****

2nd Half of Operation Support for 50% of expenditures between
 **December 17, 2016 – May 12, 2017** are due no later than **05-12-17.**

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency PN/CN #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HPNAP ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OS Expenditures Categories:
Staff $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W-2 forms, payroll stubs, cancelled paychecks)
Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Paid Utility Bills, cancelled paid utility company checks)
Space/Rent $\_\_\_\_\_\_\_\_ \_\_\_ (Paid cancelled rent/space checks)
Disposables $\_\_\_\_\_\_\_\_\_\_\_\_ (Paid Receipts for all HPNAP allowable disposable items)

Please fill-in your expenditure amount, attach all supporting documentation where applicable and send it to LI Cares via fax or U.S mail on or before the due date above. Thank You
ATT: PETE BRAGLIA FAX TO: 631-273-1375**

1st Half of Operation Support for 50% of expenditures between
 **July 1st - December 16, 2016** are due no later than **12-16-16.**

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency PN/CN #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HPNAP ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OS Expenditures Categories:
Staff $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W-2 forms, payroll stubs, cancelled paychecks)
Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Paid Utility Bills, cancelled paid utility company checks)
Space/Rent $\_\_\_\_\_\_\_\_\_\_\_ (Paid cancelled rent/space checks)
Disposables $\_\_\_\_\_\_\_\_\_\_\_ (Paid Receipts for all HPNAP allowable disposable items)

Please fill-in your expenditure amount, attach all supporting documentation where applicable and FAX it to ATT: Pete Braglia 631-273-1375 or U.S mail on or before the due date above. Thank You**

HPNAP 2016-2017 Operation Support Grant Award Reporting Fax
Coversheet and Reporting Form
Att: Pete Braglia Fax To: 631-273-1375