

RECIPIENT NAME, ADDRESS, PHONE# and FEID# Northwest Focal Point Senior Center District 6009 NW 10th Street Margate, FL 33063 954-973-0300		JB8311E-08-2021 TOTAL AMOUNT \$ <u>6,754.80</u> CONTRACT PERIOD: FROM 10-30-2020 TO 10-31-2021		COVERED PERIOD: REPORT # INVOICE # PSA # 10	
DELIVERABLE/ REPORT #	DELIVERABLE/ FIXED PRICE AMOUNT		AMOUNT REQUESTED	AMOUNT PAID YEAR TO DATE	CONTRACT BALANCE
Conference Call	0	\$17.32	\$0.00	\$0.00	
Client Direct Contact (ie: Coaching, Training Clients) (Must be entered into CIRT\$)	0	\$17.32	\$0.00	\$0.00	
TOTAL			\$0.00	\$0.00	\$6,754.80
TOTAL FUNDS REQUESTED THIS PERIOD: \$0.00					
NUMBER OF UNITS / CLIENT\$ SERVED: See reports attached.					
LIST ACTIVITIES / SERVICES PROVIDED (attach additional sheet if necessary): <u>See activities report attached.</u>					
MATCH: (If Applicable) Local Match: _____ In-Kind : _____ I certify that this report is a true and correct reflection of this period's activities, as stipulated by this agreement.					
PREPARED BY _____		TITLE _____		DATE _____	
APPROVED BY _____		TITLE _____		DATE _____	