2021-2022 INVOICE FORM

King Co	ounty Department Name	King County Accounts Payable ONLY		
0		Purchase Order # / CPA#:	0	
Performance, S	trategy and Budget	Supplier Name:	0	
Chinook Office I	Building	Supplier #:	0	
401 Fifth Ave, S	uite 810	Supplier Pay Site:	ACH	
Seattle, WA 98104		REVIVE THRIVE Remit Address:	0	
		REVIE	0	
Contractor	r/Subrecipient (Payable to):	Together Invoice Date: Invoice #:		
Organization:	0	Invoice #:		
Attn:	0	King County Amount to be Paid:		
Email or Contact:	0	Note to AP:		
Address, Line 1:	0	Remit Description:		
Address, Line 2:	0	Internal contact & phone:		
DUNS #:	0			

Program ID:	CPA #	PSB Contract #:	Grant/Contract Period		Grant/Contract Period		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)	-	-	-	t	-
Supplies	-	-	-		-
Subawards - Contracted Services	-	-		DIAL	-
Subawards - Subrecipients	-	-			-
Other Direct Costs	-	-			-
Indirect Costs	-		N / A / F	-	-
				-	-
Total			-	-	-
REF	E R L				
REF	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)

								КС	ASD ONLY - GENERAL
Funding Sou Source	P	0	E	т	Α	Budget	This Invoice: Approved for Payment	Prior Payments	Available Balance
Source	•		-	•	<u>^</u>	budget		Thor ruyments	/wanable 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



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.

until documentation is received. I	imesheets are required for salary and benefit reimbursement request		1							
Eligible Expense Category (Select from Dropdown List)	Expense Description	Date of Service	Date of Transaction	Copies of Invoices & 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	\$ 65.0	0 \$	2,600.0	
Salaries	Employee Name (Salary Period)	6/1-6/30/2020	6/31/2020	YES	Hours	80	\$ 50.0	0 \$	4,000.0	
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	5\$	179.40	
Other Direct Costs	Copying/printing	8/5/2020	8/5/2020	YES	Pages	100	\$ 0.3	D \$	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) \$		
ENTER YOUR EXPENSES BELOW:										
								_		
								_		
								_		
TOTAL									\$0.0	

PROGRAM ID:	0
FUNDING SOURCE:	ARPA / CLFR



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.