

## ULEC CHECK REQUEST FORM

INVOICE DATE: 3/18/2020 REQUESTED BY: Alice Frazier PERIOD COVERED: 2/28/2020PAYABLE TO: National Coalition of Resources AMOUNT: \$ 3,512.00INVOICE # \_\_\_\_\_ BUDGET AVAILABLE: YES \_\_\_\_\_ NO: \_\_\_\_\_ DUE DATE: 3/25/2020PURPOSE: PACE

COST CENTERS:	AMOUNT
222 CODING PROGRAM	_____
334 NRTC 2018	_____
335 NRTC 2019	_____
366 ANNUAL STREET FAIR	_____
368 WELLS FARGO-NEIGHBOR REV	_____
369 PSE&G	_____
452 PACE	_____ X
454 PRUDENTIAL WORKFORCE	_____

COST CENTERS:	AMOUNT
460 IHOP-FDU	_____
467 WORKFORCE-UNITED AIRLINES	_____
600 ADMIN	_____
620 CFO	_____
650 FACILITIES	_____
761 ULEC GALA	_____
950 ALLOCATED EXP	_____
OTHER	_____

## GL CODES:

☐ 1410 ADVANCES  
☒ 7540 INSTRUCTORS/CONSULTANTS/SUBS  
☐ 7560 PROFESSIONAL FEES - OTHER  
☐ 7570 TEMPORARY HELP/CONTRACT  
☐ 8110 SUPPLIES  
☐ 8130 TELEPHONE & COMMUNICATIONS  
☐ 8131 TELEPHONE MAINTENANCE CONTRACT  
☐ 8132 CELL PHONE SERVICE  
☐ 8140 POSTAGE & SHIPPING  
☐ 8160 COMPUTER SOFTWARE & HARDWARE  
☐ 8170 PRINTING & COPYING  
☐ 8180 BOOKS, SUBSCRIPTIONS, REFERENCE  
☐ 8190 INTERNET/WEB HOSTING FEES  
☐ 8205 RENT, PARKING & OTHER OCCUPANCY  
☐ 8210 UTILITIES  
☐ 8211 UTILITIES WATER  
☐ 8220 EQUIPMENT RENTAL, REPAIR & MAINTENANCE  
☐ 8227 EQUIPMENT RENTAL  
☐ 8228 POSTAGE LEASE  
☐ 8230 BUILDING REPAIR & MAINTENANCE  
☐ 8231 BUILDING REPAIR & MAINTENANCE - ALARM SERVICES  
☐ 8233 BUILDING REPAIR & MAINTENANCE - TRASH REMOVAL  
☐ 8235 BUILDING REPAIR & MAINTENANCE - EXTERMINATING

## GL CODES:

☐ 8240 MAINTENANCE SUPPLIES  
☐ 8310 TRANSPORTATION & PARKING  
☐ 8320 MEALS  
☐ 8340 AIRFARE  
☐ 8350 CONFERENCE, CONVENTIONS, MEETINGS  
☐ 8405 CLASSROOM MATERIALS & SUPPLIES  
☐ 8410 CLASSROOM TECHNOLOGY  
☐ 8415 COMMUNITY SERVICE PROJECT  
☐ 8420 TUTORING  
☐ 8425 EXPUNGEMENT  
☐ 8430 JOB TRAINING  
☐ 8435 GED & ABE CLASSES  
☐ 8445 FOOD & RELATED SUPPLIES  
☐ 8450 PROGRAM TRAINING  
☐ 8460 STIPENDS & ASSISTANCE  
☐ 8470 FOOD FOR CLASSES  
☐ 8510 INTEREST EXPENSE - GENERAL  
☐ 8525 SPECIAL EVENT EXPENSES  
☐ 8530 MEMBERSHIP DUES - ORGANIZATIONS  
☐ 8540 STAFF DEVELOPMENT/TRAINING  
☐ 8560 PROCESSING FEES  
☐ 8570 ADVERTISING/MARKETING EXP  
☐ 8580 LICENSES & FEES

PROGRAM DIRECTOR'S APPROVAL DATE: 3/18/20

## FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES NO A/P INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

FISCAL OFFICE APPROVAL: \_\_\_\_\_

PRESIDENT/CEO'S APPROVAL \_\_\_\_\_

CLASS CODE \_\_\_\_\_

CHECK # \_\_\_\_\_



## INVOICE

Client Name: <b>URBAN LEAGUE OF ESSEX COUNTY</b>	Invoice NO: 013619-NJ
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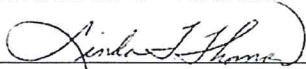
### PROGRAM EVALUATION:

After reviewing the Urban League of Essex County's PACE grant objectives, mission, and logic model the National Coalition of Resources decided to use a combination of evaluations: 1) Outcome/Effective Evaluation, 2) Impact Evaluation, and 3) Process/Implementation Evaluation. In order to effectively offer a quality product that would determine whether program activities have been realized as proposed, measured program effects in the target population by weighing the development in the outcomes or outcome objectives that the program predicted, and to measure the program efficiency in attaining its goals a combination of evaluations styles would offer the best results.

**NOTE:** Program Evaluation

Work Location – Newark, NJ	Date Submitted - 2-28-2020
<p>Make Check Payable to:  <b>National Coalition of Resources</b>  <u>EIN# - Attached</u></p> <p>Associate/Administration: 301-433-3900</p>	<p><b>Payment Mailing:</b>  National Coalition of Resources  4806 Saint Barnabas RD, #755  Temple Hills, MD 20757</p> <p>Office: NCOR  3195 Old Washington RD, #112  Waldorf, MD 20602</p>

Administrative – Finance

  
Linda Thomas, CEO

2-28-2020

Date

  
Director/Finance

NCOR Client	Services	Fees and NCOR Fee	Community Referral
Alice Frazier, Vice President Urban League of Essex County 508 Central Ave Newark, NJ 07107	Impact, Process & Outcome Evaluation	Individual Contracts - \$3,512.00	N/A

NCOR - Completed and prepared all documents listed below:

PROGRAM PROPOSAL PACKAGE	COST
PACE Evaluation	
Trainee/Client Surveys	
Staff Summaries	
Total - (Includes all service fees, mailing and traveling)	\$3,512.00
Evaluation Review Services	INCLUDED



**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>NCOR – National Coalition of Resources</b>	
	2 Business name/disregarded entity name, if different from above <b>NCOR</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>4806 Saint Barnabas RD, #755</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Temple Hills, MD 20757</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

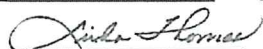
Social security number								
			-			-		
or								
Employer identification number								
9	0	-	0	4	0	6	2	8

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend payments are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► <b>9/7/2018</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.