



Big Brothers Big Sisters
of San Luis Obispo County

www.slobigs.org, office@slobigs.org, fax (805) 781-3029
Paso Robles: 517 13th Street (805) 239-3534
San Luis Obispo: 142 Cross Street, Suite 140 (805) 781-3226
Mailing Address: P.O. Box 12644, San Luis Obispo, CA 93406

Big Application Packet Page One: Information About the Program

- **THANK YOU** for your interest in becoming a Big Brother or Big Sister! Being a Big is a rewarding and fulfilling experience. You will have the opportunity to be a friend, mentor and a role model to a child.
- **COMMITMENT:** There is NO commitment until the day you meet your Little. We encourage you are to take time during the enrollment process to consider whether or not this is the right time for you to become a Big. You will NEVER be pressured to accept a match before you are ready or to be matched with a child who doesn't seem like the perfect fit for you.
- **REQUIREMENTS:** Being a Big requires spending a minimum of 6 hours a month with a child for at least a year, seeing the child in-person at least twice a month, phone or text contact on the weeks you don't see each other. Check-in conversations with our staff are required every month during the first year, and quarterly thereafter. Many matches continue for longer than one year, sometimes lasting a lifetime.
- **THE THREE STEPS** to becoming a Big can be completed in any order you prefer:
 - **Training Session:** You will need to read our "Big Training Manual" and attend a 90 minute "Big Training Session."
 - **Background Check:** You will be required to submit a Background Check. Once we have your application, you will receive an E-invite (email) from Big Brothers Big Sisters and Verified Volunteers. Please follow the prompts to complete your Background Check. The fee for this Background Check will be \$17. Please let us know if you have any questions. You will also need to record your fingerprints at a local LiveScan office. LiveScan paperwork is included in this packet.
 - **Interview:** We will conduct a thorough in-person interview with you, as well as with anyone else that may have frequent contact with your Little. We may ask for a background check on them as well.
- **LITTLES AND FAMILIES:** We enroll children between the ages of 6 and 14, and serve them up until they are 25 AND/OR earning a living wage. All the children are excited about participating in our program and do NOT have special needs that would require special training on the part of the volunteer. Most families are low-income with a single parent. Some parents face additional challenges such as language/cultural barriers, lack of education or physical disability. Some parents are also overcoming histories of domestic violence, substance abuse, homelessness or incarceration.
- **GETTING MATCHED:** While acceptance is not guaranteed, we are able to match most Bigs with a Little within 4-6 weeks. Once we identify a child whose interests, personality, energy level, needs, geographic location, age and gender match your preferences, we will discuss the Little with you. If you approve of our choice, we will then host a "Match Meeting" for you to meet the child and parent.
- **SUPPORT:** You will receive on-going support from the agency for the duration of your match. You can contact the agency as often as you need for support with your match. You are welcome to attend agency sponsored events with your Little, such as picnics, holiday parties and fund raisers. We reserve the right to close a match at any time, but our goal is to create a match relationship that will be fun and easy to maintain.

"Our mission is to provide children facing adversity with strong and enduring, professionally supported, one-to-one relationships that change their lives for the better, forever."



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BIG PRE-ENROLLMENT APPLICATION

First Name (given):	Middle Name:	Last Name:	Date of Birth:
Other First Names:		Other Last Names:	
Home Address:	City:	County:	State: Zip:
Home Ph #:	Work Ph #:	Cell Ph #:	
Facebook Profile Name:	Email:		
Male_____ Female_____		Employer:	
Address:	City:	State:	Zip:
Occupation:	Ethnicity:	Marital Status:	Highest Level of Education:
May we contact you at work: ____Yes ____No	Work Hours: _____	Household Income Level: <input type="checkbox"/> \$0 - 40,000 <input type="checkbox"/> \$40,000 - 80,000 <input type="checkbox"/> \$80,000 - +	
How Long Employed? _____			
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No	Where and When:		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?			
Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big? Yes No	Where and When:		

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no way obligated to perform any volunteer services and ;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The Big Brothers Big Sisters agency is not obligated to match me with a youth;
- 5) Other Big Brothers Big Sisters agencies or youth organizations where I have worked or volunteered may be contacted as references; and,
- 6) As part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

Signature

Date



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Accuracy Policy

I understand that Big Brothers Big Sisters of San Luis Obispo County will hold any information I have provided above, and hereafter, strictly confidential. All forms you complete and sign, and all written and printed information you provide to the Agency becomes the property of Big Brothers Big Sisters of San Luis Obispo County. Any information you provide or withhold that is found to be false or misleading prior to or after your final acceptance would be grounds for rejecting your application and/or your association with the agency.

I certify that the information provided here is accurate to the best of my knowledge. I understand the office policies regarding confidentiality.

Big Brothers Big Sisters of San Luis Obispo County does not discriminate against clients, parents, or volunteers on the basis of any characteristic protected by law, including but not limited to race, religion, sexual orientation, or physical disability.

Your Signature

Date

Why One Year?

Studies show that, in order for mentorship to have a positive impact on a child's life, the relationship must last for a minimum of 12 months – with the mentor and child meeting on a consistent basis (at least two times each month). Ending a match before the year commitment is completed can do *more harm than good*.

Before meeting with a Little, please consider any upcoming changes that *may* keep you from spending 6-8 hours a month with a child for at least one year. Some examples may include extended travel, out of town internships or summer jobs, studying abroad, entering into intensive programs (teaching credential, etc.), moving, job changes, graduating from college, etc.

I can think of no reason why my schedule will not allow me to participate in Big Brothers Big Sisters' Community Bases Program for a minimum of 6 hours a month for at least a year.

Your Signature

Date



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BIG PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: _____ Date: _____

1. Which do you enjoy more?
 Indoor Activities Outdoor Activities No preference
2. Would you describe yourself as a person who enjoys:
 Watching events or activities Actively participating in activities Both
3. Do you have any guns or ammunition in your house?
 No Yes (If yes, we will discuss what safety precautions are necessary)
4. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels and Internet access?
 Yes No (If not, we will have you discuss during the in-person interview)
5. Do you have any pets?
 No Yes (If yes, we will discuss with you what safety precautions are necessary around youth)
6. Are you experiencing any physical or mental health problems?
 No Yes (If yes, we will have you discuss during the in-person interview)
7. Have you ever been arrested, charged, or convicted of a crime?
 No Yes (If yes, we will have you discuss during the in-person interview)
8. Have you had any driving citations and/or moving violations in the past 5 years?
 No Yes (If yes, we will have you discuss during the in-person interview)
9. How long have you lived in the area? _____
10. Do you anticipate any significant life changes over the next year or have you had any in the past year?
 No Yes (If yes, we will have you discuss during the in-person interview)
11. Do you have ANY level of skill in a foreign language? Yes (Language: _____ Level: _____) No
12. Is there anything else you'd like to tell us about yourself or any questions you may have?

Signature

Date



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BIG REFERENCES LIST

Office use only

<u>Cntct Hist</u> _____ _____ _____ _____	1. Employer's Name (or school if student):	Supervisor's Name who has known you at least one year (or teacher if a student) (if retired, long term friend or previous co-worker):
	Day Phone #: _____	City, State _____
	Email: _____	
<u>Cntct Hist</u> _____ _____ _____ _____	2. Coworker or Friend or Neighbor who has known you at least 2 years:	
	Day Phone #: _____	City, State _____
	Email: _____	
<u>Cntct Hist</u> _____ _____ _____ _____	3. Spouse/Domestic Partner, (if no spouse or domestic partner then close family member):	
	Day Phone #: _____	City, State _____
	Email: _____	

Please list reference information, if any, for any organization that you have worked or volunteered for within the past 5 years, where you have had direct and regular contact with **youth**.

<u>Cntct Hist</u> _____ _____ _____ _____	Organization Name	Supervisor Name	Dates worked/volunteered
	Day Phone #: _____	City, State _____	Email: _____
<u>Cntct Hist</u> _____ _____ _____ _____	Organization Name	Supervisor Name	Dates worked/volunteered
	Day Phone #: _____	City, State _____	Email: _____
<u>Cntct Hist</u> _____ _____ _____ _____	Organization Name	Supervisor Name	Dates worked/volunteered
	Day Phone #: _____	City, State _____	Email: _____



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CONFIDENTIALITY POLICY

for BOARD, CLIENTS, STAFF AND VOLUNTEERS

page one

Access to Confidential Records

In order for BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTY to provide a responsible and professional service to clients, it is necessary for volunteers, clients, and parents (or guardians) of clients to be asked to divulge extensive personal information about themselves and their families. This agency respects the confidentiality of client and volunteer records, and with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. The right to confidentiality applies to written records, video, film, social media (including, but not limited to the internet, networking sites, blogs and personal websites.) photos and/or any other depiction of the name, likeness, or other description of a client or volunteer in any publication or promotional material.

All records are considered the property of the agency and not the agency workers, clients or volunteers themselves. In order to provide a service which is in the best interest of the children served by the program, information from outside sources, including confidential references, must be assessed along with information gained from the clients or volunteers themselves. Records are not available for review by the clients or volunteers. At the time of application, clients and volunteers shall be provided a copy of this statement on confidentiality, along with the exceptions which define the limits of confidentiality. Clients and volunteers shall sign a statement that they have read and understand the agency policy on confidentiality and agree to program participation under the guidelines it sets forth.

When a Client/Volunteer is considered for a match, information is shared between the prospective parties. Each party has the right to refuse the proposed match based on the information provided. Prior to a match being made, information shared may include but is not limited to: first name, age, sex, race, religion, education, interests, hobbies, marriage and family status, sexual orientation, reasons for applying to the program, and a summary of the reasons an individual was chosen for the match. The individuals to whom the information is provided shall agree not to share the information with any other person. For the duration of the match and after formal closure, confidentiality is to be maintained by all program participants.

Limits of Confidentiality

Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client, client's representative, or volunteer, except in the instance of suspected child abuse.

Identifying information regarding clients and volunteers may be used in agency publications or promotional materials only if the client or volunteer has given permission.

For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies, such as Big Brothers Big Sisters of America, may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved, and appropriate disciplinary action shall be requested.



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CONFIDENTIALITY POLICY
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page two

Directors of the Board shall be required to comply with the agency policies on confidentiality and may use the information divulged to them only for purposes stated by the approved action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Director shall constitute adequate cause for removal from office.

Any subpoena requesting confidential information received by or served upon the agency shall be immediately delivered to the agency's legal counsel for review and appropriate action. Only the agency's legal counsel shall have authority to determine whether or not any subpoena served on the agency is valid and/or unenforceable.

Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged material, and communications between the agency and its counsel are protected by confidentiality law.

State law mandates that suspected child abuse and neglect be reported to the appropriate authorities. All workers are responsible for staying abreast of California reporting requirements and shall always comply with mandated procedures.

If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party or parties. This may include a medical referral or a report to the local law enforcement authorities.

A known violation of BBBS's Confidentiality Policy shall result in disciplinary action. Depending on the seriousness of the violation, the action may be a written warning, suspension or termination of the match and/or employment.

I have read and understand the above document which states the agency policy with respect to confidentiality of client and volunteer records. I agree to refrain from publishing and/or sharing personal information as it pertains to the privacy of any program participant. I agree to program participation under the conditions this policy sets forth.

Volunteer Signature

Date

Printed Name



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AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION
SAN LUIS OBISPO COUNTY SHERIFF

I, _____, do hereby authorize the San Luis Obispo County Sheriff Office and any of their authorized agents, to release any and all criminal history records or information derived pertaining to me that is either in the possession of or forwarded to the aforementioned Sheriff Office. Such information is only to be released to an official representative of Big Brothers Big Sisters of San Luis Obispo County.

I fully understand that the purpose of releasing such information is to ensure the safety of those children with whom I may come in contact as an active Big Brother or Big Sister, and can be used more than once as deemed necessary. I further understand that I may cancel this authorization for release of information at any time prior to the receipt of application by the aforementioned sheriff office by withdrawing my application to become a Big Brother or Big Sister, and by notifying the aforementioned sheriff office in writing of such withdrawal.

Signature

Date

Print Full Name

Maiden Name

Address

Alias/ Also Known As

City

State

Zip

Phone Number

Driver's License Number

State

Expiration

Social Security Number

Date of Birth

Place of Birth



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Live Scan Locations in SLO County (2016)	Hours	Rolling Fee	Acceptable Forms of Payment
ARROYO GRANDE - DM5 Digital Impressions Live Scan and Notary 405 East Branch Street, Suite #109A Arroyo Grande, CA 93420 (805) 280-8817 digitalimpressionslivescan@gmail.com	<u>Mon - Thurs:</u> 10:00AM-5:00PM Walk-ins okay	\$22 Additional \$10 fee on weekends	Cash Cashier's Check Checks Credit Cards Debit Cards Money Order
ATASCADERO - U53 * Atascadero Police Dept. 5505 El Camino Real . Atascadero, CA 93422 (805) 461-5051	<u>Thursday:</u> 12:00PM-3:00PM Appt. only	\$31	Cash Checks Money Order
ATASCADERO Morro Road Education Center 8005 Morro Road Atascadero, CA 93422 (805) 782-7236	<u>Friday:</u> 8:15AM-3:45PM	\$17	Cash Cashier's Check Checks Credit Cards Money Order
ATASCADERO - EP5 Perry's Parcel & Gift 7395 El Camino Real . Atascadero, CA 93422 (805) 466-3200 Fax (805) 466-7719 operations@perrysparcel.com	<u>Mon - Fri:</u> 8:30AM-6:00PM Walk-ins <u>Saturday:</u> 10:00AM-4:00PM Walk-ins	\$22	Billing Accounts Cash Cashier's Check Checks Credit Cards Debit Cards
MORRO BAY - U56 Morro Bay Police Department 850 Morro Bay Blvd, Morro Bay, CA 93442 (805) 772-6225 tponder@morro-bay.ca.us	<u>Mon - Fri:</u> 9:00AM-1:00PM Appt. only	\$21	Billing Accounts Cash Checks
PASO ROBLES - S85 CCIS Inc. dbw The UPS Store #6119 2425 Goldenhill Road, Suite 106 Paso Robles, CA 93446 (805) 237-7302 contact@ccislivescan.com	<u>Mon - Fri:</u> 9:00AM-3:00PM Appt. only <u>Saturday:</u> 11:00AM-3:00PM Appt. only * Mobile Services Available	\$25	Billing Accounts Cash Corporate Accounts Credit Cards Debit Cards
PASO ROBLES - U52 * Paso Robles Police Dept. 900 Park Street Paso Robles, CA 93446 (805) 227-7500 Fax (805) 238-5592 prcity.com	<u>Mon - Fri:</u> 10:30AM-4:00PM Appt. only	Free	Cash Cashier's Check Checks Company Checks Credit Cards Debit Cards
SAN LUIS OBISPO Cal Poly University Police Department 1 Grand Ave. Bldg. 36 – University Police Department San Luis Obispo, CA 93405 (805) 756-6663 livescan@calpoly.edu	<u>Mon - Fri:</u> 9:00AM-4:00PM Appt. recommended	\$18	Cash Checks



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Live Scan Locations in SLO County (2016)	Hours	Rolling Fee	Acceptable Forms of Payment
SAN LUIS OBISPO - XH1 CCIS Live Scan dbw The UPS Store #0941 793 East Foothill Blvd, Suite A San Luis Obispo, CA 93405 (800) 485-1958 contact@ccislivescan.com	<u>Mon - Fri:</u> 9:00AM-5:00PM Walk-ins <u>Sat - Sun:</u> 9:00AM-4:00PM Walk-ins	\$30	Billing Accounts Cash Corporate Accounts Credit Cards Debit Cards
SAN LUIS OBISPO - V25 * Cuesta College Police Department 6600 Highway 1 . San Luis Obispo, CA 93405 jnickols@cuesta.edu	<u>Mon - Fri:</u> 10:00AM-5:00PM Appt. only	\$25	Cash Checks
SAN LUIS OBISPO - 987 L-1 ID Solutions Enrollment Services Division 805 Fiero Lane San Luis Obispo, CA 93401 (800) 315-4507 (Appointment Scheduling) www.identogo.com (Online Appt. Scheduling) cafingerprint@L1id.com	<u>Friday:</u> 10:00AM-2:00PM Walk-ins & Appt. * Mobile Services Available	\$20	Billing Accounts Cashier's Check Checks Company Checks Corporate Accounts Credit Cards Debit Cards
SAN LUIS OBISPO - U59 San Luis Obispo Co. Office of Edu. 3350 Education Drive, , Highway 1 San Luis Obispo, CA 93405 (805) 782-7236	<u>Mon - Thurs:</u> 8:15AM-4:00PM Appt. only	\$17	Cash Cashier's Check Checks Credit Cards Money Order
SAN LUIS OBISPO - U55 * San Luis Obispo Co. Sheriff 1585 Kansas Avenue San Luis Obispo, CA 93401 (805) 781-4575	<u>Mon - Fri:</u> 8:00AM-4:00PM Appt. only	\$21	Cash Checks
SAN LUIS OBISPO - FP2 The UPS Store 4581 3940-7 Broad Street San Luis Obispo, CA 93401 (805) 549-0200 store4581@theupsstore.com	<u>Mon-Fri:</u> 8:30AM-6:00PM <u>Sat-Sun:</u> 9:00AM-5:00PM	\$30	Cash Cashier's Check Checks Credit Cards Money Order



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STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

A6235 _____ Volunteer _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 Volunteer _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Big Brothers Big Sisters of San Luis Obispo County _____ 05190 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
 PO BOX 12644 _____ Tatiana Abundis _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
 San Luis Obispo _____ CA 93406 _____ 8057813226 _____
 City _____ State ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
 Other Name (AKA or Alias) Last _____ First _____ Suffix _____
 Date of Birth _____ Sex Male Female _____ Driver's License Number _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
 _____ (Agency Billing Number) _____
 Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
 _____ (Other Identification Number) _____
 Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Your Number: N/A _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

N/A _____
 Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____
 Street Address or P.O. Box _____
 City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
 Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____