



COMMUNITY SERVICES BLOCK GRANT DISCRETIONARY PROGRAM INVOICE

<input type="checkbox"/> FINAL INVOICE
10. GRANTEE INVOICE NUMBER:

SECTION I: GENERAL INFORMATION

1. GRANTEE (NAME & ADDRESS):	2. DCED CONTRACT NUMBER:	3. FEDERAL ID NUMBER (FEIN):
	4. VENDOR NUMBER:	5. CONTRACT AMOUNT:
	6. DUNS NUMBER:	7. CFDA NUMBER:
8. INVOICE REPORTING PERIOD (MONTH, DAY, YEAR): FROM: _____ TO: _____	9. CONTRACT ACTIVITY PERIOD (MONTH, DAY, YEAR): FROM: _____ TO: _____	

SECTION II: FISCAL INFORMATION
Please report in whole dollar amounts

BUDGET CATEGORY (Discretionary Funds Only)	1. APPROVED BUDGET AMOUNT	2. TOTAL AMOUNT PREVIOUSLY INVOICED	3. EXPENDITURES THIS INVOICING PERIOD (NOT PREVIOUSLY INVOICED OR ESTIMATED)	4. CUMULATIVE EXPENDITURES TO DATE (COLUMN 2 + 3)	5. REMAINING BALANCE (COLUMN 1 - 4)
Machinery/Equipment					
Operating Costs/Working Capital					
Related Costs					
Other					
Total					

SECTION III: INVOICE INFORMATION

1. Expenditures to Date:	
2. Estimated Expenditures:	
3. Total Expenses to Date: (1+2)	
4. Payments Received:	
5. Cash on Hand: (4-3)=(+/-)	
6. Payments in Progress:	
7. Payment Amount Requested: (6-5)	

SECTION IV: DEPOSITORY

1. BANK NAME & ADDRESS:
2. BANK ACCOUNT NUMBER:

Remarks:

SECTION V: CERTIFICATION

By signing this form, I certify that it is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent information may be subject to criminal, civil or administrative penalties. The initial review performed by DCED on this invoice does not constitute acceptance of its associated expenditures. DCED's Compliance Monitoring Division will conduct a comprehensive review during the contract period to ensure eligibility of all related expenditures.

1. SIGNATURE OF AUTHORIZED OFFICIAL:	2. NAME & TITLE (TYPED OR PRINTED):		
3. CONTACT PERSON:	4. PHONE NUMBER:	5. EMAIL ADDRESS:	6. DATE SUBMITTED:

DCED USE ONLY

ACCOUNT CODE LINE	FUND	COST CENTER	IO NUMBER	COMMITMENT NUMBER	AMOUNT
TOTAL					

COMMUNITY SERVICES BLOCK GRANT PROGRAM INVOICE INSTRUCTIONS

CSBG-Discretionary Funding

SECTION I: GENERAL INFORMATION

1. **Grantee Name & Address:** Name & Address as it appears on the grant contract.
2. **DCED Contract Number:** Located in the upper right corner of the contract or at the bottom right of the contract signature page.
3. **Federal ID Number (FEIN):** Nine-digit number assigned by the IRS (ex. 23-2222222) located on the signature page of the contract.
4. **Vendor Number:** Six-digit number (or nine w/ extension ex. 11111-012) located on the signature page of the contract.
5. **Contract Amount:** Total funding available located on the most current Funding Release Form.
6. **DUNS Number:** This number is required for Federal Grants and should have been obtained from the Dun & Bradstreet site. It can usually be found on the agency's most recent FFATA form.
7. **CFDA Number:** Located on the signature page of the contract.
8. **Invoice Reporting Period:** These dates should reflect the period the expenditures were actually earned and include the time period of any estimated expenditures (no more than six weeks).
9. **Contract Activity Period:** Located under Article III of the grant contract or on the first page of the most current amendment (if additional time was requested) under Contract Activity Period.
10. **Grantee Invoice Number:** This is a number assigned by the grantee for the grantee's tracking purpose.

** Please check box on invoice if this is a final request.*

SECTION II: FISCAL INFORMATION ****Please report in whole dollar amounts****

1. **Approved Budget Amounts:** List the approved budget amounts for Discretionary Funding only as they appear in the most current Funding Release Form or approved budget modification. Your invoiced budget amounts must match the most recently approved budget. Any changes to these amounts must be approved by the program office prior to invoicing. **DO NOT INCLUDE ENTITLEMENT FUNDING ON THIS INVOICE.**
2. **Total Amount Previously Invoiced:** This should equal the total expenditures to date amount from Section III, line 3 of the previous month's invoice. These totals include the totals from Column 4 of your previous month's invoice as well as any estimated expenditures from the previous month's invoice. If this is a first request, then there will be no previously invoiced expenditures. On all subsequent invoices this column should total the previous invoice's cumulative expenditures plus the previous invoice's estimated expenditures.
3. **Expenditures This Invoicing Period (Not Previously Invoiced or Estimated):** This should only include any NEW expenditure for the month you are submitting for. If you previously estimated expenditures, DO NOT report them again here (as they were already accounted for in last month's invoice). Additionally, if you have overestimated expenditures, please do not report negative numbers in the column, instead treat cash on hand as "zero" expenditures.
4. **Cumulative Expenditures:** Total Column 2 & Column 3; this will give you the total Cumulative Expenditures.
5. **Remaining Balance:** Subtract Column 4 from Column 1; this will give you the remaining balance of grant funds.

SECTION III: INVOICE INFORMATION

1. **Expenditures to Date:** This amount is the Total Cumulative Expenditures to Date from Section II, Column 4.
2. **Estimated Expenditures:** Anticipated (estimated) expenditures as of the last day of the actual earned expenditure reporting period extending no more than six weeks.
3. **Total Expenditures:** Total of (Line 1) Expenditures to Date & (Line 2) Estimated Expenditures.
4. **Payments Received:** Total amount of all payments previously received as of invoice reporting period.
5. **Cash on Hand:** Subtract (Line 4) Payments Received from (Line 3) Total Expenses to Date.
6. **Payments in Progress:** Total of invoices previously submitted but not yet paid as of this invoice reporting period.
7. **Payment Amount Requested:** Subtract (Line 6) Payments in Progress from (Line 5) Cash on Hand.

SECTION IV: DEPOSITORY

1. List the name and address of the agency's bank where the grant funds will be deposited.
2. List the bank account number to which the ACH Deposit of the grant funds will be made.

SECTION V: CERTIFICATION

1. **Signature of Authorized Official:** Must be signed by an authorized official of the agency; invoice must be signed to process.
2. **Name & Title:** Type or print the name and title of authorized official.
3. **Contact Person:** List the name of the individual that can be contacted regarding any questions concerning the invoice.
4. **Phone Number:** Phone number (including area code) for the contact person.
5. **Email Address:** Valid email address for the contact person, where they can be contacted regarding any questions concerning the invoice.
6. **Date Submitted:** Date the invoice is completed.

DCED USE ONLY

This section is reserved for DCED. Do not complete any information in this section.