#### BREVARD WORKFORCE DEVELOPMENT BOARD - MONTHLY REQUEST FOR PAYMENT GENERAL SERVICES

Contractor Name and Address:

C2 Global Professional Services LLC 5620 Oak Boulevard Austin, TX 78735

Contract Number:	CSB20-600-002 (Mod 9)					
Contract Term:	1-Jul-24	30-Jun-25				
Report Number:						

Cost Categories TOTAL CASH DISBURSEMENTS					REIMBURSABLE CASH DISBURSEMENTS										YTD ITA STAFF COSTS		
oust outegories	Budget	New YTD	Less: Prior YTD	Current Month	Budget	Prior YTD	Titusville	Rockledge	Palm Bay	Daytona Beach	Orange City	Palm Coast	Total Request	New YTD	Adult Training	DW Training	Youth W/E
Salaries	3,543,984				3,543,984												
Fringe Benefits	1,040,645				1,040,645												
Staff Travel	25,051				25,051												
DEO Travel	10,246				10,246												
Staff Development	-				-												
om o .	400																
Office Costs	100				100												
Professional Fees					-												
Indirect Costs	369,602				369,602												
Incentive Fee	277,202				-												
TOTAL COSTS	5,266,830	-	-	-	4,989,628	-		I		-	-	-	-	-	-		-
Less Direct Payments for Pa	yroll Costs																

#### Certification

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 37293730 and

Date

Column Descri	ntione

- #1 Budget = Total contract line-item budget per Attachment C.
- #2 New YTD = Total general ledger cost recorded to date.
- #3 Prior YTD = New YTD entries from previous monthly report. #4 Current Month = New YTD column less Prior YTD column.
- #5 Budget = Cost reimbursable portion of contract budget.
- #6 Prior YTD = New YTD entries from previous monthly report.
- #7-12= Current month reimbursable costs for each location.
- #13 Total Request = Sum of reimbursable costs for all locations.
- #14 New YTD = Prior YTD column plus Total Request column.
- #15,16,17 YTD ITA = ITA staff costs included in New YTD column

Total Payment Amount Requested:	
BWDB Approved for Payment by:	
Comptroller	Executive Director

New YTD

#### BREVARD WORKFORCE DEVELOPMENT BOARD - MONTHLY REQUEST FOR PAYMENT AARP BTW 50+ 2024

Titusville

Rockledge

Contractor Name and Address:
C2 Global Professional Services LLC

TOTAL CASH DISBURSEMENTS

Date

Less: Prior YTD

**Current Month** 

Budget

#7-12= Current month reimbursable costs for each location.
#13 Total Request = Sum of reimbursable costs for all locations.

#14 New YTD = Prior YTD column plus Total Request column.

Prior YTD

New YTD

5620 Oak Boulevard Austin, TX 78735

**Cost Categories** 

Signed

Budget

Contract Number:	CSB20-600-	CSB20-600-002 (Mod 9)				
Contract Term:	1-Jul-24	30-Jun-25				
Report Number:						
Month Ending:						

**Total Request** 

**Executive Director** 

Palm Coast

Comptroller

REIMBURSABLE CASH DISBURSEMENTS

Daytona Beach

Orange City

Palm Bay

Salaries	16,875				16,875									
Fringe Benefits	1,739				1,739									
Staff Travel														
DEO Travel	-				-									
Staff Development	-				-									
Office Costs	-				-									
D ( ) 15														
Professional Fees	<del>                                     </del>				-									
Indirect Costs	1,489				1,489									
Incentive Fee	1,117				-									
TOTAL COSTS	21,220	-	-	-	20,103	-				-	-	-	-	-
Less Direct Payments for Pa	ayroll Costs													
	Certification						Saluma Dagarintian				1			
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the #2 New YTD = Total general ledger cost recorded to							Column Descriptions Attachment C. d to date.				Total Payment Amount Requested:			
purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 37293730 and 38013812).  ##3 Prior YTD = New YTD entries from previous monthly report.  ##4 Current Month = New YTD column less Prior YTD column.  ##5 Budget = Cost reimbursable portion of contract budget.  ##6 Prior YTD = New YTD entries from previous monthly report.									BWDB Approv	red for Payment	by:			
31293130 and 30013012).			#10 File The Flew ITD entitles from previous monitoring report.											

#### BREVARD WORKFORCE DEVELOPMENT BOARD - MONTHLY REQUEST FOR PAYMENT FAWA - FLORIDA ATLANTIC WORKFORCE ALLIANCE

Contractor Name and Address: C2 Global Professional Services LLC 5620 Oak Boulevard Austin, TX 78735

**Cost Categories** 

37293730 and 38013812).

Signed

TOTAL CASH DISBURSEMENTS

Date

Contract Number:	CSB20-600	CSB20-600-002 (Mod 9)					
Contract Term:	1-Jul-24	30-Jun-25					
Report Number:							
Month Ending:							

Comptroller

**Executive Director** 

REIMBURSABLE CASH DISBURSEMENTS

Cost Categories													
Budget	New YTD	Less: Prior YTD	Current Month	Budget	Prior YTD	Titusville	Rockledge	Palm Bay	Daytona Beach	Orange City	Palm Coast	Total Request	New YTD
33,485				33,485									
17,558				17,558									
-				-									
-				-									
-				-									
-				-									
4,083				4,083									
3,063													
58,189		-	-	55,126	-				-	-	-	-	-
II Costs													
Certification					(	Column Description	ıs						
best of my knowl	edge and belief th	at the report is true,	#1 Rudget = Total contract line-item hudget per Attachment C						Total Payment	Amount Reque	sted:		
penditures, disbur	sements and cash	receipts are for the	#2 New YTD = T	otal general ledger	cost recorded to da	te.							
ril or administrative	penalties for frau	d, false statements,								DWDD Amm	ad far Daymr t	h	
le Title 18, Section	1001 and Title 3	I, Sections								BMDR Approv	ed for Payment	Dy:	
	33,485  17,558  17,558  4,083  3,063  58,189  Il Costs  Certification be best of my knowl penditures, disburuthe terms and country the terms and country the terms and country in the terms and country the terms and	33,485  17,558  17,558	33,485  17,558	33,485  17,558  17,558  4,083  3,063  58,189	33,485  17,558	33,485  17,558	33,485  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  17,558  18,083  19,083  10,083  10,083  10,083  10,083  10,083  11,083	33,485  17,558  18,083  4,083  4,083  4,083  4,083  4,083  58,189  55,126  18	33,485 33,485 33,485 33,485 33,485 33,485 33,485 33,485 33,485 34,058 34,083 34	33,485   33,485   17,558   17,	33,485	33,485   33,485   17,558   17,	33,485   33,485   17,558   17,

#6 Prior YTD = New YTD entries from previous monthly report.

#14 New YTD = Prior YTD column plus Total Request column.

#7-12= Current month reimbursable costs for each location. #13 Total Request = Sum of reimbursable costs for all locations.

## BREVARD WORKFORCE DEVELOPMENT BOARD - MONTHLY REQUEST FOR PAYMENT HOPE Florida - WIOA

Contractor Name and Address:
C2 Global Professional Services LLC
5620 Oak Boulevard

Austin, TX 78735

Contract Number:	CSB20-600-002 (Mod 9)				
Contract Term:	1-Jul-24	30-Jun-25			
Report Number:					
Month Ending:					

Cost Categories		TOTAL CASH D	ISBURSEMENTS			REIMBURSABLE CASH DISBURSEMENTS									
Cost Categories	Budget	New YTD	Less: Prior YTD	Current Month	Budget	Prior YTD	Titusville	Rockledge	Palm Bay	Daytona Beach	Orange City	Palm Coast	Total Request	New YTD	
Salaries	18,226				18,226										
Fringe Benefits	5,732				5,732										
Staff Travel															
DEO Travel	-				-										
0. " " " "															
Staff Development	-				-										
Office Costs															
Office Costs	-				-										
Professional Fees	_														
Indirect Costs	1,917				1,917										
Incentive Fee	1,437				ı										
TOTAL COSTS	27,312	-	-	-	25,875	-		ī	1	-	-	-	-	-	
Less Direct Payments for Pay	vroll Costs														
2000 Billout aymonto for Fay	, 000.0		1				I	I	1	1		I			

Certification	Column Descriptions	1		
By signing this report, I certify to the best of my knowledge and belief that the report is true,	#1 Budget = Total contract line-item budget per Attachment C.	Total Payment Amount Requested:		
complete, and accurate, and the expenditures, disbursements and cash receipts are for the	#2 New YTD = Total general ledger cost recorded to date.	_		
purposes and objectives set forth in the terms and conditions of the Federal award. I am	#3 Prior YTD = New YTD entries from previous monthly report.	i		
aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements,	#4 Current Month = New YTD column less Prior YTD column.	1		
false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections	#5 Budget = Cost reimbursable portion of contract budget.	BWDB Approved for Payment by:	yment by:	
	#6 Prior YTD = New YTD entries from previous monthly report.	1		
·	#7-12= Current month reimbursable costs for each location.	1		
	#13 Total Request = Sum of reimbursable costs for all locations.			
Signed Date	#14 New YTD = Prior YTD column plus Total Request column.	Comptroller	Executive Director	

New YTD

#### BREVARD WORKFORCE DEVELOPMENT BOARD - MONTHLY REQUEST FOR PAYMENT HOPE Florida - WP

Titusville

Rockledge

Contractor Name and Address:
C2 Global Professional Services LLC

Budget

TOTAL CASH DISBURSEMENTS

Date

Less: Prior YTD

**Current Month** 

Budget

#7-12= Current month reimbursable costs for each location.
#13 Total Request = Sum of reimbursable costs for all locations.

#14 New YTD = Prior YTD column plus Total Request column.

Prior YTD

New YTD

5620 Oak Boulevard Austin, TX 78735

**Cost Categories** 

Signed

Contract Number:	CSB20-600-002 (Mod 9)					
Contract Term:	1-Jul-24	30-Jun-25				
Report Number:						
Month Ending:						

Total Request

**Executive Director** 

Palm Coast

Comptroller

REIMBURSABLE CASH DISBURSEMENTS

Daytona Beach

Orange City

Palm Bay

Salaries	3,562				3,562							
Fringe Benefits	351				351							
Staff Travel					-							
DEO Travel	-				-							
Staff Development	-				-							
Office Costs	-				-							
Professional Fees	-				_							
Indirect Costs	313				313							
Incentive Fee	235				-							
TOTAL COSTS	4,461		_	_	4,226	_				 _	_	
Less Direct Payments for Pa	<u> </u>				-1,220							
complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, ficitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections				#2 New YTD = T #3 Prior YTD = N #4 Current Mont #5 Budget = Cos	ior YTD = New YTD entries from previous monthly report. urrent Month = New YTD column less Prior YTD column.					Total Payment Amount Requested:  BWDB Approved for Payment by:		

New YTD

#### BREVARD WORKFORCE DEVELOPMENT BOARD - MONTHLY REQUEST FOR PAYMENT NEG - HURRICANE IAN 2022

Titusville

Rockledge

Contractor Name and Address:
C2 Global Professional Services LLC
5620 Oak Boulevard

Budget

TOTAL CASH DISBURSEMENTS

Date

Less: Prior YTD Current Month

Budget

#6 Prior YTD = New YTD entries from previous monthly report.

#14 New YTD = Prior YTD column plus Total Request column.

#7-12= Current month reimbursable costs for each location.
#13 Total Request = Sum of reimbursable costs for all locations.

Prior YTD

New YTD

Austin, TX 78735

**Cost Categories** 

37293730 and 38013812).

Signed

Contract Number:	CSB20-600-002 (Mod 9)					
Contract Term:	1-Jul-24	30-Jun-25				
Report Number:						
Month Ending:						

Total Request

**Executive Director** 

Palm Coast

Comptroller

REIMBURSABLE CASH DISBURSEMENTS

Daytona Beach

Orange City

Palm Bay

Salaries	71,460				71,460									
	1 1,100				,									
Fringe Benefits	13,295				13,295									
Staff Travel	-				-									<b> </b>
DEC.T. I														<del>                                     </del>
DEO Travel	-				-								<del> </del>	-
Staff Development	-				-									
Office Costs	-				-								1	<del> </del>
Professional Fees	-				-									
Indirect Costs	6,780				6,780									
Incentive Fee	5,085				-									
TOTAL COSTS	96,621	_	_	_	91,535	_				_	-	-	_	
D: 15 ( 6 5														
Less Direct Payments for F	ayroll Costs		<u> </u>	<u> </u>			<u> </u>							
complete, and accurate, and the expenditures, disbursements and cash receipts are for the				#2 New YTD = 1		budget per Attachr cost recorded to da	ite.	ns			Total Payment Amount Requested:			
aware that any false, fictitious fact, may subject me to crimin false claims or otherwise. (U.S	al, civil or administrative	penalties for fraud	d, false statements,	#4 Current Mont #5 Budget = Co	Prior YTD = New YTD entries from previous monthly report.  Current Month = New YTD column less Prior YTD column.  Budget = Cost reimbursable portion of contract budget.						BWDB Approved for Payment by:			

### BREVARD WORKFORCE DEVELOPMENT BOARD - MONTHLY REQUEST FOR PAYMENT NCPEP - NON CUSTODIAL EMPLOYMENT PROGRAM

Contractor Name and Address:

C2 Global Professional Services LLC 5620 Oak Boulevard Austin, TX 78735

Contract Number:	CSB20-600-	CSB20-600-002 (Mod 9)						
Contract Term:	1-Jul-24	30-Jun-25						
Report Number:								
Month Ending:								

		TOTAL CASH D	ISBURSEMENTS	1				REI	MBURSABLE CA	ASH DISBURSEME	NTS			
Cost Categories	Budget	New YTD	Less: Prior YTD	Current Month	Budget	Prior YTD	Titusville	Rockledge	Palm Bay	Daytona Beach	Orange City	Palm Coast	Total Request	New YTD
Salaries	131,770				131,770									
Fringe Benefits	42,191				42,191									
rillige bellellis	42,191				42,191									
Staff Travel					-									
DEO Travel	_				-									
Staff Development					-									
Office Costs	-				-									
Professional Fees	-				-									
Indirect Costs	13,917				13,917									
	Í				,									
Incentive Fee	10,438													
TOTAL COSTS	198,315	-	-	-	187,878	_				-	-	-	-	-
Less Direct Payments for Pay	roll Costs													

Certification	1	Column Descriptions		
By signing this report, I certify to the best of my knowl	edge and belief that the report is true,	#1 Budget = Total contract line-item budget per Attachment C.	Total Payment Amount Requested:	
complete, and accurate, and the expenditures, disbut		2 New YTD = Total general ledger cost recorded to date.	_	
purposes and objectives set forth in the terms and co		Prior YTD = New YTD entries from previous monthly report.		
aware that any false, fictitious, or fraudulent informati may subject me to criminal, civil or administrative per		44 Current Month = New YTD column less Prior YTD column.		
claims or otherwise. (U.S. Code Title 18, Section 100		#5 Budget = Cost reimbursable portion of contract budget.	BWDB Approved for Payment by:	
38013812).		#6 Prior YTD = New YTD entries from previous monthly report.		
		#7-12= Current month reimbursable costs for each location.		
		#13 Total Request = Sum of reimbursable costs for all locations.		
Signed	Date	#14 New YTD = Prior YTD column plus Total Request column.	Comptroller	Executive Director

## BREVARD WORKFORCE DEVELOPMENT BOARD - QUARTERLY REQUEST FOR WITHHELD AMOUNTS GENERAL SERVICES

		•	LIVERAL OLIVIO				
Contractor Name and Address: C2 Global Professional Services L 5620 Oak Boulevard Austin, TX 78735	LLC				Contract Number: Contract Term: Report Number: Quarter Ending:	CSB20-600- 1-Jul-24	-002 (Mod 9) 30-Jun-25
Cost Categories	Withheld Amounts Budget	Year-To-Date Performance Payments	Year-To-Date Accelerated Payments	Year-To-Date Monitoring Payments	Year-To-Date Total Payments	Previous Total Payments	Total Payments This Request
Salaries	-						
Fringe Benefits	-						
Staff Travel	-						
DEO Travel	-						
Staff Development	-						
Office Costs	-						
Professional Fees	-						
Indirect Costs	-						
Incentive Fee	277,202						
CONTRACT TOTALS	277,202		_	_	<u> </u>		
By signing this report, I certify to the best or complete, and accurate, and the expenditu purposes and objectives set forth in the ter that any false, fictitious, or fraudulent inform subject me to criminal, civil or administrative or otherwise. (U.S. Code Title 18, Section 38013812).	res, disbursements and cash ms and conditions of the Fede mation, or the omission of any re penalties for fraud, false sta	receipts are for the eral award. I am aware material fact, may tements, false claims		Total Payment Ar	nount Requested: for Payment by:		
Signed	Date			Con	nptroller	Executive	e Director

# BREVARD WORKFORCE DEVELOPMENT BOARD - QUARTERLY REQUEST FOR WITHHELD AMOUNTS AARP BTW 50+ 2024

or Name and Address:	Contract Number:	Number: CSB20-600-002 (Mod 9)	
al Professional Services LLC	Contract Term:	1-Jul-24	30-Jun-
Boulevard	Report Number:		
78735	Quarter Ending:		

Cost Categories	Withheld Amounts Budget	Year-To-Date Performance Payments	Year-To-Date Accelerated Payments	Year-To-Date Monitoring Payments	Year-To-Date Total Payments	Previous Total Payments	Total Payments This Request
Salaries							
Fringe Benefits	-						
Staff Travel	-						
DEO Travel	-						
Staff Development							
Office Costs	-						
Professional Fees	-						
Indirect Costs	-						
Incentive Fee	1,117						
CONTRACT TOTALS	1,117		_	_	_	_	_

Certific	ation		
by signing this report, I certify to the best of my lomplete, and accurate, and the expenditures, durposes and objectives set forth in the terms are any false, fictitious, or fraudulent information	sbursements and cash receipts are for the d conditions of the Federal award. I am aware	Total Payment Amount Requested:	
ubject me to criminal, civil or administrative per r otherwise. (U.S. Code Title 18, Section 1001 : 8013812).	· · · · · · · · · · · · · · · · · · ·	BWDB Approved for Payment by:	
Signed	Date	Comptroller	Executive Director

# BREVARD WORKFORCE DEVELOPMENT BOARD - QUARTERLY REQUEST FOR WITHHELD AMOUNTS FAWA FLORIDA ATLANTIC WORKFORCE ALLIANCE

ntractor Name and Address:	Contract Number:	CSB20-600	0-002 (Mod 9)
C2 Global Professional Services LLC	Contract Term:	1-Jul-24	30-Jun-25
20 Oak Boulevard	Report Number:		
ustin, TX 78735	Quarter Ending:		

Cost Categories	Withheld Amounts Budget	Year-To-Date Performance Payments	Year-To-Date Accelerated Payments	Year-To-Date Monitoring Payments	Year-To-Date Total Payments	Previous Total Payments	Total Payments This Request
O-lari-							
Salaries	-						
Fringe Benefits	-						
Staff Travel	-						
DEO Travel	-						
Staff Development	-						
Office Costs	-						
Professional Fees	-						
Indirect Costs	-						
Incentive Fee	3,063						
CONTRACT TOTALS	3,063	-	_	-	-	-	-

Certification
By signing this report, I certify to the best of my knowledge and belief that the report is true,
complete, and accurate, and the expenditures, disbursements and cash receipts are for the
purposes and objectives set forth in the terms and conditions of the Federal award. I am aware
that any false, fictitious, or fraudulent information, or the omission of any material fact, may
subject me to criminal, civil or administrative penalties for fraud, false statements, false claims
or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 37293730 and 38013812).
300 130 12).
Signed Date

Total Payment Amount Requested:	
BWDB Approved for Payment by:	
Comptroller	Executive Director

30-Jun-25

CSB20-600-002 (Mod 9)

1-Jul-24

# BREVARD WORKFORCE DEVELOPMENT BOARD -QUARTERLY REQUEST FOR WITHHELD AMOUNTS HOPE Florida - WIOA

Contractor Name and Address:	Contract Number:
C2 Global Professional Services LLC	Contract Term:
5620 Oak Boulevard	Report Number:
Austin, TX 78735	Month Ending:

Cost Categories		TOTAL CASH D	DISBURSEMENTS				REIMBURSA	BLE CASH DISB	URSEMENTS	RSEMENTS				
Cost Categories	Budget	New YTD	Less: Prior YTD	Current Month	Budget	Prior YTD	Titusville	Rockledge	Palm Bay	Total Request	New YTD			
Salaries														
Fringe Benefits														
	<b>.</b>		1											
Staff Travel														
DEO Tarrel														
DEO Travel														
Staff Development														
Office Costs														
Professional Fees														
Indirect Costs	<b>.</b>													
Incentive Fee	1,437													
IIICEIIUVE FEE	1,437				•									
TOTAL COSTS	1,437	-	-	-	-	-	_	-	-	_	-			

Certificati	on		Column Descriptions		
By signing this report, I certify to the best of my known	•	#1	Budget = Total contract line-item budget per Attachment C.	Total Payment Amount Requested:	
complete, and accurate, and the expenditures, disl	•	#2	New YTD = Total general ledger cost recorded to date.	_	
purposes and objectives set forth in the terms and		#3	Prior YTD = New YTD entries from previous monthly report.		
aware that any false, fictitious, or fraudulent informay subject me to criminal, civil or administrative p		#4	Current Month = New YTD column less Prior YTD column.		
claims or otherwise. (U.S. Code Title 18, Section 1	· · · · · · · · · · · · · · · · · · ·	#5	Budget = Cost reimbursable portion of contract budget.	BWDB Approved for Payment by:	
38013812).		#6	Prior YTD = New YTD entries from previous monthly report.		
		#7,8	3,9 = Current month reimbursable costs for each location.		
		#10	Total Request = Sum of reimbursable costs for all locations.		
Signed	Date	#11	New YTD = Prior YTD column plus Total Request column.	Comptroller	Executive Director
<u> </u>	<u> </u>				

30-Jun-25

CSB20-600-002 (Mod 9)

1-Jul-24

# BREVARD WORKFORCE DEVELOPMENT BOARD - QUARTERLY REQUEST FOR WITHHELD AMOUNTS HOPE Florida - WP

Contractor Name and Address:	Contract Number:
C2 Global Professional Services LLC	Contract Term:
5620 Oak Boulevard	Report Number:
Austin, TX 78735	Month Ending:

Coat Catagorias		TOTAL CASH DISBURSEMENTS				REIMBURSABLE CASH DISBURSEMENTS					
Cost Categories	Budget	New YTD	Less: Prior YTD	Current Month	Budget	Prior YTD	Titusville	Rockledge	Palm Bay	Total Request	New YTD
Salaries											
Fringe Benefits	<b>-</b>										
O. " T											
Staff Travel	1										
DEO Travel	1										
DEO HAVOI											
Staff Development											
Office Costs											
Professional Fees											
Indirect Costs	1										
Indirect Costs	<del>                                     </del>										
Incentive Fee	235										
TOTAL COSTS	235	-	-	-	-	-	-	-	-	-	-

Certificat	tion		Column Descriptions		
By signing this report, I certify to the best of my kn	,	#1	Budget = Total contract line-item budget per Attachment C.	Total Payment Amount Requested:	
complete, and accurate, and the expenditures, dis	•	#2	New YTD = Total general ledger cost recorded to date.		
purposes and objectives set forth in the terms and aware that any false, fictitious, or fraudulent inform		#3	Prior YTD = New YTD entries from previous monthly report.		
may subject me to criminal, civil or administrative		#4	Current Month = New YTD column less Prior YTD column.		
claims or otherwise. (U.S. Code Title 18, Section 1	•	#5	Budget = Cost reimbursable portion of contract budget.	BWDB Approved for Payment by:	
38013812).		#6	Prior YTD = New YTD entries from previous monthly report.		
		#7,	3,9 = Current month reimbursable costs for each location.		
		#10	Total Request = Sum of reimbursable costs for all locations.		
Signed	Date	#11	New YTD = Prior YTD column plus Total Request column.	Comptroller	Executive Director

## BREVARD WORKFORCE DEVELOPMENT BOARD - QUARTERLY REQUEST FOR WITHHELD AMOUNTS NEG HURRICANE IAN 22 SERVICES

Year-To-Date Performance Payments	Year-To-Date Accelerated	Year-To-Date	Contract Term: Report Number: Quarter Ending: Year-To-Date	1-Jul-24 Previous	30-Jun-25
Performance	Accelerated			Previous	Total
	Payments	Monitoring Payments	Total Payments	Total Payments	Payments This Request
-	-	-	+ +		_

Certification	
signing this report, I certify to the best of my knowledge and belief that the report is true,	Total Payment Amount Requested:
nplete, and accurate, and the expenditures, disbursements and cash receipts are for the	
poses and objectives set forth in the terms and conditions of the Federal award. I am aware	
t any false, fictitious, or fraudulent information, or the omission of any material fact, may	
ject me to criminal, civil or administrative penalties for fraud, false statements, false claims	
otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 37293730 and	RWDD Assessed for Downsont but
113812).	BWDB Approved for Payment by:
Signed Date	Comptroller Executive Director

# BREVARD WORKFORCE DEVELOPMENT BOARD - QUARTERLY REQUEST FOR WITHHELD AMOUNTS NCPEP - NON CUSTODIAL PARENT EMPLOYMENT PROGRAM

Contractor Name and Address:	Contract Number:	CSB20-600	-002 (Mod 9)
C2 Global Professional Services LLC	Contract Term:	1-Jul-24	30-Jun-25
5620 Oak Boulevard	Report Number:		
Austin, TX 78735	Quarter Ending:		

Cost Categories	Withheld Amounts Budget	Year-To-Date Performance Payments	Year-To-Date Accelerated Payments	Year-To-Date Monitoring Payments	Year-To-Date Total Payments	Previous Total Payments	Total Payments This Request
Salaries							
Galaries	-						
Fringe Benefits	-						
Staff Travel	-						
DEO Travel	-						
Staff Development	-						
Office Costs	-						
Professional Fees	-						
Indirect Costs	-						
Incentive Fee	10,438						
CONTRACT TOTALS	10,438	-	-	-	-	_	_

	•	Certification
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 37293730 and		
	therwise. (U.S. Code Title 18, Section 113812).	1001 and Title 31, Sections 37293730 and
	Signed	Date

t-	
Total Payment Amount Requested:	
BWDB Approved for Payment by:	
Comptroller	Executive Director