Agency Name	FAMILY RESOURCE NETWORK ROANE CO INC		
Report Period	Quarter 3		
Grant Number	G250323	**Grant Type**	BFA - Family Resource Networks
Check One:			

FINANCIAL INFORMATION	**A**	**B**	**C**	**D**	**E**
Category / *ITEMIZE BUDGET CATEGORIES C-G ONLY*	**Approved Budget**	**Current Period Actual Expenditures**	**Prior Expenditures**	**Total YTD Actual Expenditures (B + C)**	**Running Balance**
A. Personnel					
	$ 24,000.00	$ 6,000.00	$ 12,000.00	$ 18,000.00	
Subtotal	**$ 24,000.00**	**$ 6,000.00**	**$ 12,000.00**	**$ 18,000.00**	$ 6,000.00
B. Fringe Benefits					
	$ 1,836.00	$ 459.00	$ 918.00	$ 1,377.00	
Subtotal	**$ 1,836.00**	**$ 459.00**	**$ 918.00**	**$ 1,377.00**	$ 459.00
C. Equipment					
0	$ -		$ -	$ -	
0	$ -		$ -	$ -	
Subtotal	**$ -**	**$ -**	**$ -**	**$ -**	$ -
D. Supplies					
Postage	$ 68.00	$ -	$ 37.65	$ 37.65	
	$ -		$ -	$ -	
	$ -		$ -	$ -	
0	$ -		$ -	$ -	
0	$ -		$ -	$ -	
0	$ -		$ -	$ -	
Subtotal	**$ 68.00**	**$ -**	**$ 37.65**	**$ 37.65**	$ 30.35
E. Contractual Costs					
Elm Holdings LLC - office rent	$ 6,472.00	$ 1,618.00	$ 3,235.80	$ 4,853.80	
GoDaddy - frn website	$ 216.00	$ 94.49	$ 113.36	$ 207.85	
mMcAfee - Laptop Antivirus	$ 35.00	$ -	$ -	$ -	
0	$ -		$ -	$ -	
0	$ -		$ -	$ -	
0	$ -		$ -	$ -	
Subtotal	**$ 6,723.00**	**$ 1,712.49**	**$ 3,349.16**	**$ 5,061.65**	$ 1,661.35
F. Construction					
0	$ -		$ -	$ -	
Subtotal	**$ -**	**$ -**	**$ -**	**$ -**	$ -
G. Other					
Liability Insurance	$ 529.00	$ -	$ 521.83	$ 521.83	$ 7.17
Telephone/Internet	$ 2,400.00	$ 781.46	$ 1,313.52	$ 2,094.98	$ 305.02
Community Involvement	$ 2,000.00	$ 1,200.90	$ 484.33	$ 1,685.23	$ 314.77
Quickbooks Subscription	$ 944.00	$ 553.16	$ 980.12	$ 1,533.28	$ (589.28)
Conference Travel	$ 100.00		$ -	$ -	$ 100.00
0	$ -		$ -	$ -	$ -
	$ -		$ -	$ -	$ -
0	$ -		$ -	$ -	$ -
0	$ -		$ -	$ -	$ -
0	$ -		$ -	$ -	$ -
0	$ -		$ -	$ -	$ -
Subtotal	**$ 5,973.00**	**$ 2,535.52**	**$ 3,299.80**	**$ 5,835.32**	$ 137.68
Total Direct Cost	**$ 38,600.00**	**$ 10,707.01**	**$ 19,604.61**	**$ 30,311.62**	$ 8,288.38
H. Indirect Costs	$ -		$ -	$ -	
Total Indirect Cost	**$ -**	**$ -**	**$ -**	**$ -**	$ -
TOTALS	$ 38,600.00	**$ 10,707.01**	**$ 19,604.61**	**$ 30,311.62**	**$ 8,288.38**
Program Income					

I CERTIFY THAT THIS REPORT IS A TRUE AND ACCURATE ACCOUNTING OF ALLOWABLE GRANT EXPENDITURES.

Must Be Signed By CEO or CFO: ______________________________

Title: ______________________ **Date:** ______________

Submit Report To: WVDHHR/BCF/OPERATIONS
Division of Grants and Contracts
350 Capitol Street, Room 730
Charleston, WV 25301-3711

Department Use Only **Reviewed & Approved by BCF/Operations/Division of Grants & Contracts**

Signature: ______________________ **Date:** ______________