

**PUBLIC SERVICE - JOB PLACEMENT-YEAR 2026**

**CDGA PAYMENT INVOICE**

<b>Organization:</b> _____  <b>Activity:</b> <u>JOB PLACEMENT</u>  <b>Account #:</b> _____	<b>Reporting Month:</b>  _____	<b>Reviewed By CDGA:</b>  _____  <b>Date:</b> _____
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<b>BILL TO:</b>  <p align="center"> <b>Community Development Grants Administration</b>  <b>200 E. Wells Street, Room 606</b>  <b>Milwaukee, WI 53202</b> </p>	<p>CDGA will reimburse per full time job placement from January 1, 2026 thru December 31, 2026, using the following formula:</p> <p>Fifty percent of total award will be eligible for administrative costs incurred throughout the year pending successful job placements. CDGA will reimburse the remaining fifty percent at \$750 per full time job placement and \$375 per full time job retention at 45 days; and \$375 per part time job placement and \$187.50 per part time job retention at 45 days.</p> <p>All claims for reimbursement (Cost Reports), must be supported by the following documentation: Project Activity Report, Direct Benefits form, Employee Data forms and, Employment Verification forms (@45 days).</p>
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<b>Description of Services Provided:</b> Enter abbreviated placement code in appropriate box.	
Full Time Placed x \$750	CODE: (FTP) = Full Time Placement
Full Time Placed @ 45 days x \$375	CODE: (FTR) = Full Time Retained
Part Time Placed x \$375	CODE: (PTP) = Part Time Placement
Part Time Placed @ 45 days x \$187.50	CODE: (PTR) = Part Time Retained

	CLIENT NAME	Low/Moderate Income?		CODE	AMOUNT DUE
		Yes	No		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**TOTAL DUE:** \_\_\_\_\_

**Agency Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_