**LA:RISE Summary of Leveraged Resources Form (DRAFT 5-31-22)**

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| --- | --- |
| 1. Agency Name
 |       |
| 1. Date
 |       |
| 1. Program Year
 |       |
| 1. LA RISE Program (City General Fund or Measure H)
 |       |
| 1. Total Grant
 |       |

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| Program Year Funding and Transitional Employment Related Expenditures |
|  | **Amount** |
| 1. LA:RISE Transitional Employment/Work Experience (WEX) Allocation
 |       |
| 1. LA:RISE Retention Allocation
 |       |
| 7a. Leveraged Resources used for **Transitional Employment**  |       |
| 7b. Leveraged Resources used for **Job** **Retention Services** |       |
| 7c. Leveraged Resources used for **Supportive Services** |       |
| 7d. Leverage Resources used for **Other Participant Related Cost:**  |  |
| 1. Total amount spent on **LA:RISE services**

(should equal or exceed Line 5) |       |

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| Leveraged Resources Detail |
| 1. **Source** (i.e. SE revenue or other funding sources)
 | **Amount** | **WEX** | **Training** | **Supportive Services** | **Other** |
|       |       |  |  |  |  |
|       |       |  |  |  |  |
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| **Total** (should be equal to Lines 7a + 7d, above) |       |  |

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| Comments |
| 10.       |

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| Certification |
| 11. Name | 12. Title | 13. Phone Number |
| (print)       |       |       |
| (sign)       |  |  |
| 14. Contact Name | 15. Contact Title | 16. Phone Number |
|       |       |       |