CHECK #:\_\_\_\_\_

INPUT BY:

PROGRAM: NDP CIRTS ID: 10008

Location #: 02

## **REQUEST FOR FIXED - PRICE / DELIVERABLE REIMBURSEMENT**

RECIPIENT NAME, ADDRESS, PHONE# and FEID#			JB8311E	E-08-2021	COVERED PERIO	COVERED PERIOD:	
Northwest Focal Point Senior Center District					14.00		
Serior Certer District			TOTAL AMOUNT	\$ 6,75	REPORT #		
6009 NW 10th Street			CONTRACT PERIOD:				
Margate, FL 33063			FROM 10-30-2020 TO	10-31-2021	INVOICE #		
954-973-0300					PSA # 10		
DELIVERABLE/ DELIVERABLE/		AMOUNT AMOUNT		D CONTRA	 .CT		
REPORT #	FIXED PRICE AMOUNT		REQUESTED	YEAR TO DAT	E BALANC	BALANCE	
		<b>0.47.00</b>	40.00				
Conference Call	0	\$17.32	\$0.00	\$1	0.00		
Client Direct Contact (ie:							
Coaching, Training Clients)		<b>0.47.00</b>	40.00				
(Must be entered into CIRTS)	0	\$17.32	\$0.00	\$1	0.00		
		TOTAL	\$0.00	\$(	0.00	\$6,754.80	
			φσ.σσ	Ψ		Ψο,ι ο ιιοο	
			<b>#</b> 0.00				
TOTAL FUN	IDS REQUESTED	THIS PERIOD:	\$0.00				
NUMBER OF UNITS / CLIENTS SE	RVED: See repo	rts attached.					
LIST ACTIVITIES / SERVICES PRO	OVIDED (attach ad	Iditional sheet if	necessary):	See activitie	s report attached.		
	(		,,		'	-	
MATCH: (If Applicable)							
( ( , , )							
Local Match:				In-Kind :			
I certify that this report is a true and correct	reflection of this peri	od's activities, as s	tipulated by this agreement.				
PREPARED BY			TITLE		 DATE		
					2,		
APPROVED BY			TITLE		DATE		
711 TOVED DI			11122		BATE		
DOEA FORM 109FPD revised 7/2018							
1001000 172010		<b>¢</b> ∩ ∩∩					
Session ID:		\$0.00					
DESCRIPTION: Northwest Focal P	oint INVOICE # U	NIPER Location	#: 02				
CODING: 20.20.10.JB8311E.0080.	300.7300	\$0.00					

DATE: \_\_\_\_\_

APPROVED: