

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

DHS USE ONLY      P.O. #: 39119      Receipt #: 70777

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

<i>Contractor/Grantee Information</i>		CONTRACT NUMBER: 62186 (Z20-45920)
Agency Name: WORKFORCE ESSENTIALS, INC		CONTRACT PERIOD: FROM: 7/1/2019
Address: 523 Madison Street, Suite A		TO: 6/30/2020
City, State Zip Code: Clarksville, TN 37040		INVOICE NUMBER: 1219-R
Contact Person/Phone Number: Natalie McLimore 931-905-3509		INVOICE PERIOD: FROM: 12/1/2019
VENDOR NUMBER: 83334		TO: 12/31/2019

A				B	C	D	E	
COST CATEGORY OR PROGRAM				TOTAL CONTRACT BUDGET	ACTUAL YTD EXPENDITURES through 12/31/2019	TOTAL MONTHLY EXPENDITURES for December/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	\$1,536,800.00	\$233,800.00	\$2,463,204.87	
	District #	Caseload #	Client Rate	\$3,496,400.00	\$1,351,200.00	\$200,400.00	\$2,145,200.00	
	Upper Cumberland	130	\$ 200.00	\$565,600.00	\$164,200.00	\$26,000.00	\$401,400.00	
	Southern Middle	129	\$ 200.00	\$405,600.00	\$175,400.00	\$25,800.00	\$230,200.00	
	Northern Middle	430	\$ 200.00	\$1,935,600.00	\$583,200.00	\$86,000.00	\$1,352,400.00	
	Northwestern	145	\$ 200.00	\$254,600.00	\$188,600.00	\$29,000.00	\$66,000.00	
	Southwestern	168	\$ 200.00	\$335,000.00	\$239,800.00	\$33,600.00	\$95,200.00	
	Contractor Milestone Incentives			\$503,604.87	\$185,600.00	\$33,400.00	\$318,004.87	
	Upper Cumberland			\$81,466.34	\$24,800.00	\$7,200.00	\$56,666.34	
	Southern Middle			\$58,420.70	\$29,800.00	\$4,400.00	\$28,620.70	
	Northern Middle			\$278,794.64	\$93,200.00	\$19,200.00	\$185,594.64	
	Northwestern			\$36,671.38	\$13,800.00	\$1,000.00	\$22,871.38	
	Southwestern			\$48,251.81	\$24,000.00	\$1,600.00	\$24,251.81	
	16	SPECIFIC ASSISTANCE TO INDIVIDUALS			\$816,473.94	\$226,635.53	\$37,570.63	\$589,838.41
		Upper Cumberland: Supportive Services			\$132,078.04	\$5,435.04	\$784.61	\$104,934.38
		Upper Cumberland: Transportation Assistance				\$8,908.62	\$2,326.15	
UpperCumberland: Incentive Issuances			\$12,800.00	\$3,800.00				
Southern Middle: Supportive Services			\$94,715.09	\$4,915.01	\$360.00	\$61,819.24		
Southern Middle: Transportation Assistance				\$9,880.84	\$1,921.45			
Southern Middle: Incentive Issuances				\$18,100.00	\$1,900.00			
Northern Middle: Supportive Services			\$451,998.33	\$4,651.11	\$1,644.00	\$363,101.16		
Northern Middle: Transportation Assistance				\$33,996.06	\$5,817.28			
Northern Middle: Incentive Issuances				\$50,250.00	\$7,800.00			
Northwestern: Supportive Services			\$59,453.80	\$3,622.68	\$362.00	\$26,721.29		
Northwestern: Transportation Assistance				\$19,809.83	\$3,560.80			
Northwestern: Incentive Issuances				\$9,300.00	\$800.00			
Southwestern: Supportive Services			\$78,228.68	\$7,844.02	\$1,714.81	\$33,262.34		
Southwestern: Transportation Assistance				\$23,022.32	\$3,879.53			
Southwestern: Incentive Issuances				\$14,100.00	\$900.00			
22	INDIRECT COST			\$674,307.03	\$246,880.98	\$37,991.89	\$427,426.05	
	Uppercumberland Indirect Costs			\$109,080.21	\$30,260.12	\$5,615.51	\$78,820.09	
	Southern Middle Indirect Costs			\$78,223.01	\$33,333.42	\$4,813.40	\$44,889.59	
	Northern Middle IndirectCosts			\$373,295.02	\$107,141.60	\$16,864.58	\$266,153.42	
	Northwestern Indirect Costs			\$49,101.52	\$32,918.55	\$4,861.19	\$16,182.97	
	Southwestern Indirect Costs			\$64,607.27	\$43,227.29	\$5,837.21	\$21,379.98	
	OTHER: AUDIT QUESTION COSTS			\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL				\$5,490,785.84	\$2,010,316.51	\$309,362.52	\$3,480,469.33	

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**

**\$309,362.52**

CONTRACTOR'S AUTHORIZED SIGNATURE

SIGNATURE: Marla W. Rye  
NAME/TITLE: Marla W. Rye, President  
DATE: 2/11/2020

DHS AUTHORIZED CERTIFICATION

SIGNATURE: \_\_\_\_\_  
NAME/TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_