

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:
Month Ending:

Cost Categories	TOTAL CASH DISBURSEMENTS				REIMBURSABLE CASH DISBURSEMENTS								YTD ITA STAFF COSTS				
	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 WE
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	-				-												
Office Costs	100				100												
Professional Fees	-				-												
Indirect Costs	369,602				369,602												
Incentive Fee	277,202				-												
TOTAL COSTS	5,266,830	-	-	-	4,989,628	-				-	-	-	-	-	-	-	-
Less Direct Payments for Payroll 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

Signed _____ Date _____

Column Descriptions
#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

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

Cost Categories	TOTAL CASH DISBURSEMENTS				REIMBURSABLE CASH DISBURSEMENTS								Total Request	New YTD	
	Budget	New YTD	Less: Prior YTD	Current Month	Budget	Prior YTD	Titusville	Rockledge	Palm Bay	Daytona Beach	Orange City	Palm Coast			
Salaries	131,770				131,770										
Fringe Benefits	42,191				42,191										
Staff Travel					-										
DEO Travel	-				-										
Staff Development	-				-										
Office Costs	-				-										
Professional Fees	-				-										
Indirect Costs	13,917				13,917										
Incentive Fee	10,438				-										
TOTAL COSTS	198,315	-	-	-	187,878	-				-	-	-	-	-	-
Less Direct Payments for Payroll Costs															

<p align="center">Certification</p> <p>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).</p> <p>_____ Signed</p> <p>_____ Date</p>	<p align="center">Column Descriptions</p> <p>#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.</p>	<p>Total Payment Amount Requested: _____</p> <p>BWDB Approved for Payment by:</p> <p>_____ _____ Comptroller Executive Director</p>
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**BREVARD WORKFORCE DEVELOPMENT BOARD - QUARTERLY REQUEST FOR WITHHELD AMOUNTS
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:
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	277,202						
CONTRACT TOTALS	277,202	-	-	-	-	-	-

Certification

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Signed Date

Total Payment Amount Requested: _____

BWDB Approved for Payment by:

Comptroller Executive Director

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

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:
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	3,063						
CONTRACT TOTALS	3,063	-	-	-	-	-	-

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Signed Date

Total Payment Amount Requested: _____

BWDB Approved for Payment by:

_____ Comptroller _____ Executive Director

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

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:
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	10,438						
CONTRACT TOTALS	10,438	-	-	-	-	-	-

Certification

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Signed Date

Total Payment Amount Requested: _____

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_____ Comptroller Executive Director