

Coalition _____
 Contact Person _____
 Contact Person Email _____
 Contact Person Phone _____

For each Phase and Priority (if applicable), enter the total number of grants issued for each capacity/children served range that are being invoiced.

Instructions:

NOTE - for Phases I and II, CONTRACTED provider that qualified for the Infant/Toddler or Special Needs Bonus should be listed separately.

PAID FROM FY2020-21 GRANT ONLY

Phase V		Total	\$0
Private Providers - SR/VPK Contracted			
OCA -	RSGPC	Subtotal	\$0
Capacity Range	Base Grant Funding	Contracted Providers (Number)	Total Range
1-12	\$3,000		\$0
13 - 20	\$6,000		\$0
21 - 74	\$10,500		\$0
75 - 149	\$15,000		\$0
150+	\$19,500		\$0
Private Providers - NON-Contracted			
OCA -	RSGPN	Subtotal	\$0
Capacity Range	Base Grant Funding	Contracted Providers (Number)	Total Range
1-12	\$3,000		\$0
13 - 20	\$6,000		\$0
21 - 74	\$10,500		\$0
75 - 149	\$15,000		\$0
150+	\$19,500		\$0
Public Charter Schools - SR/VPK Contracted Only			
OCA -	RSGPS	Subtotal	\$0
Children Served	Base Grant Funding	Contracted Schools (Number)	Total Range
1-12	\$3,000		\$0
13 - 20	\$6,000		\$0
21 - 74	\$10,500		\$0
75 - 149	\$15,000		\$0
150+	\$19,500		\$0