

VENDOR INVOICE

Partners in Prevention Fund – Capacity Building Program

Provider: _____ Today's Date: _____

Vendor #: _____ Contract #: _____

Remittance Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Email: _____ Contact Phone: _____

Invoice #: _____ Purchase Order #: _____

Invoice Period Begin Date: _____ Invoice Period End Date: _____

Program Name:	Dates Provided:	Program Code:	# of Families:	# of Participants:	Cost:
_____	_____	_____	_____	_____	_____

Have All Evaluations and Fidelity Forms Been Submitted to Lisa?
(attach explanation if no)

Yes No

Outcomes Rate Card Bonuses – TO BE COMPLETED BY NCS STAFF ONLY

Fidelity (100% of critical elements)	<input type="checkbox"/> Y <input type="checkbox"/> N	Bonus: _____
Located in Opportunity Neighborhood	<input type="checkbox"/> Y <input type="checkbox"/> N	Bonus: _____
Retention (# of families missing \leq 1 session)	#: _____	Bonus: _____
Knowledge (# of families with improvement)	#: _____	Bonus: _____
Connectivity (# of families w/ assessment and referral)	#: _____	Bonus: _____
ORC Subtotal:		_____
Incentives & Snack Costs (youth program)	# participants x (\$15 + (\$5 x # sessions)):	_____
Incentives & Snack Costs (family program)	# families x (\$25 + (\$20 x # sessions)):	_____
TOTAL DUE:		_____

SUBMIT INVOICE BY THE 10TH OF THE MONTH FOLLOWING PROGRAM COMPLETION TO:

NCS Prevention Unit: ncs-prevention@fairfaxcounty.gov

Invoice Preparation Guidance:

- ✓ Be sure that the dates of service do not overlap dates of any services previously submitted.
- ✓ For the invoice number, you may use any combination of letters and numbers. For example, if the invoice is for services provided in December, you could use DEC2021.