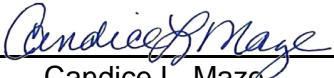


Exhibit 2
Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:		Candice L. Maze		
Title:		Executive Director		
Contract Term:		Start Date	End Date	Agency Contract #:
		MM/DD/YYYY	MM/DD/YYYY	
		7/1/2023	6/30/2024	JFCR4
Line Item Budget Category		Total Amount Paid	Amount Paid from State Funds	Total Contract Amount:
	Salaries	\$127,500.00	\$44,406.00	\$618,160.00
	Fringe Benefits	\$66.00	\$25.00	
	Accrued Time Off	\$2,451.92	\$0.00	
	Severance Payments	\$0.00	\$0.00	
	Retirement Contributions	\$0.00	\$0.00	
	In-Kind Payments	\$0.00	\$0.00	
	Incentive Payments	\$0.00	\$0.00	
Reimbursements/ Allowances				
	Moving Expenses	\$0.00	\$0.00	
	Transportation Costs	\$0.00	\$0.00	
	Telephone Services	\$0.00	\$0.00	
	Medical Services Costs	\$0.00	\$0.00	Compensation Package Percentage of Contract Amount
	Housing Costs	\$0.00	\$0.00	
	Meals	\$0.00	\$0.00	
	Overall Total Compensation Package	\$130,017.92	\$44,431.00	7%
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.				
Signature:				
Name:		Candice L. Maze		
Title:		Executive Director		
Date:		7/20/2023		