



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

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)

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: _____

23 West Main Street, Suite 1 • Ware, MA 01082 • (413) 967-3001 • Fax (413) 967-3008 • qvcdc.org

Serving: Belchertown, Brimfield, Brookfield, East Brookfield, Hardwick, Holland, Monson, New Braintree, North Brookfield,
Palmer, Spencer, Wales, Ware, Warren, West Brookfield

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