

**STATE OF TENNESSEE**  
**Department of Human Services**  
**INVOICE FOR REIMBURSEMENT**

DHS USE ONLY    P.O. #: 38926    Receipt #: 70689

|                |   |
|----------------|---|
| Division Name: | <b>FAMILY ASSISTANCE</b>                              |
| Program Type:  | <b>Employment and Case Management Services (ECMS)</b> |

|   |  |                               |            |
|---|--|-------------------------------|------------|
| <i>Contractor/Grantee Information</i>         |  | <b>CONTRACT NUMBER:</b>       | 56828      |
| Agency Name: AMERICA WORKS OF TENNESSEE, INC. |  | <b>CONTRACT PERIOD:</b> FROM: | 07/01/2019 |
| Address: 228 EAST 45TH STREET, 16TH FLOOR     |  | TO:                           | 06/30/2020 |
| City, State Zip Code: NEW YORK, NY 10017      |  | <b>INVOICE NUMBER:</b>        | AWTN11/19  |
| Contact Person/Phone Number: 212-599-5627     |  | <b>INVOICE PERIOD:</b> FROM:  | 11/01/2019 |
| VENDOR NUMBER: 194497                         |  | TO:                           | 11/30/2019 |

| A                           |                                       |            |             | B                           | C   | D   | E                                       |
|-----------------------------|---------------------------------------|------------|-------------|-----------------------------|---|---|---|
| COST CATEGORY<br>OR PROGRAM |                                       |            |             | TOTAL<br>CONTRACT<br>BUDGET | ACTUAL YTD<br>EXPENDITURES<br>through<br>11/30/2019 | TOTAL MONTHLY<br>EXPENDITURES<br>for<br>11/2019 | REMAINING<br>CONTRACT BUDGET<br>BALANCE |
|                             |                                       |            |             |                             | (enter last day of invoice period:<br>MM/DD/YYYY)   | (enter invoice month & year:<br>MM/YYYY)        |   |
| 4, 15                       | PROFESSIONAL FEES/GRANT & AWARDS      |            |             | \$13,705,564.30             | \$692,600.00  | \$140,800.00                                    | \$13,012,964.30                         |
|                             | District #                            | Caseload # | Client Rate | \$11,923,840.94             | \$629,000.00  | \$116,000.00                                    | \$11,294,840.94                         |
|                             | SHELBY County Caseload                | 580        | \$ 200.00   | \$11,923,840.94             | \$629,000.00  | \$116,000.00                                    | \$11,294,840.94                         |
|                             | Contractor Milestone Incentives       |            |             | \$1,781,723.36              | \$63,600.00   | \$24,800.00                                     | \$1,718,123.36                          |
|                             | SHELBY Contractor Milestone Incentive |            |             | \$1,781,723.36              | \$63,600.00   | \$24,800.00                                     | \$1,718,123.36                          |
| 16                          | SPECIFIC ASSISTANCE TO INDIVIDUALS    |            |             | \$2,797,555.42              | \$201,399.10  | \$40,313.95                                     | \$2,596,156.32                          |
|                             | SHELBY : Supportive Services          |            |             | \$2,797,555.42              | \$83,464.60   | \$13,870.95                                     | \$2,596,156.32                          |
|                             | SHELBY : Transportation Assistance    |            |             |                             | \$83,134.50   | \$13,743.00                                     |   |
|                             | SHELBY : Incentive Issuances          |            |             |                             | \$34,800.00   | \$12,700.00                                     |   |
| 22                          | INDIRECT COST                         |            |             | \$2,310,438.53              | \$125,159.87  | \$25,355.95                                     | \$2,185,278.66                          |
|                             | SHELBY Indirect Costs                 |            |             | \$2,310,438.53              | \$125,159.87  | \$25,355.95                                     | \$2,185,278.66                          |
|                             | OTHER: AUDIT QUESTION COSTS           |            |             | \$0.00                      | \$0.00  | \$0.00  | \$0.00                                  |
| TOTAL                       |                                       |            |             | \$18,813,558.25             | \$1,019,158.97                                      | \$206,469.90                                    | \$17,794,399.28                         |


I certify to the best of my knowledge and belief that the data above are correct and that all expenditures were made in accordance with the contract conditions and that payment is due and has not been previously requested.

**TOTAL PAYMENT DUE**

**\$206,469.90**

**CONTRACTOR'S AUTHORIZED SIGNATURE**

**SIGNATURE:**



**NAME/TITLE:** Mark Mackler / CFO

**DATE:** 01/24/2020

**DHS AUTHORIZED CERTIFICATION**

**SIGNATURE:**

**NAME/TITLE:**

**DATE:**