GRANT INFORMATION PAGE

LPO Year 3 Grantees 2025/2026

Grant Name	Region 1 Lead Prevention Organization
Funding/Subaward Period Start	7/1/2025
Funding/Subaward Period End	6/30/2026

GRANTEE Name	Georgia Public Library dba. Town of Georgia
Address	47 Town Common Road North, St. Albans, VT 05478

Payee Name	
Address	

Grantee Contact Person	
Telephone	
Email	

Subaward Budget	
PERSONAL SERVICES:	
Project Personnel Expenses	$5,472.52
Project Personnel Fringe Benefits	$418.65
Total Personal Services	$5,891.17
OPERATING EXPENSE:	
Advertising/Marketing	$0.00
Equipment/Technology	$0.00
Materials/Supplies	$8,852.10
Telephone (if a direct service cost)	$0.00
Training/Education	$0.00
Travel	$53.20
Other Direct Service Cost	
Food for Sessions, paper products	$0.00
Art Staff 12 sessions	$0.00
Parenting Sessions	$0.00
Background Checks	$500.00
Total Operating Expense	$9,405.30
Total Program	$15,296.47
INDIRECT/ADMINISTRATIVE	
Indirect costs: Up to 15% allowed	$2,294.47
TOTAL:	$17,590.94

FINANCIAL REPORT WORKBOOK INSTRUCTIONS

ONLY FILL IN INFORMATION IN THE YELLOW CELLS AS FOLLOWS

1 Enter the Dates affiliated with the quarter you are reporting on in **Section 8, Cells E13 and E14**

2 Check Cell E10/11 if it is the FINAL report for the GRANT Agreement.

3 **Fill out cells A16 (Name of Contact Person), B/C16 (Phone #), and D/E16 (Contact Email)**

3 Go to the tab worksheet for the quarter you are submitting for and in **Section 13D,** enter the amounts to be reimbursed in the correct category cell. **Associated computations will be self-populated by the workbook.**

4 Enter the General Fund Share of Current Period Expenditures in Section 14D, Cell D42.

5 Print the " Quarter #1." **Sign and submit the report (Section 15)** to stevenm@unitedwaynwvt.org

6 **Submit your quarterly invoice as a PDF.**

7 Save the workbook!

8 For subsequent reports, use "Quarter #2" or "Quarter #3" or "Quarter #4" - whichever report you are on sequentially. To enable you to find the next report in sequence, the report number is located in the top right corner of the form. Look at the last report you submitted, obtain the report number, and use the next report in sequence.

9 Extra Invoice after Quarter 4 is if you needed a fresh new copy - Not Mandatory, just there for back up

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT UNLESS REQUESTED

Any questions, please contact Steven Maluenda: stevenm@unitedwaynwvt.org

INVOICE SUBMISSION CALENDAR

1 Each quarter tab corresponds to the specific quarter of the 1 year grant period you will be submitting for reimbursement.

DUE DATES FOR EACH QUARTERLY INVOICE REPORT

Quarter 1 - October 15, 2025
Quarter 2 - January 15, 2026
Quarter 3 - April 15, 2026
Quarter 4 - July 15, 2026

UNITED WAY
Northwest Vermont

United Way of Northwest Vermont
REPORT AND REQUEST FOR GRANT FUNDS

3. GRANT NAME		Quarter 1
Region 1 Lead Prevention Organization		
4. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.	4a. ORIGINAL DATE	☐ FINAL

6. ORGANIZATION NAME AND ADDRESS	7. FUNDING/GRANT PERIOD		8. REPORTING PERIOD	
Georgia Public Library dba. Town of Georgia	FROM:	7/1/2025	FROM:	7/1/2025
47 Town Common Road North, St. Albans, VT 05478	TO:	6/30/2026	TO:	9/30/2025

11. NAME OF CONTACT PERSON	12. TELEPHONE NUMBER	12a. EMAIL

13A. GRANT BUDGET CATEGORIES	13B. GRANT BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. GRANT BALANCE
PERSONAL SERVICES:				
Project Personnel Expenses	5,472.52		3,654.22	1,818.30
Project Personnel Fringe Benefits	418.65		279.55	139.10
Total Personal Services	**5,891.17**		**3,933.77**	**1,957.40**
OPERATING EXPENSE:				
Advertising/Marketing	0.00		0.00	0.00
Equipment/Technology	0.00		0.00	0.00
Materials/Supplies	8,852.10		2,255.30	6,596.80
Telephone (if a direct service cost)	0.00		0.00	0.00
Training/Education	0.00		0.00	0.00
Travel	53.20		0.00	53.20
Other Direct Service Cost				
Food for Sessions, paper products	0.00		0.00	0.00
Art Staff 12 sessions	0.00		0.00	0.00
Parenting Sessions	0.00		0.00	0.00
Background Checks	500.00		0.00	500.00
Total Operating Expense	9,405.30		**2,255.30**	**7,150.00**
Total Program	15,296.47		**6,189.07**	**9,107.40**
INDIRECT/ADMINISTRATIVE				
Indirect costs: Up to 15% allowed	2,294.47		928.36	1,366.11

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
TOTAL:	17,590.94		7,117.43	10,473.51
GRANT PAYMENT NOW REQUESTED			**7,117.43**	

15. CERTIFICATION

I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, ficticious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).

SIGNATURE OF GRANTEE AUTHORIZING OFFICIAL	DATE SUBMITTED
TYPED OR PRINTED NAME AND TITLE	TELEPHONE NUMBER

ADDITIONAL INFORMATION

OTHER DIRECT SERVICE COST DESCRIPTION

UNITED WAY
Northwest Vermont

United Way of Northwest Vermont
REPORT AND REQUEST FOR GRANT FUNDS

3. GRANT NAME		Quarter 2
Region 1 Lead Prevention Organization		
4. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.	4a. ORIGINAL DATE	☐ FINAL

6. ORGANIZATION NAME AND ADDRESS	7. FUNDING/GRANT PERIOD		8. REPORTING PERIOD	
Georgia Public Library dba. Town of Georgia	FROM:	7/1/2025	FROM:	10/1/2025
47 Town Common Road North, St. Albans, VT 05478	TO:	6/30/2026	TO:	12/31/2025

11. NAME OF CONTACT PERSON	12. TELEPHONE NUMBER	12a. EMAIL

13A. GRANT BUDGET CATEGORIES	13B. GRANT BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. GRANT BALANCE
PERSONAL SERVICES:				
Project Personnel Expenses	5,472.52	3,654.22	1,818.30	0.00
Project Personnel Fringe Benefits	418.65	279.55	139.10	0.00
Total Personal Services	**5,891.17**	**3,933.77**	**1,957.40**	**0.00**
OPERATING EXPENSE:				
Advertising/Marketing	0.00		0.00	0.00
Equipment/Technology	0.00		0.00	0.00
Materials/Supplies	8,852.10	2,255.30	1,212.80	5,384.00
Telephone (if a direct service cost)	0.00		0.00	0.00
Training/Education	0.00		0.00	0.00
Travel	53.20		53.20	0.00
Other Direct Service Cost				
Food for Sessions, paper products	0.00		0.00	0.00
Art Staff 12 sessions	0.00		0.00	0.00
Parenting Sessions	0.00		0.00	0.00
Background Checks	500.00		0.00	500.00
Total Operating Expense	9,405.30	**2,255.30**	**1,266.00**	5,884.00
Total Program	15,296.47	**6,189.07**	**3,223.40**	5,884.00
INDIRECT/ADMINISTRATIVE				
Indirect costs: Up to 15% allowed	2,294.47	928.36	**483.51**	882.60

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
TOTAL:	17,590.94	7,117.43	3,706.91	6,766.60
GRANT PAYMENT NOW REQUESTED			**3,706.91**	

15. CERTIFICATION

I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, ficticious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).

SIGNATURE OF GRANTEE AUTHORIZING OFFICIAL	DATE SUBMITTED
TYPED OR PRINTED NAME AND TITLE	TELEPHONE NUMBER

ADDITIONAL INFORMATION

OTHER DIRECT SERVICE COST DESCRIPTION

UNITED WAY
Northwest Vermont

United Way of Northwest Vermont
REPORT AND REQUEST FOR GRANT FUNDS

3. GRANT NAME		Quarter 3
Region 1 Lead Prevention Organization		
4. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.	4a. ORIGINAL DATE	☐ FINAL

6. ORGANIZATION NAME AND ADDRESS	7. FUNDING/GRANT PERIOD		8. REPORTING PERIOD	
Georgia Public Library dba. Town of Georgia	FROM:	7/1/2025	FROM:	1/1/2026
47 Town Common Road North, St. Albans, VT 05478	TO:	6/30/2026	TO:	3/31/2026

11. NAME OF CONTACT PERSON	12. TELEPHONE NUMBER	12a. EMAIL

13A. GRANT BUDGET CATEGORIES	13B. GRANT BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. GRANT BALANCE
PERSONAL SERVICES:				
Project Personnel Expenses	5,472.52	5,472.52	0.00	0.00
Project Personnel Fringe Benefits	418.65	418.65	0.00	0.00
Total Personal Services	**5,891.17**	**5,891.17**	**0.00**	**0.00**
OPERATING EXPENSE:				
Advertising/Marketing	0.00		0.00	0.00
Equipment/Technology	0.00		0.00	0.00
Materials/Supplies	8,852.10	3,468.10	178.57	5,205.43
Telephone (if a direct service cost)	0.00		0.00	0.00
Training/Education	0.00		0.00	0.00
Travel	53.20	53.20	0.00	0.00
Other Direct Service Cost				
Food for Sessions, paper products	0.00		0.00	0.00
Art Staff 12 sessions	0.00		0.00	0.00
Parenting Sessions	0.00		0.00	0.00
Background Checks	500.00		154.35	345.65
Total Operating Expense	9,405.30	**3,521.30**	**332.92**	5,551.08
Total Program	15,296.47	**9,412.47**	**332.92**	5,551.08
INDIRECT/ADMINISTRATIVE				
Indirect costs: Up to 15% allowed	2,294.47	1,411.87	**49.94**	832.66

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
General Fund Share	17,590.94	10,824.34	382.86	6,383.74
GRANT PAYMENT NOW REQUESTED			**382.86**	

15. CERTIFICATION

I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, ficticious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).

SIGNATURE OF GRANTEE AUTHORIZING OFFICIAL	DATE SUBMITTED
TherClevelanQ	4/20/2026
TYPED OR PRINTED NAME AND TITLE	**TELEPHONE NUMBER**
Therese Cleveland	802-233-2346

ADDITIONAL INFORMATION

OTHER DIRECT SERVICE COST DESCRIPTION

UNITED WAY
Northwest Vermont

United Way of Northwest Vermont
REPORT AND REQUEST FOR GRANT FUNDS

3. GRANT NAME		Quarter 4
Region 1 Lead Prevention Organization		
4. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.	4a. ORIGINAL DATE	☑ FINAL

6. ORGANIZATION NAME AND ADDRESS	7. FUNDING/GRANT PERIOD		8. REPORTING PERIOD	
Georgia Public Library dba. Town of Georgia	FROM:	7/1/2025	FROM:	4/1/2026
47 Town Common Road North, St. Albans, VT 05478	TO:	6/30/2026	TO:	6/30/2026

11. NAME OF CONTACT PERSON	12. TELEPHONE NUMBER	12a. EMAIL

13A. GRANT BUDGET CATEGORIES	13B. GRANT BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. GRANT BALANCE
PERSONAL SERVICES:				
Project Personnel Expenses	5,472.52	5,472.52	0.00	0.00
Project Personnel Fringe Benefits	418.65	418.65	0.00	0.00
Total Personal Services	**5,891.17**	**5,891.17**	**0.00**	**0.00**
OPERATING EXPENSE:				
Advertising/Marketing	0.00		0.00	0.00
Equipment/Technology	0.00		0.00	0.00
Materials/Supplies	8,852.10	3,646.67	5,026.42	179.01
Telephone (if a direct service cost)	0.00		0.00	0.00
Training/Education	0.00		0.00	0.00
Travel	53.20	53.20	0.00	0.00
Other Direct Service Cost				
Food for Sessions, paper products	0.00		0.00	0.00
Art Staff 12 sessions	0.00		0.00	0.00
Parenting Sessions	0.00		0.00	0.00
Background Checks	500.00	154.35	473.65	(128.00)
Total Operating Expense	9,405.30	3,854.22	**5,500.07**	51.01
Total Program	15,296.47	9,745.39	**5,500.07**	51.01
INDIRECT/ADMINISTRATIVE				
Indirect costs: Up to 15% allowed	2,294.47	1,461.81	**825.01**	7.65

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
General Fund Share	17,590.94	11,207.20	6,325.08	58.66
GRANT PAYMENT NOW REQUESTED			**6,325.08**	

15. CERTIFICATION

I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, ficticious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).

SIGNATURE OF GRANTEE AUTHORIZING OFFICIAL	DATE SUBMITTED
TherClevelanQ	6/26/2026
TYPED OR PRINTED NAME AND TITLE	**TELEPHONE NUMBER**
Therese Cleveland, GPL Trustee Treasurer	802-233-2346

ADDITIONAL INFORMATION

OTHER DIRECT SERVICE COST DESCRIPTION

UNITED WAY
Northwest Vermont

United Way of Northwest Vermont
REPORT AND REQUEST FOR GRANT FUNDS

3. GRANT NAME		Extra Invoice
Region 1 Lead Prevention Organization		
4. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.	4a. ORIGINAL DATE	☐ FINAL

6. ORGANIZATION NAME AND ADDRESS	7. FUNDING/GRANT PERIOD		8. REPORTING PERIOD	
Georgia Public Library dba. Town of Georgia	FROM:	7/1/2025	FROM:	
47 Town Common Road North, St. Albans, VT 05478	TO:	6/30/2026	TO:	

11. NAME OF CONTACT PERSON	12. TELEPHONE NUMBER	12a. EMAIL

13A. GRANT BUDGET CATEGORIES	13B. GRANT BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. GRANT BALANCE
PERSONAL SERVICES:				
Project Personnel Expenses	5,472.52	5,472.52		0.00
Project Personnel Fringe Benefits	418.65	418.65		0.00
Total Personal Services	**5,891.17**	**5,891.17**	**0.00**	**0.00**
OPERATING EXPENSE:				
Advertising/Marketing	0.00			0.00
Equipment/Technology	0.00			0.00
Materials/Supplies	8,852.10	8,673.09		179.01
Telephone (if a direct service cost)	0.00			0.00
Training/Education	0.00			0.00
Travel	53.20	53.20		0.00
Other Direct Service Cost				
Food for Sessions, paper products	0.00			0.00
Art Staff 12 sessions	0.00			0.00
Parenting Sessions	0.00			0.00
Background Checks	500.00	628.00		(128.00)
Total Operating Expense	9,405.30	9,354.29	**0.00**	51.01
Total Program	15,296.47	15,245.46	**0.00**	51.01
INDIRECT/ADMINISTRATIVE				
Indirect costs: Up to 15% allowed	2,294.47	2,286.82	**0.00**	7.65

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
General Fund Share	17,590.94	17,532.28	0.00	58.66
GRANT PAYMENT NOW REQUESTED			**0.00**	

15. CERTIFICATION

I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, ficticious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).

SIGNATURE OF GRANTEE AUTHORIZING OFFICIAL	DATE SUBMITTED
TYPED OR PRINTED NAME AND TITLE	TELEPHONE NUMBER

ADDITIONAL INFORMATION

OTHER DIRECT SERVICE COST DESCRIPTION