker is compensated at a rate of not less than 1 1/2 times the basic rate of pay for all hours worked in excess of 40 hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

24. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT

Any performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

25. DEBARMENT AND SUSPENSION (E.O.s 12549 and 12689)

The Consultant and all subcontractors assert the organization or individuals are not listed on the government-wide Excluded Parties List System, in accordance with the OMB guidelines at 2 CFR part 180 that implement E.O.s 12549 (3 CFR, 1986 Comp., p. 189) and 12689 (3 CFR, 1989 Comp., p. 235), "Debarment and Suspension." The Excluded Parties List System contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than E.O. 12549.[69 FR 26281, May 11, 2004, as amended at 70 FR 51879, Aug. 31, 2005]

26. HOLD HARMLESS

The Consultant agrees to and shall indemnify, save and hold harmless the Planning Agency, its members, officers, employees, and agents, from all claims and liability of whatsoever kind or character due to or arising out of the acts and conduct of the Consultant, its officers, agents, employees, subcontractors, and others acting for or under the direction of the Consultant doing the work herein contracted for, or by or in consequence of any negligence in the performance of this Agreement, or by or on account of any omission in the performance of this Agreement, and also from all claims of damage for infringement of any patent in fulfilling this Agreement. The Consultant will procure and maintain adequate public liability and property damage insurance to protect the Planning Agency, its members, officers, employees, and agents, and will, upon request of the Planning Agency, furnish proof of compliance with this requirement.

27. ENTIRE AGREEMENT

This Agreement contains the entire agreement of the Parties. The provisions of this Agreement may not be explained, supplemented, or qualified through evidence of trade usage or prior course of

dealings. No representations were made or relied upon by either Party other than those that are expressly set forth herein. No agent, employee or other representative of either Party is empowered to alter any of the terms hereof except as provided herein.

IN WITNESS, WHEREOF, the parties have hereto caused this Agreement to be executed by their proper officers and representatives.

OMAHA-COUNCIL BLUFFS METROPOLITAN
AREA PLANNING AGENCY

Attest: _____ by _____
Chairman, Board of Directors

BLACK HILLS WORKSHOP

Attest: _____ by _____
Authorized Official

APPROVED AS TO LEGAL FORM

DATE _____

Signed _____
Legal Counsel

DOT

FTA

U.S. Department of Transportation

Federal Transit Administration

Award

Federal Award Identification Number (FAIN)	NE-37-X008-04
Temporary Application Number	NE-37-X008-04
Award Name	Mobility Management Operation & Software
Award Status	Active (Executed)
Award Budget Number	5

Part 1: Recipient Information

Name: OMAHA-COUNCIL BLUFFS METROPOLITAN AREA PLANNING AGENCY

Recipient ID	Recipient OST Type	Recipient Alias	Recipient DUNS
1856	Planning Commission	OMAHA-COUNCIL BLUFFS METROPOLITAN AREA PLANNING AGENCY	107603896

Location Type	Address	City	State	Zip
Headquarters	2222 CUMING ST	OMAHA	NE	68102-4328
Physical Address	2222 CUMING ST	OMAHA	NE	68102
Mailing Address	2222 CUMMING ST	OMAHA	NE	68102

Union Information

Union Name	TEAMSTERS LOCAL #554
Address 1	PO BOX 27005
Address 2	4349 SOUTH 90TH STREET
City	OMAHA
State	Nebraska
Zipcode	68127
Contact Name	Bryan Patel

Telephone	4023310550
Fax	4023310557
E-mail	nmahoney@local544.org
Website	
Union Name	TWU LOCAL 223
Address 1	5418 SOUTH 27TH STREET
Address 2	
City	OMAHA
State	Nebraska
Zipcode	68107
Contact Name	JOE BONCORDO
Telephone	4027347851
Fax	4027341205
E-mail	TWU223@QWEST.NET
Website	

Part 2: Award Information

Title: Mobility Management Operation & Software

FAIN	Award Status	Award Type	Date Created	Last Updated Date	From TEAM?
NE-37-X008-04	Active (Executed)	Grant	6/19/2014	6/19/2014	Yes

Award Executive Summary

Amendment 4- (6-24-14)

GENERAL PURPOSE AND INFORMATION:

Amendment 4 to this grant incorporates rolling stock scopes for two new projects: Southwest Iowa Planning Council/Southwest Iowa Transit Agency (SWIPCO/SWITA) Early Hours Shift Transportation and Southern Sudan Community Association (SSCA) Refugee Transition to Work (RTW). This also includes a budget revision, shifting money from the Heartland Workforce Solutions Workforce Transportation project to the SWIPCO/SWITA and SSCA projects.

The total amount of funds in this Amendment 4 includes: \$98,500 of FY12 5316 funds. Funds from the HWS line items were shifted to the new projects- \$68,700 FY12 operational funds were converted to FY12 capital funds (\$34,300 to SWIPCO/SWITA and \$34,400 to SSCA). Also, moving \$4,800 capital mobility management FY12 5316 funds to SSCA FY12 for capital. This brings the total amount of FY12 capital funds for SSCA to \$39,200. Lastly, shifting \$2,300 FY12 operations from the HWS line item to SSCA FY12 operations. A total amount of \$71,000 is redistributed from the HWS operations line item leaving \$30,240 remaining in the HWS operations line item, while the HWS capital line has been removed.

This amendment corrects the previous error in local match contributions. The local match requirement for this grant amendment is decreased by \$26,900. This is due to an incorrect amount of local match within the 117L00, "Mobility Management-FY10 ESN" line item. The original total eligible cost was \$225,000. When it should have been \$247,175 to conform to the 80/20 split required for mobility management

projects. This means an additional \$22,175 is needed in the line item. The second issue with local match was within the 117L00, "Mobility Management- MAPA Software" line item. The original total eligible cost was \$97,175. It should have been \$75,000 to conform to the 80/20 split required for mobility management projects. This means \$22,175 needs to be subtracted from the line item. The two Mobility Management activity line items with the incorrect local match share and subsequent incorrect total eligible cost line items equal out to \$ -22,175 and \$22,175. This cancels each other out and makes the grant have too much local match share. Thus decreasing the local match by \$26,900.

Attached to this grant and also posted at <http://mapacog.org/coordinated-transit-committee> is the TIP resolution, TIP amendment summary table, and the revised FY12 JARC POP.

PROJECT DESCRIPTION

SWIPCO/SWITA Early Hours Shift Transportation (6-24-14)

The Southwest Iowa Planning Council/Southwest Iowa Transit Agency (SWIPCO/SWITA) Early Hours Shift Transportation is shown on page 1 of FY14 TIP Amendment 8 (June 2014) located at http://mapacog.org/images/stories/Trans_General/MAPA%20FY2014%20TIP%20Amendment%208%20-%20June.pdf.

SWIPCO/SWITA is the designated rural transit provider for 8 counties in southwest Iowa. They will acquire two new light duty ADA 176" wheelbase with lift 2013 or newer buses. The useful life is 5 years or 150,000 miles. SWIPCO/SWITA will acquire the two buses from the State of Iowa's federally compliant approved vendor list. SWIPCO/SWITA will hold the title on the vehicle and will do all of the necessary work to purchase the vehicle through the State of Iowa's contract. The two buses will be used on a new expansion route going from Omaha and Council Bluffs to a rural area of Pottawattamie County transporting cleaning crews to a meat processing plant facility. The service will run 7 days a week. This will benefit employees in this reverse commute from the urban area of Omaha/Council Bluffs to the rural area of Pottawattamie County.

SWIPCO/SWITA EARLY HOURS SHIFT TRANSPORTATION

Purchasing Rolling Stock (80/20 Match)

FFY 12 5316 funds of \$98,500 (Reprogram HWS FY12 funds \$34,000 to equal a total of FY12 \$132,800)

LOCAL MATCH AND SOURCE

Local match of \$33,200 will come from SWIPCO/SWITA's vehicle replacement funds.

PROJECT DESCRIPTION

SSCA Refugee Transition to Work (6-24-14)

The Southern Sudan Community Association Omaha (SSCA) Refugee Transition to Work (RTW) project is shown on page 1 of FY14 TIP Amendment 8 (June 2014) located at http://mapacog.org/images/stories/Trans_General/MAPA%20FY2014%20TIP%20Amendment%208%20-%20June.pdf. Additional funding over the original TIP amendment was awarded to SSCA Omaha in June 2014 in Administrative Modification 10. This approval is attached.

The Southern Sudan Community Association (SSCA Omaha) is an ethnic, community-based, 501 (c)(3) Nebraska corporation. MAPA will acquire the vehicle for SSCA Omaha purchasing it from the State of Nebraska's federally compliant State contract. MAPA will retain the title on the vehicle and will lease it to SSCA Omaha. It will be an ADA 158" minimum wheelbase with lift 2013 or newer small transit bus. The useful life is 5 years or 150,000 miles. It will be used for an expansion route providing transportation to refugees obtaining employment, providing transportation to refugees during job seeking interviews and

during the first two weeks of obtaining employment. This will serve the people seeking jobs as part of the job access portion of JARC.

SSCA OMAHA REFUGEE TRANSITION TO WORK (RTW)

Purchasing Rolling Stock (80/20 match)

FFY12 \$34,400 reprogrammed from HWS FY12 operating line item + \$4,800 from the HWS FY12 capital line item equaling a total of \$39,200 in FY12 capital.

Local match will come from Board Member donations, Omaha Gives, and other grant sources.

Operations Rolling Stock (50/50 match)

FFY12 \$2,300 reprogrammed from HWS FY12 operating item.

Local match will come from Board Member donations, Omaha Gives, and other grant sources.

AMENDMENT 3

General Purpose and Information:

Amendment 3 to this grant consolidates previous MAPA grant activities under NE-37-x004 under this grant. Amendment 3 will have two projects: Heartland Family Service Ways to Work Program (years 3 and 4); and Heartland Workforce Solutions Workforce Transportation.

Program of Projects:

1. HEARTLAND FAMILY SERVICE WAYS TO WORK (Years 3 & 4)

This project is shown in the attached MAPA TIP Amendment 3 from December of 2012. This project continues funding for the Heartland Family Service Ways to Work car loan program that provides small (under \$6,000) car loans at lower interest rates to qualifying applicants. Applicants are required to register with metro rideshare (MAPA's online carpool program) and also attend financial management classes. This project will utilize both capital and operating funding. The capital funding will be used as loan guarantee capital. Operational funding will support the execution of the program. In total \$40,000 will be used for loan guarantee funds (matched with \$10,000 local match from HFS). In total \$121,350 will be used for operations (matched with \$121,350 local match from HFS).

HEARTLAND FAMILY SERVICE WAYS TO WORK

OPERATIONAL FUNDING (50/50 Match)

FFY2011 Sec 5316 Funds in the amount of \$121,350. These funds will be expended from FY2013 to FY2015.

Local Match in the amount of \$121,350 from Heartland Family Service.

CAPITAL FUNDING (80/20 Match)

FFY2011 Sec 5316 Funds in the amount of \$27,480.

FFY2012 Sec 5316 Funds in the amount of \$12,520.

These funds will be expended from FY2013 to FY2015.

Local Match in the amount of \$10,000 from Heartland Family Service.

2. HEARTLAND WORKFORCE SOLUTIONS WORKFORCE TRANSPORTATION

This project is listed in the attached MAPA TIP Amendment 4. This project will assist low income omaha-area employees secure transportation to their jobs when the Metro Transit service is not available (beyond hours of operation) or to places of employment that are off the regular transit network. This project will utilize both capital and operational funding to support these efforts. Capital funding will be used to support planning, administration and mobility management for this service. The operational funding will be utilized for educational materials and transportation.

HEARTLAND WORKFORCE SOLUTIONS WORKFORCE TRANSPORTATION OPERATIONAL FUNDING (50/50 Match)

FFY2012 Sec 5316 funds in the amount of \$101,240.
This funding will be spend in FFY2013 to FFY 2015.

Local Match from Heartland Workforce Solutions in the Amount of \$101,240.

CAPITAL FUNDING (80/20 Match)

FFY2012 Sec 5316 funds in the amount of \$4,800.
These funds will be spent in FFY2013 and FFY2014.

Local Match in the amount of \$1,200.

AMENDMENT 2

This amendment adds \$17,740.00 of FFY 2010 5316 funds from the MAPA TRIP SCHEDULING SOFTWARE Project towards the Easter Seals Rides to Work Project. See project description below in amendment 1.

AMENDMENT 1

GENERAL PURPOSE AND INFORMATION

This amendment redirects \$40,000.00 of FFY 2010 5316 funds from the MAPA TRIP SCHEDULING SOFTWARE Project towards the Easter Seals Rides to Work Project.

The Rides to Work project directly supports the previously established Easter Seals Nebraska TMCC project that is ongoing.

PROGRAM OF PROJECTS:

EASTER SEALS NEBRASKA RIDES TO WORK

This project is shown as first project on page 21 of 28 in the MAPA FY2012 TIP Amendments. This project is being amended to display the correct portion of matching funds.

FFY 2010 5316 Funds in the amount of \$40,000.00

Total 5316 Funds in this project = \$40,000.00

These funds will be expended during FFY 2012

LOCAL MATCH AND SOURCE

Local match in the amount of \$40,000 from Easter Seals Nebraska

All other projects remain unchanged.

*****GENERAL PURPOSE AND INFORMATION

This grant project is a two part project focused on mobility management inside the Omaha-Council Bluffs Metropolitan Area. The two projects contained in this grant will perform two functions.

First, Easter Seals Nebraska will set up a One-Call Center; will begin writing policies and procedures for metropolitan transportation coordinated operations; will implement an organization with state and local governance that will create a coordinated transportation operating entity utilizing existing resources; will conduct outreach activities to build strong working relationships with local governments, providers, stakeholders, and other community groups and will advocate for the expansion of existing public and private transportation services to address unmet transportation needs within our community.

Second, MAPA will identify and acquire computer software, installation and maintenance agreements for public transportation automated scheduling and dispatch software plus integrated mobile vehicle computing devices.

These two projects will work in concert with each other to improve the coordination of mobility management in the Omaha-Council Bluffs Metropolitan Area. The Easter Seals Call Center will utilize the MAPA Software and have some input into the selection of the software.

Planning information for these projects is included in Amendment 6 of the MAPA 2011-2015 TIP (page 35) and available online here:http://mapacog.org/images/stories/TIP/tipamend_post6.pdf

Also attached in TEAM.

PROGRAM OF PROJECTS:

EASTER SEALS NEBRASKA ONE-CALL CENTER
MOBILITY MANAGEMENT (80/20 Match)

FEDERAL FUNDING:

FFY 2010 5316 Funds in the amount of \$180,000

Total 5316 Funds in this project = \$180,000

These funds will be expended during FFY2011 and FFY 2012

LOCAL MATCH and SOURCE

Local Match amounting to \$ 45,000 from AARP Nebraska

MAPA TRIP SCHEDULING SOFTWARE
MOBILITY MANAGEMENT (80/20 MATCH)

FEDERAL FUNDING:

FFY 2010 5316 funds in the amount of \$ 100,000

These funds will be expended in FFY 2011 and FFY 2012

LOCAL MATCH:

Local match amounting to \$ 25,000.00 will come from contracts with local transit providers, employers, and human service agencies.

GENERAL PROJECT LOCATION:

Both projects will be performed in concert inside the MAPA TMA (Douglas and Sarpy County, NE; Pottawattamie County, IA).

POPULATION:

Population of the MAPA TMA is approximately 800,000.

Delinquent Federal Debt

No, my organization does not have delinquent federal debt.

Requires E.O. 12372 Review

No, this application does not require E.O. 12372 Review.

Subject to Pre-Award Authority

Yes, this application is subject to Pre-Award Authority.

Frequency of Milestone Progress Reports (MPR)

Quarterly

Frequency of Federal Financial Reports (FFR)

Quarterly

Award Point of Contact Information

FTA Point of Contact	Shannon Graves
Recipient Point of Contact	Ashley Myers-402-444-6866x219

Award Budget Control Totals

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$663,630
Local			\$301,741
State			\$0
Other Federal			\$0
Total Eligible Cost			\$959,952
Adjustment Amount			\$0
Gross Award Cost			\$959,952

Award Budget

	Budget Item	FTA Amount	Non-FTA Amount	Total Eligible Amount	Quantity
111-00	BUS - ROLLING STOCK	\$180,559.00	\$44,806.00	\$225,365.00	3
	11.13.04 BUY	\$132,800.00	\$33,200.00	\$166,000.00	2
	11.13.04 BUY	\$47,759.00	\$11,606.00	\$59,365.00	1
117-00	OTHER CAPITAL ITEMS (BUS)	\$308,740.00	\$77,185.00	\$385,925.00	0
	11.73.00 CONTINGENCIES/PROGRAM RESERVE	\$51,000.00	\$12,750.00	\$63,750.00	0

	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	\$60,000.00	\$15,000.00	\$75,000.00	0
	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	\$197,740.00	\$49,435.00	\$247,175.00	0
	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	\$0.00	\$0.00	\$0.00	0
300-00		OPERATING ASSISTANCE	\$174,331.00	\$174,331.00	\$348,662.00	0
	30.09.01	UP TO 50% FEDERAL SHARE	\$40,000.00	\$40,000.00	\$80,000.00	0
	30.09.05	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	\$21,681.00	\$21,681.00	\$43,362.00	0
	30.09.05	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	\$110,350.00	\$110,350.00	\$220,700.00	0
	30.09.05	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	\$2,300.00	\$2,300.00	\$4,600.00	0
993-00		FLEET MANAGEMENT	\$257,740.00	\$64,435.00	\$322,175.00	0
	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	\$197,740.00	\$49,435.00	\$247,175.00	0
	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	\$0.00	\$0.00	\$0.00	0
	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	\$60,000.00	\$15,000.00	\$75,000.00	0

Earmark and Discretionary Allocations

This application does not contain earmarks or discretionary allocations.

Sources of Federal Financial Assistance

UZA Code	Area Name	Account Class Code	FPC	Description	Amendment Amount	Cumulative Amount
310490	Omaha, NE-IA	2010.25.37.JL.2	00	JARC (>200K Job Access	\$0	\$297,740
310490	Omaha, NE-IA	2010.25.37.JL.2	04	JARC (>200K Job Access	\$0	\$0
310490	Omaha, NE-IA	2011.25.37.JL.2	00	JARC (>200K Job Access	\$0	\$0
310490	Omaha, NE-IA	2011.25.37.JL.2	04	JARC (>200K Job Access	\$0	\$161,090
310490	Omaha, NE-IA	2012.25.37.JL.2	00	JARC (>200K Job Access	\$98,500	\$143,300

310490	Omaha, NE-IA	2012.25.37.JL.2	04	JARC (>200K Job Access	\$0	\$61,500
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Part 3: Project Information

Project Title: Mobility Management Operation & Software

Project Number	Temporary Project Number	Date Created	Start Date	End Date
NE-37-X008-04	N/A	6/19/2014	7/1/2011	12/31/2015

Project Location (Urbanized Areas)

UZA Code	Area Name
310490	Omaha, NE-IA

Congressional District Information

State	District	Representative
Nebraska	2	Brad Ashford
Iowa	5	ReDist N/A 2010 REDISTRICTED

Project Budget Activity Line Items

Budget Activity Line Item: 11.7L.00 - MOBILITY MANAGEMENT-FY10-ESN

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OTHER CAPITAL ITEMS (BUS) (117-00)	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	MOBILITY MANAGEMENT (5302(A)(1)(L))	0

Extended Budget Description

Easter Seals Nebraska

One-Call Transportation Management Coordination Center. These activities will include coordination and planning that helps connects clients to various transportation providers in the metro region. Actual services will be operated by (NEMO) Nebraska Mobility.

FY10 Funds?

**I corrected the local match for this line item on 8/28/14. The original total eligible cost was \$225,00, when it should have been \$247,175. It now conforms to the 80/20 share for mobility management projects.

Funding Source	Section of Statute	CFDA Number	Amount
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49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$197,740
Non-FTA Amount			\$49,435
Total Eligible Cost			\$247,175

Milestone Name	Est. Completion Date	Description
Contract Awarded with ESN	7/1/2011	Finalize Easter Seals Nebraska contract with MAPA to begin TMCC One-Call Center
Begin Full Scale Operation	7/1/2011	Begin the full scale operation of the TMCC
Final Payment	7/1/2012	Complete contract

Budget Activity Line Item: 11.7L.00 - MOBILITY MANAG-FY?-MAPA Software?

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OTHER CAPITAL ITEMS (BUS) (117-00)	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	MOBILITY MANAGEMENT (5302(A)(1)(L))	0

Extended Budget Description

Amendment 02

MAPA Software
Automated Scheduling Software

**I corrected the local match for this line item on 8/28/14. The original total eligible cost was \$97,175, when it should have been \$75,000. It now conforms to the 80/20 share for mobility management projects.

Year of money???

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$60,000
Non-FTA Amount			\$15,000
Total Eligible Cost			\$75,000

Milestone Name	Est. Completion Date	Description
Contract Awarded with MAPA	7/1/2011	Finalize MAPA Contract to procure Software
Software Training	8/1/2011	Finish training of MAPA Staff and ESN TMCC Staff on software

Final Payment	7/1/2012	Contract Complete
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Budget Activity Line Item: 11.7L.00 - MOBILITY MANAGEMENT

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
FLEET MANAGEMENT (993-00)	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	MOBILITY MANAGEMENT (5302(A)(1)(L))	0

Extended Budget Description

**I corrected the local match for this line item on 8/28/14. The original total eligible cost was \$97,175, when it should have been \$75,000. It now conforms to the 80/20 share for mobility management projects.

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$197,740
Non-FTA Amount			\$49,435
Total Eligible Cost			\$247,175

Milestone Name	Est. Completion Date	Description
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Budget Activity Line Item: 11.7L.00 - MOBILITY MANAGEMENT (5302(A)(1)(L))

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
FLEET MANAGEMENT (993-00)	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	MOBILITY MANAGEMENT (5302(A)(1)(L))	0

Extended Budget Description

Easter Seals Nebraska
One-Call Transportation Management Coordination Center

**I corrected the local match for this line item on 8/28/14. The original total eligible cost was \$97,175, when it should have been \$75,000. It now conforms to the 80/20 share for mobility management projects.

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$60,000
Non-FTA Amount			\$15,000
Total Eligible Cost			\$75,000

Milestone Name	Est. Completion Date	Description
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Budget Activity Line Item: 30.09.01 - UP TO 50% FED SHARE-FY10-ESN

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OPERATING ASSISTANCE (300-00)	30.09.01	UP TO 50% FEDERAL SHARE	UP TO 50% FEDERAL SHARE	0

Extended Budget Description

Operating Assistance for Easter Seals Nebraska Rides to Work project

FY 10 funds?

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$40,000
Non-FTA Amount			\$40,000
Total Eligible Cost			\$80,000

Milestone Name	Est. Completion Date	Description
Contract Signed w/ ESN R-t-W	1/17/2012	Sign contract to allow ESN to begin Rides to Work program
Begin ESN Rides to Work	1/17/2012	Rides to Work Program begins operations.
Final Payment	4/30/2012	

Budget Activity Line Item: 30.09.05 - JARC OP ASSIST-FY11-HFS

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OPERATING ASSISTANCE (300-00)	30.09.05	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	0

Extended Budget Description

Heartland Family Service Ways to Work -Operating

This funding will be used to support operation and execution during years 3 and 4 of the program which run from FFY2013 through FFY2015. This is FY11 funds.

5-1-15

Budget Revision to move \$11,000 of operating funding for HFS to capital. This will reduce the amount of local match necessary because capital is an 80% match, while operating is 50%. The sub-recipient made this request due to increased demand on the capital side of the project. Please see the attached document, `HFS Budget Revision Justification-5-1-15`.

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$110,350
Non-FTA Amount			\$110,350
Total Eligible Cost			\$220,700

Milestone Name	Est. Completion Date	Description
Begin Heartland Family Service	6/1/2014	Amend the existing MAPA/HFS contract to include the funding from this grant. Extend the program into year 4 with an end date of 12/31/2015. MAPA JARC funding will be exhausted by the end of this program.
Heartland Family Service Concl	12/31/2015	Heartland Family Service/MAPA contract end date. MAPA does not anticipate any new JARC revenue (from beyond this grant) to be allocated to this project. Contract End Date: 12/31/2015 Recently extended the contract through 6/30/16

Budget Activity Line Item: 30.09.05 - JARC OP ASSIST-FY12-HWS

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OPERATING ASSISTANCE (300-00)	30.09.05	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	0

Extended Budget Description

Budget Revision on 12-16-2016: No change in funding amount. Heartland Workforce Solutions was unable to provide local match for these funds. Instead, Black Hills Works will utilize these funds for employment transportation in the Omaha area.

Amendment #4 reduces this ALI by \$66,300 and request to move \$2,300 to Operating for SSCA and the remainder of the funds to the new 11.13.04 ALI

Heartland Workforce Solutions Workforce Transportation - Operating

This funding will be used to pay for rides and support operation of the HWS Workforce Transportation Grant. Funding will be spent in FFY2013 through FFY2015. This was FY12 operations

As of 6/26/14, this was originally \$101,240, reprogrammed \$34,300 to SWIPCO for Capital, \$29,700 to SSCA for Capital, and \$2,300 for SSCA for Operations.

Then on 8/25/14 reprogrammed \$4,700 from this line item to SSCA capital, reducing this line item to \$30,240

Budget Revision on 1-12-15, reprogrammed \$7,225 from this line item to the SSCA FY12 Capital line item because the vehicle was more expensive than we anticipated. Thus this line item is \$23,015.

Budget Revision on 5-7-15- moving \$1,334 from this line item to the SSCA capital line item because the base price of the vehicle increased on the State of Nebraska's contract. This line item now becomes \$21,681.

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$21,681
Non-FTA Amount			\$21,681
Total Eligible Cost			\$43,362

Milestone Name	Est. Completion Date	Description
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Budget Activity Line Item: 11.73.00 - CONTINGEN/PROG RES-FY11&12-HFS

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OTHER CAPITAL ITEMS (BUS) (117-00)	11.73.00	CONTINGENCIES/PROGRAM RESERVE	CONTINGENCIES/PROGRAM RESERVE	0

Extended Budget Description

Heartland Family Service Ways to Work -Capital

This funding will be used as loan guarantee funding during years 3 and 4 of the program which run from FFY2013 through FFY2015. This is FY11 and FY12 funds.

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5-1-15

Budget Revision to move \$11,000 of operating funding for HFS to capital. This will reduce the amount of local match necessary because capital is an 80% match, while operating is 50%. Thus, there will be \$8,250 less local match for this line item. The sub-recipient made this request due to increased demand on the capital side of the project. Please see the attached document, `HFS Budget Revision Justification-5-1-15`.

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$51,000
Non-FTA Amount			\$12,750
Total Eligible Cost			\$63,750

Milestone Name	Est. Completion Date	Description
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Contract Award	6/1/2014	HFS capital funds- in progress. Recently extended contract until June 30, 2016.
Contract Complete	7/1/2014	HFS capital funds- in progress. Recently extended contract until June 30, 2016.

Budget Activity Line Item: 11.7L.00 - MOBILITY MANAGEMENT-FY12-HWS

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OTHER CAPITAL ITEMS (BUS) (117-00)	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	MOBILITY MANAGEMENT (5302(A)(1)(L))	0

Extended Budget Description

Heartland Workforce Solutions Workforce Transportation - Capital

*Removing this line item, transferring this capital line item to SSSCA Capital line item

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$0
Non-FTA Amount			\$0
Total Eligible Cost			\$0

Milestone Name	Est. Completion Date	Description
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Budget Activity Line Item: 11.7L.00 - MOBILITY MANAGEMENT (5302(A)(1)(L))

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
FLEET MANAGEMENT (993-00)	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	MOBILITY MANAGEMENT (5302(A)(1)(L))	0

Extended Budget Description

This is an operating and planning assistance grant for FY2000.

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$0
Non-FTA Amount			\$0
Total Eligible Cost			\$0

Milestone Name	Est. Completion Date	Description
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Budget Activity Line Item: 11.13.04 - BUY

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
BUS - ROLLING STOCK (111-00)	11.13.04	BUY	BUY	1

Extended Budget Description

Amendment #4 adds \$29,700 to this new ALI

South Sudan Community Association- awarded at the June 17, 2014 CTC meeting. FY 12 funds. Amendment 4- SSCA. The expected useful life of the vehicle is 5 years or 150,000 miles. MAPA will acquire this vehicle and will retain title leasing it to SSCA.

FY 14 Administrative Modification on 8/14/14 to reprogram \$9,500 from HWS to SSCA for capital. This makes the total capital amount \$39,200

Budget Revision on 1-12-15- moved \$7,225 from HWS FY12 Operations to SSCA FY12 Capital because the vehicle is more expensive than we originally anticipated.

Budget Revision on 5-7-15 moving \$1,334 from HWS operations to SSCA Capital because the price of the base price of the vehicle increased on the State of Nebraska's Contract. SSCA has committed \$11,606 of local match for the vehicle purchase.

Fuel Type

Gasoline

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$47,759
Non-FTA Amount			\$11,606
Total Eligible Cost			\$59,365

Milestone Name	Est. Completion Date	Description
Contract Signed- MAPA & SCAA	6/26/2014	This is using FY12 funds.
RFP/IFB OUT FOR BID	10/1/2014	MAPA & SCAA determine best way to purchase the vehicle. This is using FY12 funds.
CONTRACT AWARDED	12/1/2014	MAPA & SCAA award contract. This is using FY12 funds.
FIRST VEHICLE DELIVERED	4/1/2015	Vehicle is delivered to MAPA and is subsequently delivered to SSCA. This is using FY12 funds.
ALL VEHICLES DELIVERED	4/15/2015	Vehicle is delivered to MAPA and is subsequently delivered to SSCA. This is using FY12 funds.
CONTRACT COMPLETE	5/1/2015	Contract is closed out between MAPA and SSCA. This is using FY12 funds.

Budget Activity Line Item: 11.13.04 - BUY

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
BUS - ROLLING STOCK (111-00)	11.13.04	BUY	BUY	2

Extended Budget Description

Amendment #4 adds \$132,800 to this new ALI

Southwest Iowa Planning Council (SWIPCO) 2 light duty buses- awarded at the June 17, 2014 CTC meeting. FY 12 funds. Amendment 4- SWIPCO. Expected useful life of the vehicles are 5 years or 150,000 miles. SWIPCO will purchase this vehicle from the State of Iowa's vehicle contract and SWIPCO will retain title.

Fuel Type

Gasoline

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$132,800
Non-FTA Amount			\$33,200
Total Eligible Cost			\$166,000

Milestone Name	Est. Completion Date	Description
Contract Signed- MAPA & SWIPCO	6/26/2014	This is using FY12 funds.
RFP/IFB OUT FOR BID	10/1/2014	MAPA and SWIPCO determine best option to purchase these vehicles. This is using FY12 funds.
CONTRACT AWARDED	12/1/2014	MAPA and SWIPCO awards the contract. This is using FY12 funds.
FIRST VEHICLE DELIVERED	4/1/2015	Vehicles are delivered to SWIPCO. This is using FY12 funds.
ALL VEHICLES DELIVERED	4/15/2015	Vehicles are delivered to SWIPCO. This is using FY12 funds.
CONTRACT COMPLETE	5/1/2015	MAPA and SWIPCO after vehicles are delivered and the contract is complete, the contract will be closed. This is using FY12 funds.

Budget Activity Line Item: 30.09.05 - JARC OP ASSIST-FY12-SSCA

Scope Name / Code	Line Item #	Custom Item Name	Activity	Quantity
OPERATING ASSISTANCE (300-00)	30.09.05	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	JOB ACCESS AND REVERSE COMMUTE OPERATING ASSISTANCE	0

Extended Budget Description

Amendment #4 Adds \$2,300 to this new ALI.

As of 6/26/14, this former HWF money is reprogrammed to SSCA. \$2,300 FY12 funds for SSCA. This to pay for insurance and taxes on the new bus they are purchasing.

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$2,300
Non-FTA Amount			\$2,300
Total Eligible Cost			\$4,600

Milestone Name	Est. Completion Date	Description
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Project Environmental Findings

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 16: Program administration, technical assistance activities, and operating assistance to transit authorities to continue existing service or increase service to meet routine changes in demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OTHER CAPITAL ITEMS (BUS) (117-00)	11.7L.00	MOBILITY MANAGEMENT-FY10-ESN	0	\$197,740.00	\$247,175.00

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 19: Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OTHER CAPITAL ITEMS (BUS) (117-00)	11.7L.00	MOBILITY MANAG-FY?-MAPA Software?	0	\$60,000.00	\$75,000.00

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 19: Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
FLEET MANAGEMENT (993-00)	11.7L.00	MOBILITY MANAGEMENT	0	\$197,740.00	\$247,175.00

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 16: Program administration, technical assistance activities, and operating assistance to transit authorities to continue existing service or increase service to meet routine changes in demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
FLEET MANAGEMENT (993-00)	11.7L.00	MOBILITY MANAGEMENT (5302(A)(1)(L))	0	\$60,000.00	\$75,000.00

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 16: Program administration, technical assistance activities, and operating assistance to transit authorities to continue existing service or increase service to meet routine changes in demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OPERATING ASSISTANCE (300-00)	30.09.01	UP TO 50% FED SHARE-FY10-ESN	0	\$40,000.00	\$80,000.00

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 04: Planning and administrative activities which do not involve or lead directly to construction, such as: training, technical assistance and research; promulgation of rules, regulations, directives, or program guidance; approval of project concepts; engineering; and operating assistance to transit authorities to continue existing service or increase service to meet routine demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OPERATING ASSISTANCE (300-00)	30.09.05	JARC OP ASSIST-FY11-HFS	0	\$110,350.00	\$220,700.00

Finding: Class 2C**Class Level Description****Categorical Exclusion Description**

Type 04: Planning and administrative activities which do not involve or lead directly to construction, such as: training, technical assistance and research; promulgation of rules, regulations, directives, or program guidance; approval of project concepts; engineering; and operating assistance to transit authorities to continue existing service or increase service to meet routine demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OPERATING ASSISTANCE (300-00)	30.09.05	JARC OP ASSIST-FY12-HWS	0	\$21,681.00	\$43,362.00

Finding: Class 2C**Class Level Description****Categorical Exclusion Description**

Type 04: Planning and administrative activities which do not involve or lead directly to construction, such as: training, technical assistance and research; promulgation of rules, regulations, directives, or program guidance; approval of project concepts; engineering; and operating assistance to transit authorities to continue existing service or increase service to meet routine demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OTHER CAPITAL ITEMS (BUS) (117-00)	11.73.00	CONTINGEN/PROG RES-FY11&12-HFS	0	\$51,000.00	\$63,750.00

Finding: Class 2C**Class Level Description****Categorical Exclusion Description**

Type 04: Planning and administrative activities which do not involve or lead directly to construction, such as: training, technical assistance and research; promulgation of rules, regulations, directives, or program guidance; approval of project concepts; engineering; and operating assistance to transit authorities to continue existing service or increase service to meet routine demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OTHER CAPITAL ITEMS (BUS) (117-00)	11.7L.00	MOBILITY MANAGEMENT-FY12-HWS	0	\$0.00	\$0.00

Finding: Class 2C**Class Level Description**

Categorical Exclusion Description

Type 07: Acquisition, installation, rehabilitation, replacement, and maintenance of vehicles or equipment, within or accommodated by existing facilities, that does not result in a change in functional use of the facilities, such as: equipment to be located within existing facilities and with no substantial off-site impacts; and vehicles, including buses, rail cars, trolley cars, ferry boats and people movers that can be accommodated by existing facilities or by new facilities that qualify for a categorical exclusion.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
BUS - ROLLING STOCK (111-00)	11.13.04	BUY	1	\$47,759.00	\$59,365.00

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 07: Acquisition, installation, rehabilitation, replacement, and maintenance of vehicles or equipment, within or accommodated by existing facilities, that does not result in a change in functional use of the facilities, such as: equipment to be located within existing facilities and with no substantial off-site impacts; and vehicles, including buses, rail cars, trolley cars, ferry boats and people movers that can be accommodated by existing facilities or by new facilities that qualify for a categorical exclusion.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
BUS - ROLLING STOCK (111-00)	11.13.04	BUY	2	\$132,800.00	\$166,000.00

Finding: Class 2C

Class Level Description

Categorical Exclusion Description

Type 04: Planning and administrative activities which do not involve or lead directly to construction, such as: training, technical assistance and research; promulgation of rules, regulations, directives, or program guidance; approval of project concepts; engineering; and operating assistance to transit authorities to continue existing service or increase service to meet routine demand.

Scope Name / Code	Line Item Number	Line Item Name	Quantity	FTA Amount	Total Eligible Cost
OPERATING ASSISTANCE (300-00)	30.09.05	JARC OP ASSIST-FY12-SSCA	0	\$2,300.00	\$4,600.00

Part 4: Fleet Details

Fleet Type: Other

Fleet Comments

6-24-14

SWIPCO has a fleet of 66 vehicles. They offer a mixture of paratransit and demand response services.

SSCA has 2 vehicles, but 1 of them is going to be disposed. SSCA use its vehicles to transport refugees to work.

Please see the attached documents for more detailed fleet information.

		Current Value
I.	Active Fleet	
	A. Peak Requirement	65
	B. Spares	5
	C. Total (A+B)	70
	D. Spare Ratio (B/A)	7.69%
II.	Inactive Fleet	
	A. Other	0
	B. Pending Disposal	0
	C. Total (A+B)	0
III.	Total (I.C and II.C)	70

Part 5: FTA Review Comments**Application Review Comments****Comment By Mokhtee Ahmad**

Comment Type FTA Budget Revision

Date 9/2/2014

Comment

Comment By Shannon Graves

Comment Type FTA Budget Revision

Date 1/14/2015

Comment This revision allows \$7,225 of federal Operating funds to be moved to a Rolling Stock ALI. No change approved materially alters the original scope of the grant. An FPC transfer is required in order to complete this action. See Budget Details for specifics on the change made.

Comment By Shannon Graves

Comment Type FTA Budget Revision

Date 5/5/2015

Comment This revision approval allows \$11,000 to be transferred from Operating ALI to Capital activity previously approved. No change made materially alters the original scope of the grant. An FPC transfer required to complete this action. See Budget Details for specifics on the change made.

Comment By Shannon Graves

Comment Type FTA Budget Revision

Date 5/8/2015

Comment This revision approval allows \$1,334 of operating funds to be move to the capital scope for previously approved activities. No change made materially alters the original scope of the grant. FPC transfer required before this action is considered complete.

Comment By Courtney Barber

Comment Type Recipient Budget Revision

Date 4/28/2016

Comment

Comment By shannon.graves@dot.gov

Comment Type FTA Budget Revision

Date 5/4/2016

Comment Grantee was not aware of the NON-ADD scope and was attempting to balance the grant including the NONADD numbers.

Comment By Courtney Barber

Comment Type Recipient Budget Revision

Date 6/10/2016

Comment I was not aware of the non-add scope and attempted to balance the grant including the non-add numbers.

Comment By shannon.graves@dot.gov

Comment Type FTA Budget Revision

Date 6/15/2016

Comment two line items were duplicates. They were non-add scopes that should not have been zeroed out. The grantee reverted those two lines back to their original states.

Comment By Courtney Barber

Comment Type Recipient Budget Revision

Date 12/16/2016

Comment

Comment By shannon.graves@dot.gov

Comment Type FTA Budget Revision

Date 12/16/2016

Comment No change in the original scope of the grant. A change in narrative description

Application Review Comments

Comment By Shannon Graves

Comment Type General Application

Date 8/7/2014

Project Title Mobility Management Operation & Software

Project Number NE-37-X008-04

Comment Please see grant application attachments for additional information about amendment 04

Part 6: Agreement

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL TRANSIT ADMINISTRATION**

**GRANT AGREEMENT
(FTA G-20, October 1, 2013)**

On the date the authorized U.S. Department of Transportation, Federal Transit Administration (FTA) official's electronic signature is entered for this Grant Agreement, FTA has Awarded Federal assistance in support of the Project described below. Upon Execution of this Grant Agreement by the Recipient named below, the Recipient affirms this FTA Award, and enters into this Grant Agreement with FTA. The following documents are incorporated by reference and made part of this Grant Agreement:

(1) "Federal Transit Administration Master Agreement," FTA MA(20), October 1, 2013,
<http://www.fta.dot.gov/documents/20-Master.pdf>

- (2) The Certifications and Assurances applicable to the Project that the Recipient has selected and provided to FTA, and
- (3) Any Award notification containing special conditions or requirements, if issued.

FTA OR THE FEDERAL GOVERNMENT MAY WITHDRAW ITS OBLIGATION TO PROVIDE FEDERAL ASSISTANCE IF THE RECIPIENT DOES NOT EXECUTE THIS GRANT AGREEMENT WITHIN 90 DAYS FOLLOWING THE DATE OF THIS FTA AWARD SET FORTH HEREIN.

FTA AWARD

Federal Transit Administration (FTA) hereby awards a Federal grant as follows:

Recipient Information

Recipient Name: OMAHA-COUNCIL BLUFFS METROPOLITAN AREA PLANNING AGENCY

Award Information

Award Number: NE-37-X008-04

Award Name: Mobility Management Operation & Software

Award Executive Summary: Amendment 4- (6-24-14)

GENERAL PURPOSE AND INFORMATION:

Amendment 4 to this grant incorporates rolling stock scopes for two new projects: Southwest Iowa Planning Council/Southwest Iowa Transit Agency (SWIPCO/SWITA) Early Hours Shift Transportation and Southern Sudan Community Association (SSCA) Refugee Transition to Work (RTW). This also includes a budget revision, shifting money from the Heartland Workforce Solutions Workforce Transportation project to the SWIPCO/SWITA and SSCA projects.

The total amount of funds in this Amendment 4 includes: \$98,500 of FY12 5316 funds. Funds from the HWS line items were shifted to the new projects- \$68,700 FY12 operational funds were converted to FY12 capital funds (\$34,300 to SWIPCO/SWITA and \$34,400 to SSCA). Also, moving \$4,800 capital mobility management FY12 5316 funds to SSCA FY12 for capital. This brings the total amount of FY12 capital funds for SSCA to \$39,200. Lastly, shifting \$2,300 FY12 operations from the HWS line item to SSCA FY12 operations. A total amount of \$71,000 is redistributed from the HWS operations line item leaving \$30,240 remaining in the HWS operations line item, while the HWS capital line has been removed.

This amendment corrects the previous error in local match contributions. The local match requirement for this grant amendment is decreased by \$26,900. This is due to an incorrect amount of local match within the 117L00, "Mobility Management-FY10 ESN" line item. The original total eligible cost was \$225,000. When it should have been \$247,175 to conform to the 80/20 split required for mobility management projects. This means an additional \$22,175 is needed in the line item. The second issue with local match was within the 117L00, "Mobility Management- MAPA Software" line item. The original total eligible cost was \$97,175. It should have been \$75,000 to conform to the 80/20 split required for mobility management projects. This means \$22,175 needs to be subtracted from the line item. The two Mobility Management activity line items with the incorrect local match share and subsequent incorrect total eligible cost line items equal out to \$ -22,175 and \$22,175. This cancels each other out and makes the grant have too much local match share. Thus decreasing the local match by \$26,900.

Attached to this grant and also posted at <http://mapacog.org/coordinated-transit-committee> is the TIP resolution, TIP amendment summary table, and the revised FY12 JARC POP.

PROJECT DESCRIPTION

SWIPCO/SWITA Early Hours Shift Transportation (6-24-14)

The Southwest Iowa Planning Council/Southwest Iowa Transit Agency (SWIPCO/SWITA) Early Hours Shift Transportation is shown on page 1 of FY14 TIP Amendment 8 (June 2014) located at http://mapacog.org/images/stories/Trans_General/MAPA%20FY2014%20TIP%20Amendment%208%20-%20June.pdf.

SWIPCO/SWITA is the designated rural transit provider for 8 counties in southwest Iowa. They will acquire two new light duty ADA 176" wheelbase with lift 2013 or newer buses. The useful life is 5 years or 150,000 miles. SWIPCO/SWITA will acquire the two buses from the State of Iowa's federally compliant approved vendor list. SWIPCO/SWITA will hold the title on the vehicle and will do all of the necessary work to purchase the vehicle through the State of Iowa's contract. The two buses will be used on a new expansion route going from Omaha and Council Bluffs to a rural area of Pottawattamie County transporting cleaning crews to a meat processing plant facility. The service will run 7 days a week. This will benefit employees in this reverse commute from the urban area of Omaha/Council Bluffs to the rural area of Pottawattamie County.

SWIPCO/SWITA EARLY HOURS SHIFT TRANSPORTATION

Purchasing Rolling Stock (80/20 Match)

FFY 12 5316 funds of \$98,500 (Reprogram HWS FY12 funds \$34,000 to equal a total of FY12 \$132,800)

LOCAL MATCH AND SOURCE

Local match of \$33,200 will come from SWIPCO/SWITA's vehicle replacement funds.

PROJECT DESCRIPTION

SSCA Refugee Transition to Work (6-24-14)

The Southern Sudan Community Association Omaha (SSCA) Refugee Transition to Work (RTW) project is shown on page 1 of FY14 TIP Amendment 8 (June 2014) located at http://mapacog.org/images/stories/Trans_General/MAPA%20FY2014%20TIP%20Amendment%208%20-%20June.pdf. Additional funding over the original TIP amendment was awarded to SSCA Omaha in June 2014 in Administrative Modification 10. This approval is attached.

The Southern Sudan Community Association (SSCA Omaha) is an ethnic, community-based, 501 (c)(3) Nebraska corporation. MAPA will acquire the vehicle for SSCA Omaha purchasing it from the State of Nebraska's federally compliant State contract. MAPA will retain the title on the vehicle and will lease it to SSCA Omaha. It will be an ADA 158" minimum wheelbase with lift 2013 or newer small transit bus. The useful life is 5 years or 150,000 miles. It will be used for an expansion route providing transportation to refugees obtaining employment, providing transportation to refugees during job seeking interviews and during the first two weeks of obtaining employment. This will serve the people seeking jobs as part of the job access portion of JARC.

SSCA OMAHA REFUGEE TRANSITION TO WORK (RTW)

Purchasing Rolling Stock (80/20 match)

FFY12 \$34,400 reprogrammed from HWS FY12 operating line item + \$4,800 from the HWS FY12 capital line item equaling a total of \$39,200 in FY12 capital.

Local match will come from Board Member donations, Omaha Gives, and other grant sources.

Operations Rolling Stock (50/50 match)
FFY12 \$2,300 reprogrammed from HWS FY12 operating item.

Local match will come from Board Member donations, Omaha Gives, and other grant sources.

AMENDMENT 3

General Purpose and Information:

Amendment 3 to this grant consolidates previous MAPA grant activities under NE-37-x004 under this grant. Amendment 3 will have two projects: Heartland Family Service Ways to Work Program (years 3 and 4); and Heartland Workforce Solutions Workforce Transportation.

Program of Projects:

1. HEARTLAND FAMILY SERVICE WAYS TO WORK (Years 3 & 4)

This project is shown in the attached MAPA TIP Amendment 3 from December of 2012. This project continues funding for the Heartland Family Service Ways to Work car loan program that provides small (under \$6,000) car loans at lower interest rates to qualifying applicants. Applicants are required to register with metro rideshare (MAPA's online carpool program) and also attend financial management classes. This project will utilize both capital and operating funding. The capital funding will be used as loan guarantee capital. Operational funding will support the execution of the program. In total \$40,000 will be used for loan guarantee funds (matched with \$10,000 local match from HFS). In total \$121,350 will be used for operations (matched with \$121,350 local match from HFS).

HEARTLAND FAMILY SERVICE WAYS TO WORK OPERATIONAL FUNDING (50/50 Match)

FFY2011 Sec 5316 Funds in the amount of \$121,350. These funds will be expended from FY2013 to FY2015.

Local Match in the amount of \$121,350 from Heartland Family Service.

CAPITAL FUNDING (80/20 Match)

FFY2011 Sec 5316 Funds in the amount of \$27,480.

FFY2012 Sec 5316 Funds in the amount of \$12,520.

These funds will be expended from FY2013 to FY2015.

Local Match in the amount of \$10,000 from Heartland Family Service.

2. HEARTLAND WORKFORCE SOLUTIONS WORKFORCE TRANSPORTATION

This project is listed in the attached MAPA TIP Amendment 4. This project will assist low income omaha-area employees secure transportation to their jobs when the Metro Transit service is not available (beyond hours of operation) or to places of employment that are off the regular transit network. This project will utilize both capital and operational funding to support these efforts. Capital funding will be used to support planning, administration and mobility management for this service. The operational funding will be utilized for educational materials and transportation.

HEARTLAND WORKFORCE SOLUTIONS WORKFORCE TRANSPORTATION

OPERATIONAL FUNDING (50/50 Match)
FFY2012 Sec 5316 funds in the amount of \$101,240.
This funding will be spend in FFY2013 to FFY 2015.

Local Match from Heartland Workforce Solutions in the Amount of \$101,240.

CAPITAL FUNDING (80/20 Match)
FFY2012 Sec 5316 funds in the amount of \$4,800.
These funds will be spent in FFY2013 and FFY2014.

Local Match in the amount of \$1,200.

AMENDMENT 2

This amendment adds \$17,740.00 of FFY 2010 5316 funds from the MAPA TRIP SCHEDULING SOFTWARE Project towards the Easter Seals Rides to Work Project. See project description below in amendment 1.

AMENDMENT 1

GENERAL PURPOSE AND INFORMATION

This amendment redirects \$40,000.00 of FFY 2010 5316 funds from the MAPA TRIP SCHEDULING SOFTWARE Project towards the Easter Seals Rides to Work Project.

The Rides to Work project directly supports the previously established Easter Seals Nebraska TMCC project that is ongoing.

PROGRAM OF PROJECTS:

EASTER SEALS NEBRASKA RIDES TO WORK

This project is shown as first project on page 21 of 28 in the MAPA FY2012 TIP Amendments. This project is being amended to display the correct portion of matching funds.

FFY 2010 5316 Funds in the amount of \$40,000.00

Total 5316 Funds in this project = \$40,000.00

These funds will be expended during FFY 2012

LOCAL MATCH AND SOURCE

Local match in the amount of \$40,000 from Easter Seals Nebraska

All other projects remain unchanged.

*****GENERAL PURPOSE AND INFORMATION

This grant project is a two part project focused on mobility management inside the Omaha-Council Bluffs Metropolitan Area. The two projects contained in this grant will perform two functions.

First, Easter Seals Nebraska will set up a One-Call Center; will begin writing policies and procedures for metropolitan transportation coordinated operations; will implement an organization with state and local governance that will create a coordinated transportation operating entity utilizing existing resources; will conduct outreach activities to build strong working relationships with local governments, providers, stakeholders, and other community groups and will advocate for the expansion of existing public and private transportation services to address unmet transportation needs within our community.

Second, MAPA will identify and acquire computer software, installation and maintenance agreements for public transportation automated scheduling and dispatch software plus integrated mobile vehicle computing devices.

These two projects will work in concert with each other to improve the coordination of mobility management in the Omaha-Council Bluffs Metropolitan Area. The Easter Seals Call Center will utilize the MAPA Software and have some input into the selection of the software.

Planning information for these projects is included in Amendment 6 of the MAPA 2011-2015 TIP (page 35) and available online here:http://mapacog.org/images/stories/TIP/tipamend_post6.pdf

Also attached in TEAM.

PROGRAM OF PROJECTS:

**EASTER SEALS NEBRASKA ONE-CALL CENTER
MOBILITY MANAGEMENT (80/20 Match)**

FEDERAL FUNDING:

FFY 2010 5316 Funds in the amount of \$180,000

Total 5316 Funds in this project = \$180,000

These funds will be expended during FFY2011 and FFY 2012

LOCAL MATCH and SOURCE

Local Match amounting to \$ 45,000 from AARP Nebraska

**MAPA TRIP SCHEDULING SOFTWARE
MOBILITY MANAGEMENT (80/20 MATCH)**

FEDERAL FUNDING:

FFY 2010 5316 funds in the amount of \$ 100,000

These funds will be expended in FFY 2011 and FFY 2012

LOCAL MATCH:

Local match amounting to \$ 25,000.00 will come from contracts with local transit providers, employers, and human service agencies.

GENERAL PROJECT LOCATION:

Both projects will be performed in concert inside the MAPA TMA (Douglas and Sarpy County, NE; Pottawattamie County, IA).

POPULATION:

Population of the MAPA TMA is approximately 800,000.

Total Award Eligible Cost: \$959,952.00

Award Budget Control Totals

Funding Source	Section of Statute	CFDA Number	Amount
49 USC 5316 - Job Access and Reverse Commute/TEA-21 3037	5316	20516	\$663,630
Local			\$301,741
State			\$0
Other Federal			\$0

Total Eligible Cost	\$959,952
Adjustment Amount	\$0
Gross Award Cost	\$959,952

Maximum Percentage(s) of FTA Participation

Percentages of Federal participation are based on amounts included in the Approved Project Budget, modified as set forth in the text following the Project Description.

U.S. Department of Labor Certification of Public Transportation Employee Protective Arrangements:

Original Project Certification Date: N/A

Special Conditions

There are no special conditions.

Awarded By:
Mokhtee Ahmad
Regional Administrator
FEDERAL TRANSIT ADMINISTRATION
U.S. DEPARTMENT OF TRANSPORTATION
9/2/2014 6:47 PM GMT+00:00

EXECUTION OF GRANT AGREEMENT

Upon full execution of this Grant Agreement by the Recipient, the Effective Date will be the date FTA or the Federal Government awarded Federal assistance for this Grant Agreement.

By executing this Grant Agreement, the Recipient intends to enter into a legally binding agreement in which the Recipient:

- (1) Affirms this FTA Award,
- (2) Adopts and ratifies all of the following information it has submitted to FTA:
 - (a) Statements,
 - (b) Representations,
 - (c) Warranties,
 - (d) Covenants, and
 - (e) Materials,
- (3) Consents to comply with the requirements of this FTA Award, and
- (4) Agrees to all terms and conditions set forth in this Grant Agreement.

By executing this Grant Agreement, I am simultaneously executing any Supplemental Agreement that may be required to effectuate this Grant Agreement.

Executed By:
ashley myers
Assistant Planner

OMAHA-COUNCIL BLUFFS METROPOLITAN AREA PLANNING AGENCY
9/2/2014 7:45 PM GMT+00:00

EXHIBIT B

Black Hills Works

OPC Service

Scope of Work

Black Hills Workshop supports individuals employed at Offutt Air Force Base and provides transportation on almost a 24 hour a day/seven day a week basis. There currently are 9 runs in which our vehicles travel approximately 500 miles each day providing door to door services. The majority of our runs are during hours that the Metro Area Transit does not operate. We also go to a variety of the areas in which the Transit does not serve including large sections of Bellevue, northwest Omaha, and outlying contiguous areas. Our earliest transportation run starts at 3:00 am and our latest run starts at 11:30 pm. Approximately 2,450 trips are projected for the year carrying 17,000 riders. While all of our riders meet the low income standards, the majority also live in impoverished areas of that community. We have been providing services for over 13 years in order to ensure that people with disabilities have employment options. Our services are very safe and our vehicles are maintained. We have not been able to find other transportation systems or other agencies that have services whose destination is in this area of Offutt Air Force Base. We have been unable to locate a service to use as a coordinated pick up and drop off location. We continue to explore this option. This project meets the needs of approximately 65 individuals with disabilities who have been referred by State agencies in the Omaha area. It therefore meets the needs of the State agencies who have made the referrals and whose mission is to find employment opportunities for people with severe disabilities. Most of the people we support do not have the ability to own and operate their own vehicle and therefore are dependent upon a transportation service.

Budget

Please see Exhibit C for the 5316 budget request.

Operations: The 5316 \$ 21,681 request will be used for Drivers salaries and benefits, Cellphones for the vans, vehicle fuel and maintenance cost.

Local Match

The 50% required local match is from our budgeted funds.

Exhibit C: Project Budget

Project Name: 1760440302 - Black Hills Works - Offut Air Force Base

Contact Name: Black Hills Works - NE Robert Matthews

Budget Detail	Total Cost	5316 Funds	Local Match
A. OPERATING EXPENSES¹			
1. Drivers Wages	\$ 17,350	\$ 8,675	\$ 8,675
2. Benefits @ 15%	\$ 2,600	\$ 1,300	\$ 1,300
3. Other- Cell Exp	\$ 500	\$ 250	\$ 250
4. Vehicle Fuel	\$ -		\$ -
5. Vehicle Repair/Maintenance	\$ -		\$ -
8. Mileage (current IRS rate)	\$ 22,912	\$ 11,456	\$ 11,456
Subtotal - Operating Expenses	\$ 43,362	\$ 21,681	\$ 21,681
B. PROGRAM TOTAL BUDGET			
	\$ 43,362	\$ 21,681	\$ 21,681
	Program Total	5316 Funds	Local Match Total

¹ 5316 funding for Operating Expenses may not exceed 50% of the total cost.



County Funding Requests FYE 18

	Population 2010 Census	% of Pop	FYE 17	FYE 18 - 2% increase	FYE 18 Request	FYE 18 \$/capita
Douglas Co.	517,110	62.3%	\$ 235,810	\$ 4,716	\$ 240,526	\$ 0.47
Sarpy Co.	158,840	19.1%	\$ 72,433	\$ 1,449	\$ 73,882	\$ 0.47
Pottawattamie Co.	93,158	11.2%	\$ 42,482	\$ 850	\$ 43,332	\$ 0.47
Cass Co.	25,241	3.04%	\$ -	\$ 11,741	\$ 11,741	\$ 0.47
Washington Co.	20,234	2.4%	\$ 9,227	\$ 185	\$ 9,412	\$ 0.47
Mills Co.	15,059	1.8%	\$ 6,867	\$ 137	\$ 7,004	\$ 0.47
Cash Support	829,642	100%	\$ 366,819	\$ 19,078	\$ 385,897	\$ 0.47

Additional funds needed to be raised to fully utilize federal funding allocated to support MAPA staff.

\$ 98,000

Required local support for Federal Match on current and projected projects

\$ 483,897

FY 2018 Budget Schedule

December

Heartland 2050

Approve Special Appropriations Request

January

Finance Committee

Recommend County Fund Request

Board of Directors

Approve County Fund Request

Council of Officials

Establish Program Priority Survey

MAPA Member Annual Survey of Services and Priorities

TTAC

Pass-Through Planning Applications due February 29th

Heartland 2050

Send Iowa Jurisdictions Special Appropriations Requests

February

Finance Committee

Review Preliminary Funds Budget

Board of Directors

Review Preliminary Funds Budget

TTAC

Call for Projects to Receive Pass-Through Transportation Planning Federal Funding

March

NDOR & IDOT

Provide FY 2018 Targets for Planning Funds

Finance Committee

Review Preliminary Line Item Budget

Board of Directors

Review Preliminary Line Item Budget

Heartland 2050

Send Nebraska Jurisdictions Special Appropriations Requests

Staff

Develop UPWP

April

Council of Officials

Approve Draft UPWP

Recommend Program Priorities

Finance Committee

Review Preliminary Funds Budget

Review Preliminary Line Item Budget

Review Preliminary Program Budget

Draft UPWP

Board of Directors

Review Preliminary Funds Budget

Review Preliminary Line Item Budget

Review Preliminary Program Budget

Draft UPWP

TTAC

Draft UPWP

State and Federal Partners Review Draft UPWP

May

Finance Committee

Recommend Final Funds Budget

Recommend Final Line Item Budget

Recommend Final Program Budget

Recommend Final Work Program

Board of Directors

Review Council of Officials Recommendation

Approve Final Funds Budget

Approve Final Line Item Budget

Approve Final Program Budget

June

Council of Officials

Approve Final Work Program