



2011-2012 Consortium Member: _____

Quarter	1	2	3	4
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Form B - Quarterly Matching Resources Report:

Expenditure Category	Budgeted Matching Resources					Expended Matching Resources					
	Cash	Work-Study	In-Kind	Restricted In-Kind	Total	Cash	Work Study	In-kind	Restricted In-Kind	Total	Year-to-Date
Staffing											
Administrative					\$0.00					\$0.00	
Consultant and Professional					\$0.00					\$0.00	
Program Service Staff					\$0.00					\$0.00	
Students-Cal-SOAP Tutor/Peer Advisor salaries					\$0.00					\$0.00	
Work-Study-Cal-SOAP Tutor/Peer Advisor salaries					\$0.00					\$0.00	
Benefits											
Administrative					\$0.00					\$0.00	
Program Service Staff					\$0.00					\$0.00	
Students-Cal-SOAP Tutor/Peer Advisor benefits					\$0.00					\$0.00	
Operating											
Communication(phone, fax)					\$0.00					\$0.00	
Indirect Costs (CAC)					\$0.00					\$0.00	
Mileage:											
Administrative					\$0.00					\$0.00	
Program Services Staff					\$0.00					\$0.00	
Tutor/Peer Advisor (Cal-SOAP Tutor/Peer Advisors)					\$0.00					\$0.00	
Postage					\$0.00					\$0.00	
Rent-e.g. Cal-SOAP Office or Program space					\$0.00					\$0.00	
Staff Development for the Cal-SOAP Services					\$0.00					\$0.00	
Travel					\$0.00					\$0.00	
Utilities					\$0.00					\$0.00	
Supplies											
Office					\$0.00					\$0.00	
Program Service Staff (Cal-SOAP Programs)					\$0.00					\$0.00	
Student Participants (Cal-SOAP Students)					\$0.00					\$0.00	
Printing and Duplicating					\$0.00					\$0.00	
Equipment											
Computer Purchase for Cal-SOAP					\$0.00					\$0.00	
Copy Machine Purchase for Cal-SOAP					\$0.00					\$0.00	
Printer Purchase for Cal-SOAP					\$0.00					\$0.00	
Rentals					\$0.00					\$0.00	
Program Services					\$0.00					\$0.00	
Other * Include Student Transportation & Meals					\$0.00					\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*List of items included in 'other' are noted separately.

Submitted by: _____
and certified

Submitted by: _____
Cal-SOAP Project Director

_____ Date

_____ Date