



Dutchess County Workforce Investment Board

3 Neptune Road Poughkeepsie, NY 12601 Telephone (845) 463-0517 Fax (845) 463-0100 www.dcwib.org

2025 TANF Reimbursement Summary Report

Service Provider Name _____

Contract Total \$ _____

Grant Period **07-01-25 to 09-30-25**

ADVANCE/1st INSTALLMENT REQUEST (upon execution of contract)	
Required forms: <input type="checkbox"/> TANF Reimbursement Summary Report <input type="checkbox"/> Signed Contract (with Attachment B) <input type="checkbox"/> Attachment C (Youth Employment Roster and working papers, Employment Site Report, Worksite Information and Job Description)	1/3 of contract award \$ _____
2nd INSTALLMENT REQUEST (due by 08/15/2025)	
Required forms: <input type="checkbox"/> TANF Reimbursement Summary Report <input type="checkbox"/> Youth and Employer Evaluations <input type="checkbox"/> Attachment F-3 All Payroll trackers to date	1/3 of contract award \$ _____
3rd INSTALLMENT REQUEST (due by 10/10/2025) subject to final reconciliation of payroll and expenses. CLARIFICATION: All additional administrative paperwork requirements must be received before final claim submissions will be reviewed.	
Required forms: <input type="checkbox"/> TANF Reimbursement Summary Report <input type="checkbox"/> Youth Survey and Budget <input type="checkbox"/> Program Questionnaire <input type="checkbox"/> Attachment E <input type="checkbox"/> Completed Payroll/Expenses Reporting Form (Attachment F2) accompanied by all corresponding documentation, including individual time sheets for each youth participant <input type="checkbox"/> Any missing paperwork	1/3 of contract award \$ _____

I: _____ of _____ certify on this date that all the above
 (Print Name) (Agency)

information and corresponding documentation is accurate and true and that duplicate reimbursement of costs and services has not been and will not be received from other sources.

 (signature)

 (title)

 (date)