**Continuum Name**

Coordinator Name

Address

City, State & Zip

Phone

Email

Invoice # Invoice Period Hourly Rate $

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Area | Description of Services *(e.g., 7/6: 4 hrs, CAB staff support)* | | Hours | Amount |
| Organize, coordinate and provide staff support for the Community Advisory Board (CAB); including board development activities in conjunction with the CAB chair |  | |  |  |
| Inform CYFD's Grant Manager of the date of each meeting and submit a copy of the written minutes of each meeting |  | |  |  |
| Submit to the Grant Manager monthly requests for reimbursement |  | |  |  |
| Provide data reports as required by the federal government, corresponding to the activities described in the Scope of Work |  | |  |  |
| Provide standardized progress reports monthly |  | |  |  |
| Submit a written "Final Report" and such other reports deemed necessary by the Agency |  | |  |  |
| Attend meetings as required by the Agency |  | |  |  |
| Interaction & coordination with continuum program providers |  | |  |  |
| Supervisor  Signature: | | Totals Hours Billed to JJAC Grant |  | |

$ charged to JJAC Grant = # of hours @ up to $22