


2021-2022 INVOICE FORM

King County Department Name	
0	Performance, Strategy and Budget Chinook Office Building 401 Fifth Ave, 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

King County Accounts Payable ONLY	
	Purchase Order # / CPA#: 0 Supplier Name: 0 Supplier #: 0 Supplier Pay Site: ACH Remit Address: 0 Invoice Date: _____ Invoice #: _____ Amount to be Paid: _____ Note to AP: _____ Remit Description: _____ Internal contact & phone: _____

Program ID:	CPA #	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 Amount	A: This Invoice/ Reimbursement Request	B: Prior Payments	A+B: Cumulative Through This Invoice	Remaining Budget
Salaries	-	-	-	-	-
Fringe Benefits	-	-	-	-	-
Equipment (> \$5,000 per unit)	-	-	-	-	-
Supplies	-	-	-	-	-
Subawards - Contracted Services	-	-	-	-	-
Subawards - Subrecipients	-	-	-	-	-
Other Direct Costs	-	-	-	-	-
Indirect Costs	-	-	-	-	-
Total	-	-	-	-	-

REFERENCE MATERIAL

Invoice Total: \$ _____

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.

Approval By: Date:

(Contractor Authorized signature as set forth in Contract)

Funding Sources:							KC ASD ONLY - GENERAL		
Source	P	O	E	T	A	Budget	This Invoice: Approved for Payment	Prior Payments	Available Balance
ARPA / CLFR	0	0	0	0	0	-	-		-
Total:							-	-	-
Comments:									
ASD Program/Project Manager Approval for Payment							Date		



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 Report:	Click or tap here to enter text.

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.