2023-2024 INVOICE FORM

King County Department Name							
0							
Performance, Strategy and Budget							
Chinook Of	ce Building						
401 Fifth Av	e, Suite 810						
Seattle, WA	98104						
Contractor/Subrecipient (Payable to):							
Organization:	0						
Attn:	0						
Email or Contact:	0						
Address, Line 1:	0						
Address, Line 2:	0						
DUNS #:	0						

ŀ	(ing County Accounts Payab	le ONLY
	Purchase Order # / CPA#:	0
	Supplier Name:	0
N. N. 1777	Supplier #:	0
	Supplier Pay Site:	ACH
REVIVE	Remit Address:	0
REVI		0
Together	Invoice Date:	
Toget	Invoice #:	
King County	Amount to be Paid:	
	Note to AP:	
	Remit Description:	
	Internal contact & phone:	

Program ID: CP	PA #	PSB Contract #:	Grant/Contract Period		CCR/CAGE #	Federal CFDA #
0 0		0	0			21.027
Invoice Type/Frequency (select one):		Quarterly	Invoice Service Period:			

Eligible Expense Category	Budget	A: This Invoice/	B: Prior Payments	A+B: Cumulative	Remaining
	Amount	Reimbursement Request		Through This Invoice	Budget
Salaries	-	-	-	-	-
Fringe Benefits	-	-	-	-	-
Equipment (> \$5,000 per unit)	-	-	-	. +	-
Supplies	-	-	-		-
Subawards - Contracted Services	-	-		DIAL	-
Subawards - Subrecipients	-	-	, 1	KI	-
Other Direct Costs	-	-	_ ^ / -		-
Indirect Costs	-	-	N / A / -	- 1	-
			-	-	-
Total	-	N -	_	-	-

I, the undersigned, do hereby certify under penalty of perjury, that this is a true and correct claim for reimbursement of services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request. Record retention is required under Department of Treasury Guidance until 12/31/2032.

(Contractor Authorized signature as set forth in Contract)

Approval By:

								КС	ASD ONLY - GENERAL	
Funding Sou	Funding Sources:									
Source	P	0	E	Т	Α	Budget	This Invoice: Approved for Payment	Prior Payments	Available Balance	
ARPA / CLFR	0	0	0	0	0	-	-		-	
						Total:	•	-	-	
Comments:										
ASD Program	ASD Program/Project Manager Approval for Payment Date									

CURRENT INVOICE EXPENSE DETAILS

ORGANIZATION NAME: INVOICE PERIOD:

INVOICE TYPE: Quarterly REQUESTED AMOUNT (\$): \$0.00



PROGRAM ID: 0
FUNDING SOURCE: ARPA / CLFR

INSTRUCTIONS: Itemize every expense/purchase for which reimbursement is being sought. Invoices and receipts are required for each expense at time of invoice request. Expenses without documentation will not be reimbursed until documentation is received. Timesheets are required for salary and benefit reimbursement requests. If you have questions, contact your King County Grant Manager.

Eligible Expense Category (Select from Dropdown List)	Expense Description	Date of Service	Date of Copies of Invoices Transaction & Receipts Attached (Y/N)		Unit Name	# Units	Cost / Unit	Total Amount
EXAMPLE OF EXPENSE ENTRY:								
Salaries	Employee Name (Salary Period)	5/1-5/30/2020	5/31/2020	YES	Hours	40	\$ 65.00	\$ 2,600.00
Salaries	Employee Name (Salary Period)	6/1-6/30/2020	6/31/2020	YES	Hours	80	\$ 50.00	
Supplies	Signage	6/1/2020	6/2/2020	YES	Units	5	\$ 100.00	\$ 500.00
Subawards - Contracted	Vendor Name - Contracted Service	7/15/2020	7/31/2020	YES	Month	1	\$ 5,000.00	\$ 5,000.00
Other Direct Costs	Paid Ads Facebook	7/30/2020	7/30/2020	YES	Ads	12	\$ 1,500.00	\$ 18,000.00
Other Direct Costs	Masks	8/5/2020	8/5/2020	YES	50 Pcs-Pack	12	\$ 14.95	\$ 179.40
Other Direct Costs	Copying/printing	8/5/2020	8/5/2020	YES	Pages	100	\$ 0.30	\$ 30.00
Subawards - Subrecipients	Subrecipient Name (month for which the sub was paid)	8/10/2020	8/31/2020	YES	Month	1	\$ 2,500.00	\$ 2,500.00
ENTER YOUR EXPENSES BELOW:								
								:
								:
								:
								:
								:
								·
TOTAL								40.00
TOTAL								\$0.00



PROGRAM PROGRESS REPORT

Program ID: Click or tap here to enter text.

Organization Name: Click or tap here to enter text.

CPA#: Click or tap here to enter text.

Reporting Period: Click or tap here to enter text.

1. PROGRAM PRIORITIES FOR THIS REPORTING PERIOD:

Provide a short summary or list of activities prioritized for this period.

Click or tap here to enter text.

2. PROGRAM ACCOMPLISHMENTS THIS REPORTING PERIOD:

For each program objective listed in the Scope of Work, discuss activities carried out by your organization during this reporting period. Include reporting metrics as available (Quantitative and Qualitative). Attach relevant data as needed with this submittal.

Click or tap here to enter text.

3. PROGRAM CHALLENGES:

What, if any, challenges did you face during this reporting period and what actions did you take to address these challenges. If there are any changes to your project goal(s), objective(s) or activities due to challenges faced, please note them in your response.

Click or tap here to enter text.

4. PROGRAM EQUITY;

Describe how the organization is ensuring this program is inclusive and serving diverse community needs.

Click or tap here to enter text.

Submitted by: Click or tap here to enter text.

Date Submitted: Click or tap to enter a date.



FINAL PROGRAM REPORT

Program ID: Click or tap here to enter text.

Organization Name: Click or tap here to enter text.

CPA#: Click or tap here to enter text.

Performance Period Covered by This Click or tap here to enter text.

Report:

1. PROGRAM OUTCOMES

What measurable and qualitative outcomes did you achieve with this grant funding (report against the performance indicators set in the contract/grant agreement)? What impact do you think this project has had to date? Highlight or attach success stories.

Click or tap here to enter text.

2. PROGRAM CHALLENGES

What, if any, challenges did you face implementing this grant program and what actions did you take to address these challenges?

Click or tap here to enter text.

3. LESSONS LEARNED

What are the lessons you learned from undertaking this project?

Click or tap here to enter text

4. PROGRAM EQUITY

Describe how the organization ensured this program was inclusive and served diverse community needs.

Click or tap here to enter text

5. LONG-TERM SUSTAINABILITY OUTLOOKS

How have these grant funds been able to support the long-term viability and sustainability of your operations or program?

Click or tap here to enter text.

Submitted by: Click or tap here to enter text.

Date Submitted: Click or tap to enter a date.