



**Quaboag Valley
Community Development Corporation
& Quaboag Valley Business Assistance Corporation**

23 West Main Street, Ware, MA 01082, Suite 1
413-967-3001 413-967-3008 (fax) qvcdc.com

Report of Assistance

(Please submit this form or a comparable document with your Invoice)

Individual Client Name _____ Date: _____
or
Group Name: _____

Contract Date: _____ Contract Amount: \$ _____ Is Contract completed? _____

Services Provided: **Date** **Hours (In 15 min Intervals)**

| Services Provided: | Date | Hours (In 15 min Intervals) |
|---------------------------|-------------|------------------------------------|
| | | |
| | | |
| | | |
| | | |

Total time expended: _____

Rate per hour: \$ _____

Total Cost for the above services: \$ _____

Unexpended Balance of Contract: \$ _____

Impact of Consultation: # _____ jobs created # _____ loans secured
 # _____ jobs retained \$ _____ value of loans
 # _____ businesses counseled # _____ businesses trained
Other: _____

Consultant Name and Address:

Contact Info:

Phone: _____
Cell Phone: _____
Email: _____

Signature: _____

Date: _____