PUBLIC SERVICE - JOB PLACEMENT-YEAR 2027

CDGA PAYMENT INVOICE

Organization:_____ **Activity**: **JOB PLACEMENT** **Account #:**_____	**Reporting Month:** _____	**Reviewed By CDGA:** _____ **Date:** _____

BILL TO: **Community Development Grants Administration** **200 E. Wells Street, Room 606** **Milwaukee, WI 53202**	**CDGA will reimburse per full time job placement from January 1, 2027 thru December 31, 2027, using the following formula:** **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.** **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).**

Description of Services Provided: 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:** _____