# **CCMU IMPLEMENTATION ROUND 1 INVOICE TEMPLATE**

EMAIL COMPLETED INVOICE AND RECEIPTS FOR EQUIPMENT, IF APPLICABLE, TO IMPLEMENTATIONR1INVOICES@AHPNET.COM

## Advocates For Human Potential, Inc.

# Instructions for CCMU Implementation Round 1 Invoice Template

# Grantee Quarterly Deliverables Invoice

- 1. Invoices are to be completed and submitted to AHP promptly upon completion of deliverables.
- 2. Complete the top portion of the invoice with your organization name, address, and phone and email contact information.
- 3. Refer to the "Statement of Work" provided with your Subcontract Agreement, and fill out the invoice grid with the following information:
  - a. Deliverable Description: If you did not participate/complete any of the written deliverables in **BOLD**, please leave as outlined in the template
  - b. Please enter the deliverable Amounts (Equipment, BHCIP dollars, and CRRSAA dollars)
- 4. Please be sure to verify your total; an invoice with incorrect values will be returned to the subcontractor for re-submission.
- Sign and date the invoice where indicated and email to IMPLEMENTATIONR1INVOICES@AHPNET.COM
- 6. No invoice will be approved for payment if you do not have your fully executed subcontract, or if A/P does not have your signed W-9 form on file.
- Questions or concerns regarding AHP's invoicing, and payment process may be directed to our Accounts Payable department at IMPLEMENTATIONR1INVOICES@AHPNET.COM

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# **Advocates For Human Potential, Inc.**

# **CCMU Implementation Round 1 Invoice Template**

# Grantee Quarterly Deliverables Invoice Please delete all instructional text highlighted in yellow *BEFORE*submitting

Agency Name:							
Address:							
Submitted by nar	ne:						
Submitted by em	ail:						
Telephone #:							
Project #: 7460.01							
	Equipment (BHCIP)	Deliverable Amount (per contract)					
7460.01-002- 0000							
7460.01-002-	Equipment (CRRSAA)	Deliverable Amount (per contract)					
0001							
	Deliverable Description The text below is part of the template. DO NOT DELETE OR EDIT. If any items below are not included in your contract SOW, please leave as is.	Deliverable Amount (per contract)					
	INFRASTRUCTURE (Behavioral Health Continuum Infrastructure Program [BHCIP] Funds)						
	Activities/Deliverables That Build the CCMU Infrastructure						

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7460.01-002-	<ul> <li>a. Vehicle-Related Costs for CCMU</li> <li>b. Field Communications for CCMU</li> <li>c. Dispatch of CCMU Teams</li> <li>d. Trainings</li> <li>e. Coordination and Planning Activities with Local and Regional Organizations and/or to Manage Multiple CCMUs</li> <li>f. Developing Peer Supports Within Crisis Services</li> <li>g. Marketing for CCMU Services</li> <li>h. Submit Data Collection, Analysis, and Quarterly Reporting for CCMU</li> </ul>		
7460.01-002- 0001	DIRECT SERVICES (Coronavirus Response and Relief Services Appropriation Act [CRRSAA] Funds)  a. Deliver Mobile Crisis Response Services Through ## Number of Teams.		
		Total Amount Due	


Subcontractor Signature

Date

Email completed invoice and documentation of purchase for equipment, if applicable to: IMPLEMENTATIONR1INVOICES@AHPNET.COM

No invoice will be approved for payment if AHP does not have your executed Subcontractor Agreement and signed W-9 on file and completed Quarterly Report.