YEAR 2027 - PUBLIC SERVICE - JOB TRAINING & PLACEMENT

CDGA PAYMENT INVOICE

Organization:_____ **Activity**: **JOB TRAINING & PLACEMENT** **Account #:**_____	**Reporting Month:** _____	**Accepted By CDGA:** _____ **Date:** _____

BILL TO: **Community Development Grants Administration** **200 E. Wells Street, Room 606** **Milwaukee, WI 53202**	**CDGA will reimburse per creation & 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 $1500 per full time job placement and $750 per full time job placement at 45 days; and $750 per part time job placement and $375 per part time job placement 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, student rosters (if applicable) and, Employment Verification forms, as applicable.**

Description of Services Provided: Enter abbreviated placement code in appropriate box.	
Full Time Placed x $1500	CODE: **(FTP)** = Full Time Placement
Full Time Placed @ 45 days x $750	CODE: **(FTR)** = Full Time Retained
Part Time Placed x $750	CODE: **(PTP)** = Part Time Placement
Part Time Placed @ 45 days x $375	CODE: **(PTR)** = Part Time Retained

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

TOTAL DUE: _____

AUTHORIZED AGENCY SIGNATURE _____ TITLE:_____