Entity Name: _	ne: East Feliciana Drug & Alcohol Awareness				
Address:	11504 Liberty Street - Clinton - La - 70722				
Telephone:	225-663-0696	Email: efdrugcouncil@gmail.com			
of the end of the	e entity's fiscal year b nailing to Louisiana	ent is required to be filed with the Legislative Auditor within 90 days by sending a pdf copy by email to <u>ereports@lla.la.gov</u> , faxing to 225-Legislative Auditor – Local Government Services, P.O. Box 94397,			
		AFFIDAVIT			
Personally can	ne and appeared be	efore the undersigned authority, Rhonda Torrence			
(officer's name)	), who, duly sworn, d	deposes and says that the financial statements herewith given present			
fairly, in all n	naterial respects, the	e financial position ofEast Feliciana Drug & Alcohol Awareness			
(entity's name)	as of September 2020	0 (entity's year-end) and the results of operations for the year			
then ended, in	accordance with the	basis of accounting described within the accompanying financial			
statements; that	the entity has main	tained a system of internal control structure sufficient to safeguard			
assets and com	iply with laws and	regulations; and that the entity has complied with all laws and			
regulations, exc	ept as follows:				
Complete if Ap	pplicable: In additi	ion, Rhonda Torrence (officer's name), who duly			
sworn, deposes,	and says that East Fe	eliciana Drug & Alcohol Awareness (entity's name) received \$75,000			
or less in reven	ues and other source	es for the year ended September 2020 (entity's year-end), and			
accordingly, is r	not required to have a	an audit for the previously mentioned fiscal year.			
101					
Rhind	1 TOPPON	Program Coordinator			
OFFICER'S SIG	GNATURE	OFFICER'S TITLE			
Sworn to and su	bscribed before me, t	this 27 day of May, 2031			
		500			
NOTARY PUB	M S. Ferm/ LIC SIGNATURE &	OFFICIAL SEAL  MARK L. KEMP  NOTARY ID # 33085  STATE OF LOUISIANA  PARISH OF EAST FELICIANA  My Commission is for Life			

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Balance Sheet			Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)	<b>A</b> 24 2 2 2 2	0	<b>C</b>
Cash and cash equivalents	\$ 26,072.62	\$ 690.03	\$ 26,762.65
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
Equipment (Cost of fax machine, etc)			
5. Other (brief description) Transport Van	7,507.50		7,507.50
6. Total Assets (add lines 1 - 5)	\$ 33,580.12	\$ 690.03	\$ 34,270.15
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			34,270.15
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 33,580.12	\$ 690.03	\$ 34,270.15

### Statement of Receipts and Disbursements

#### Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Capital Area Grant	\$ 18,193.27	\$	\$ 18,183.27
2. Feliciana Juevinile Justice	10,445.72		10,445.72
3. Pennington Grant	25,000.00		25,000.00
4. Benefactor Donations	9,091.30		9,091.30
5.	-		
6. Total receipts (add lines 1 - 5)	\$ 62,730.29	\$	\$ 62,730.29
DISBURSEMENTS (Provide Brief Description):  7. Administrative  8. Awareness	\$ 16,936.88 2,511.90	\$	\$ 16,936.88 2,511.90
Employee Related Expenses     Occupancy	71,651.82		71,651.82
10. Occupancy 11.	17,413.08	THE STATE OF THE PARTY OF THE P	17,413.08
12.			AND STREET
13. Total Disbursements (add lines 7 - 12)	\$ 108,513.68	\$	\$ 108,513.68
14. Change in fund balance (Lines 6 minus 13)	\$ (45,783.39)	\$	\$ (45,783.39)
15. Fund Balance at beginning of year	\$ 80,053.54	\$	\$ 80,053.54
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 34,270.15	\$	\$ 34,270.15

Identify the Basis of Accounting, if not using Cash-Basis:

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

#### Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Rhonda Torrence

Purpose	Dollar Amount
1. Salary	1. 6,464.00
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9. 1,042.30
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18 TOTAL (enter total of line 1-17)	18. 7,506.30

Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)