

# Title IIIC-1 Area Agency Administration Financial Report

Final Report [ ] YES [X] NO

Agency: EAST BATON ROUGE COUNCIL ON AGING, INC.

Period Month Ending: 31-Aug-24

|                                    |        |
|------------------------------------|--------|
| Gross Expenditures to Date         | 20,254 |
| Operating Transfers in -ARP IIIAAA |        |
| Less: Other/ Local Funds           |        |
| Less: Transfers Out-ARP IIIAAA     |        |
| Net Expenditures to Date           | 20,254 |
| GOEA Funds Received to date        | 20,051 |
| Cash on Hand                       | (203)  |

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CHIEF EXECUTIVE OFFICER

9/13/2024

Title

DYTASHA CLARK AMAR

Typed Name

# Title IIIC-1 Congregate Meals Financial Report

Final Report [ ] YES [ X ] NO

Agency: East Baton Rouge Council on Aging  
 Period Month Ending: 31-Aug-24

|  | Direct Costs   | Indirect Costs | Total Costs    |
|--|----------------|----------------|----------------|
| Indirect Costs                         |                | 63,791         |                |
| Congregate Meals                       | 307,303        | 63,791         | 371,094        |
| [Raw Food Costs: \$78,969]             | -              |                | -              |
| Nutrition Counseling                   | -              |                | -              |
| Nutrition Education                    | -              |                | -              |
| Outreach                               |                |                | -              |
| ***Operating Transfers Out to - IIIC-2 | -              | -              | -              |
| <b>Gross Expenditures</b>              | <b>307,303</b> | <b>63,791</b>  | <b>371,094</b> |
| Less: Participant Contributions        |                |                | -              |
| Less: Sale of Meals                    |                |                | -              |
| Less: NSIP Cash                        |                |                | -              |
| Less: Other/Local Funds                |                |                | 296,564        |
| Operating Transfers In - SC            |                |                |                |
| Operating Transfers In - PCOA          |                |                | -              |
|  |                |                | -              |
| <b>Net Expenditures</b>                |                |                | <b>74,530</b>  |
| <b>GOEA Funds Received to Date</b>     |                |                | <b>73,783</b>  |
| <b>Cash on Hand</b>                    |                |                | <b>(747)</b>   |

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Signature

CEO  
Title

Date

9/13/2024

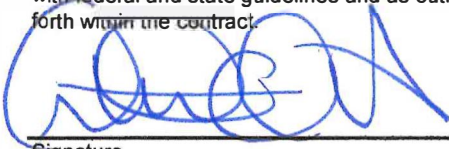
# Title IIIC-2 Home Delivered Meals Financial Report

Final Report ( ) Yes (X) No

Agency: East Baton Rouge Council on Aging  
 Period Month Ending: 31-Aug-24

|   | Direct Costs   | Indirect Costs | Total Costs     |
|---|----------------|----------------|-----------------|
| Indirect Costs                          |                | 73,898         |                 |
| Home Delivered Meals                    | 428,893        | 73,898         | 502,791         |
| <b>COVID 19 HDM:</b>                    |                |                |                 |
| [Raw Food Costs: \$78,969]              |                |                |                 |
| Nutrition Counseling                    | -              |                | -               |
| Nutrition Education                     | -              |                | -               |
| Outreach                                |                |                | -               |
| <b>Gross Expenditures</b>               | <b>428,893</b> | <b>73,898</b>  | <b>502,791</b>  |
| Less: Participant Contributions         |                |                | -               |
| Less: Sale of Meals                     |                |                | -               |
| Less: NSIP Cash                         |                |                | -               |
| Less: Other/Local Funds                 |                |                | 429,119         |
| Operating Transfers In - SC             |                |                | -               |
|   |                |                | -               |
| <b>***Operating Transfers In - IIID</b> |                |                | -               |
| <b>***Operating Transfers In -IIIE</b>  |                |                | -               |
| <b>Net Expenditures</b>                 |                |                | <b>73,672</b>   |
| <b>GOEA Funds Received to Date</b>      |                |                | <b>52,912</b>   |
| <b>Cash on Hand</b>                     |                |                | <b>(20,760)</b> |

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature \_\_\_\_\_ Title CEO Date 13-Sep-24

Dytrasha Clark Amar  
 Printed Name

# Title IIIB Supportive Services Financial Report

Final Report [ ] YES [X] NO

Agency: East Baton Rouge Council on Aging  
 Period Month Ending: Aug-24

|  | Direct Costs | Indirect Costs | Total Costs |
|--|--------------|----------------|-------------|
| Indirect Costs                                       |              | 12798          |             |
| <b>1 COVID-19 DNI MEALS</b>                          |              |                | 0           |
| <b>2 COVID-19 NON-DNI MEALS</b>                      |              |                | 0           |
| 3 Assisted Transportation                            |              |                | 0           |
| 4 Case Management                                    |              |                | 0           |
| 5 Chore  |              |                | 0           |
| 6 Homemaker  |              |                | 0           |
| 7 Information and Assistance                         | 67,483       | 10,366         | 77,849      |
| 8 Legal Assistance                                   | -            | -              | -           |
| 9 Outreach   | 3,332        | 512            | 3,844       |
| 10 Personal Care                                     | -            | -              | -           |
| 11 Transportation                                    |              |                | -           |
| 12 Telephoning                                       | 4,999        | 768            | 5,767       |
| 13 Home Repair / Modification                        |              |                | -           |
| 14 Visiting  |              |                | -           |
| 15 Total Other Priority Services (12+13+14)          | 4,999        | 768            | 5,767       |
| 16 Counseling  |              |                | -           |
| 17 Crime Prevention Services                         |              |                | -           |
| 18 Material Aid                                      | 7,498        | 1,152          | 8,650       |
| 19 Medical Alert                                     |              |                | -           |
| 20 Medication Management                             |              |                | -           |
| 21 Placement Services                                |              |                | -           |
| 22 Public Education                                  |              |                | -           |
| 23 Recreation  |              |                | -           |
| 24 Sitter Service                                    |              |                | -           |
| 25 Utility Assistance                                |              |                | -           |
| 26 Wellness  |              |                | -           |
| 27 Total Other Non Priority Services (16 through 26) | 7,498        | 1,152          | 8,650       |
| 28 Gross Expenditures ((1 through 11)+15+27)         | 83,312       | 12,798         | 96,110      |
| 29 Less: Participant Contributions                   |              |                |             |
| 30 Less: Other/Local Funds                           |              |                | 36,770      |
| 31 Operating Transfers In - SC                       |              |                |             |
| 32 Operating Transfers In - PCOA                     |              |                | -           |
| 33 Operating Transfers In - Supp SC                  |              |                | -           |
| <b>***Operating Transfers In - IID</b>               |              |                | -           |
| 34 Net Expenditures (28-(29 through 33))             |              |                | 59,340      |
| 35 GOEA Funds Received To Date                       |              |                | 58,745      |
| 36 Cash on Hand (35 -34)                             |              |                | (595)       |

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.

Signature: \_\_\_\_\_ Title: CEO Date: 9/13/2024

Printed Name: Dytasha Clark Amar

# Title IID Preventive Health Financial Report

Final Report [ ] YES [X] NO

Agency: East Baton Rouge Council On aging  
 Period Month Ending: 31-Aug-24

|  | Direct Costs | Indirect Costs | Total Costs  |
|--|--------------|----------------|--------------|
| Indirect Costs                             |              |                |              |
| Nutrition Counseling                       |              |                | 0            |
| Nutrition Education                        |              |                | 0            |
| <b>Other Services:</b>                     |              |                |              |
| Counseling                                 |              |                | 0            |
| Medication Management                      |              |                | 0            |
| Wellness                                   | 2,062        |                | 2,062        |
| <b>***Operating Transfer Out to - IIC2</b> | -            |                | -            |
| <b>Gross Expenditures</b>                  | <b>2,062</b> | <b>0</b>       | <b>2,062</b> |
| Less: Participant Contributions            |              |                |              |
| Less: Other/Local Funds                    |              |                | -            |
| Operating Transfers In - ARP IID           |              |                | 0            |
| Operating Transfers In - PCOA              |              |                |              |
| <b>Net Expenditures</b>                    |              |                | <b>2,062</b> |
| <b>GOEA Funds Received to Date</b>         |              |                | <b>2,040</b> |
| <b>Cash on Hand</b>                        |              |                | <b>(22)</b>  |

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Signature

CEO  
Title

9/13/2024

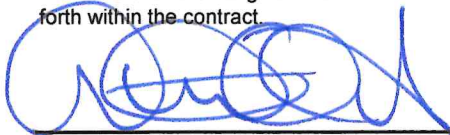
# Title III E National Family Caregiver Support Financial Report

Final Report [ ] YES [X] NO

Agency: East Baton Rouge Council On Aging  
 Period Month Ending: 31-Aug-24

|                                       | Direct Costs | Indirect Costs | Total Costs |
|---------------------------------------|--------------|----------------|-------------|
| Indirect Costs                        |              | 623            |             |
| NFCSP Public Education                |              |                |             |
| NFCSP Information and Assistance      | 17,811       | 623            | 18,434      |
| NFCSP Outreach                        |              |                |             |
| NFCSP Case Management                 | -            |                |             |
| NFCSP Individual Counseling           |              |                |             |
| NFCSP Support Groups                  |              |                |             |
| NFCSP Adult Day Care                  | 12,500       |                | 12,500      |
| NFCSP Adult Day Health Care           |              |                |             |
| NFCSP Group Respite                   | -            | -              |             |
| NFCSP In-Home Respite                 | -            |                | -           |
| NFCSP Individual Care Support         |              |                |             |
| NFCSP Institutional Respite           |              |                |             |
| NFCSP Material aid                    | -            |                | -           |
| NFCSP Personal Care                   | -            | -              |             |
| NFCSP Sitter Service                  |              |                |             |
| NFCSP Chore                           |              |                |             |
| NFCSP Home Repair/Modification        |              |                |             |
| NFCSP Home Delivered Meals            |              |                |             |
| ***Operating Transfers Out to - IIIB  | -            | -              |             |
| ***Operating Transfers Out to- IIIC-2 | -            | -              |             |
| Gross Expenditures                    | 30,311       | 623            | 30,934      |
| Less: Participant Contributions       |              |                |             |
| Less: Other/Local Funds               |              |                | 11,016      |
| Operating Transfers In - ARP III E    |              |                | -           |
| Operating Transfers In - PCOA         |              |                |             |
| Operating Transfers In - Sup SC       |              |                |             |
| Net Expenditures                      |              |                | 19,918      |
| GOEA Funds Received to Date           |              |                | 19,719      |
| Cash on Hand                          |              |                | (199)       |

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CEO  
Title

Date

9/13/2024