

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

DHS USE ONLY    P.O. #: 38397    Receipt #: 69791

Division Name: **FAMILY ASSISTANCE**  
 Program Type: **Employment and Case Management Services (ECMS)**

<i>Contractor/Grantee Information</i>		<b>CONTRACT NUMBER:</b> 62186 (Z20-45920)
<b>Agency Name:</b> WORKFORCE ESSENTIALS, INC		<b>CONTRACT PERIOD:</b> FROM: 7/1/2019
<b>Address:</b> 523 Madison Street, Suite A		TO: 6/30/2020
<b>City, State Zip Code:</b> Clarksville, TN 37040		<b>INVOICE NUMBER:</b> 1019
<b>Contact Person/Phone Number:</b> Natalie McLimore 931-905-3509		<b>INVOICE PERIOD:</b> FROM: 10/1/2019
<b>VENDOR NUMBER:</b> 83334		TO: 10/31/2019

A				B	C	D	E	
COST CATEGORY OR PROGRAM				TOTAL CONTRACT BUDGET	ACTUAL YTD EXPENDITURES through 10/31/2019	TOTAL MONTHLY EXPENDITURES for October/2019	REMAINING CONTRACT BUDGET BALANCE	
					(enter last day of invoice period: MM/DD/YYYY)	(enter invoice month & year: MM/YYYY)		
4, 15	PROFESSIONAL FEES/GRANT & AWARDS			\$4,000,004.87	\$1,038,800.00	\$276,800.00	\$2,961,204.87	
	District #	Caseload #	Client Rate	\$3,496,400.00	\$930,800.00	\$232,200.00	\$2,565,600.00	
	Upper Cumberland	132	\$ 200.00	\$565,600.00	\$111,000.00	\$26,400.00	\$454,600.00	
	Southern Middle	157	\$ 200.00	\$405,600.00	\$119,800.00	\$31,400.00	\$285,800.00	
	Northern Middle	489	\$ 200.00	\$1,935,600.00	\$406,000.00	\$97,800.00	\$1,529,600.00	
	Northwestern	175	\$ 200.00	\$254,600.00	\$126,400.00	\$35,000.00	\$128,200.00	
	Southwestern	208	\$ 200.00	\$335,000.00	\$167,600.00	\$41,600.00	\$167,400.00	
	Contractor Milestone Incentives			\$503,604.87	\$108,000.00	\$44,600.00	\$395,604.87	
	Upper Cumberland			\$81,466.34	\$11,000.00	\$3,600.00	\$70,466.34	
	Southern Middle			\$58,420.70	\$14,200.00	\$6,000.00	\$44,220.70	
	Northern Middle			\$278,794.64	\$51,600.00	\$23,600.00	\$227,194.64	
	Northwestern			\$36,671.38	\$11,800.00	\$2,000.00	\$24,871.38	
	Southwestern			\$48,251.81	\$19,400.00	\$9,400.00	\$28,851.81	
	16	SPECIFIC ASSISTANCE TO INDIVIDUALS			\$816,473.94	\$146,727.64	\$45,608.50	\$669,746.30
		Upper Cumberland: Supportive Services			\$132,078.04	\$3,143.05	\$1,644.03	\$118,755.70
Upper Cumberland: Transportation Assistance			\$4,579.29	\$2,373.62				
UpperCumberland: Incentive Issuances			\$5,600.00	\$2,200.00				
Southern Middle: Supportive Services			\$94,715.09	\$4,288.59	\$1,635.53	\$74,073.08		
Southern Middle: Transportation Assistance				\$5,953.42	\$2,182.94			
Southern Middle: Incentive Issuances				\$10,400.00	\$3,000.00			
Northern Middle: Supportive Services			\$451,998.33	\$2,634.86	\$542.58	\$395,341.79		
Northern Middle: Transportation Assistance				\$22,021.68	\$6,621.33			
Northern Middle: Incentive Issuances				\$32,000.00	\$9,900.00			
Northwestern: Supportive Services			\$59,453.80	\$2,580.72	\$936.00	\$35,977.58		
Northwestern: Transportation Assistance				\$12,895.50	\$3,842.43			
Northwestern: Incentive Issuances				\$8,000.00	\$1,000.00			
Southwestern: Supportive Services			\$78,228.68	\$5,440.85	\$1,279.77	\$45,598.15		
Southwestern: Transportation Assistance				\$15,489.68	\$4,050.27			
Southwestern: Incentive Issuances				\$11,700.00	\$4,400.00			
22	INDIRECT COST			\$674,307.03	\$165,973.87	\$45,137.20	\$508,333.16	
	Uppercumberland Indirect Costs			\$109,080.21	\$18,945.13	\$5,070.47	\$90,135.08	
	Southern Middle Indirect Costs			\$78,223.01	\$21,649.89	\$6,190.59	\$56,573.12	
	Northern Middle IndirectCosts			\$373,295.02	\$71,995.91	\$19,384.95	\$301,299.11	
	Northwestern Indirect Costs			\$49,101.52	\$22,634.67	\$5,988.98	\$26,466.85	
	Southwestern Indirect Costs			\$64,607.27	\$30,748.27	\$8,502.21	\$33,859.00	
OTHER: AUDIT QUESTION COSTS				\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL				\$5,490,785.84	\$1,351,501.51	\$367,545.70	\$4,139,284.33	

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**

**\$367,545.70**

CONTRACTOR'S AUTHORIZED SIGNATURE

SIGNATURE:

NAME/TITLE: Marla W. Rye, President

DATE:

DHS AUTHORIZED CERTIFICATION

SIGNATURE:

NAME/TITLE:

DATE: