

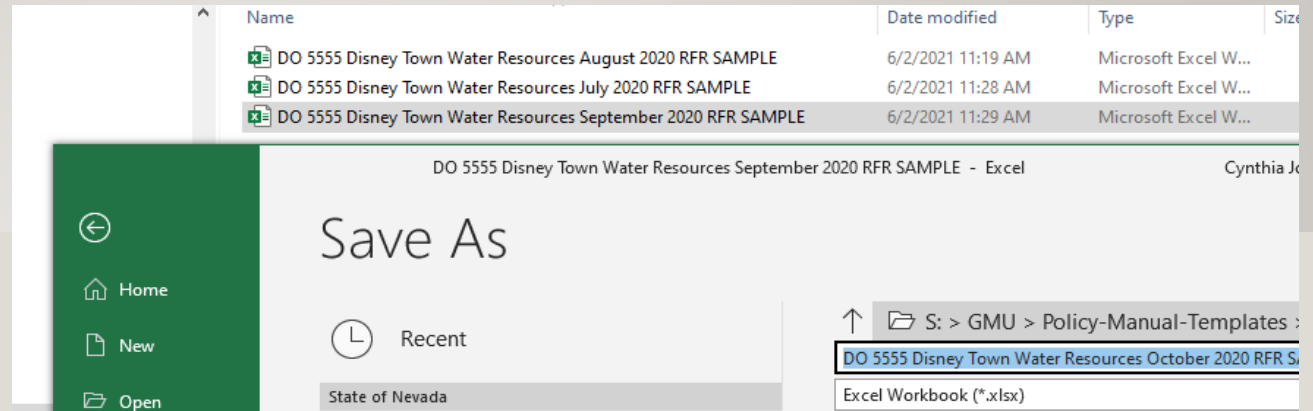
REQUEST FOR REIMBURSEMENT

DIRECTOR'S OFFICE – GRANTS MANAGEMENT UNIT

OUTCOMES

- How to request reimbursement for expenditures;
- General documentation and requirements; and
- Whom to contact with questions.

REQUEST FOR REIMBURSEMENT (RFR) WORKBOOK



The RFR workbook will be sent via email to the subrecipient contact information on-file with the subgrant.

It is suggested at the start of each monthly Request for Reimbursement to save a 'new' instance of the RFR Workbook for that month.

INSTRUCTION TAB

The instruction tab provides a quick reference guide for the information needed in each tab.

Instructions

There are several tabs that are provided within this worksheet: Reimbursement/Advance Request Form (Duplicate as needed)

The information you provide on this report will coincide with the Year-to-Date and Transaction List/Source Documentation Reports. The worksheet contains the same information that is within your Contract, Attachment AA - Negotiated Items budget pages. Starting with Section A insert budget and related expenditure figures to support quarterly payment requests. Include one, signed copy of this form with each request for reimbursement.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the previous Request for Reimbursement Advance Form. If this is the first request for the contract period, the amount in this column equals zero.

C. Current Request: List the current expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Adds Column B and Column C for each category.

E. Budget Balance: Subtracts Column D from Column A for each category.

F. Percent Expended: Divides Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments MUST be completed (including all approving signatures) 15-30 days prior to the end of the Contract period.

1. Year-to-Date Report

The information you provide on this report will coincide with the Request for Reimbursement. The worksheet contains the same information that is within your Notice of Subgrant Award budget pages. Starting with Section II, you will enter the information from your approved budget into this worksheet. Within the personnel category, please use one line per employee. For example, if you have five (5) Counselors, do not lump them together. Use one line for each staff member, providing their last name and the amount for which you are requesting reimbursement.

Please note, if system generated in-house report exists you may submit that report monthly to fulfill this reporting requirement. All pertinent information must be provided (budget, expense to date, percentage expended, etc.)

REIMBURSEMENT REQUEST TAB

- Provides a summary of the total request for reimbursement;
- All totals and percentages must match the Year-to-Date form and the Transaction List & Source Documentation form;
- Must be signed by authorized individual; and
- Must be submitted monthly to gmu@dhhs.nv.gov

DEPARTMENT OF HEALTH & HUMAN SERVICES Director's Office - Grants Management Unit Request for Reimbursement						Agency Ref # DO 5555 BA / CAT: 3195/50 GL: 8742 Draw #: 1 CFDA # 93.568
Program Name: DHHS, Grants Management Unit, CSBG Program Manager Name & email			Subrecipient Name: Disney Town Water Resources Lucy Loo, Executive Director, lloo@disneytownwater.org			
Address: 4126 Technology Way, Suite 100 Carson City, Nevada 89706			Address: 5555 West Water Way Las Vegas, NV 84555			
Subgrant Period: July 1, 2020 through June 30, 2021			Subrecipient's: EIN: 88-5555555 Vendor #: T5555555			
Budget Period: July 1, 2020 through June 30, 2021						
FINANCIAL REPORT AND REQUEST FOR FUNDS (must be accompanied by expenditure report/back-up)						
Month(s): July			Calendar year: 2020			
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$38,951.00	\$0.00	\$6,751.10	\$6,751.10	\$32,199.90	17.3%
2 Travel	\$1,000.00	\$0.00	\$33.00	\$33.00	\$961.00	3.9%
3 Operating	\$500.00	\$0.00	\$68.74	\$68.74	\$431.26	13.7%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%
7 Other	\$600.00	\$0.00	\$71.21	\$71.21	\$528.79	11.9%
8 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$41,301.00	\$0.00	\$6,930.05	\$6,930.05	\$34,370.95	16.8%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported*	Year to Date Total	Match Balance	Percent Match Completed
July	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and documentation is correct and that source documentation is maintained.						
Authorized Signature _____			Title _____		Date _____	
OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY						
Program contact necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Person: _____						
Reason for contact: _____						
Scope of Work/approval date: _____			Signed: _____			
Fiscal Review/approval date: _____			Signed: _____			
Revised 6/2021						

DEPARTMENT OF HEALTH & HUMAN SERVICES Director's Office - Grants Management Unit Request for Reimbursement			Agency Ref #	DC 5555		
			BA / CAT:	3195/50		
			GL:	8742		
			Draw #:	1		
			CFDA #	93.568		
Program Name: DHHS, Grants Management Unit, CSBG Program Manager Name & email		Subrecipient Name: Disney Town Water Resources Lucy Loo, Executive Director, lloo@disneytownwater.org				
Address: 4126 Technology Way, Suite 100 Carson City, Nevada 89706		Address: 5555 West Water Way Las Vegas, NV 84555				
Subgrant Period: July 1, 2020 through June 30, 2021		Subrecipient's: EIN: 88-5555555				
Budget Period: July 1, 2020 through June 30, 2021		Vendor #: T5555555				
FINANCIAL REPORT AND REQUEST FOR FUNDS						
(must be accompanied by expenditure report/back-up)						
Month(s): July		Calendar year: 2020				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$38,951.00	\$0.00	\$6,751.10	\$6,751.10	\$32,199.90	17.3%
2 Travel	\$1,000.00	\$0.00	\$39.00	\$39.00	\$961.00	3.9%
3 Operating	\$500.00	\$0.00	\$68.74	\$68.74	\$431.26	13.7%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%
7 Other	\$600.00	\$0.00	\$71.21	\$71.21	\$528.79	11.9%
8 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$41,301.00	\$0.00	\$6,930.05	\$6,930.05	\$34,370.95	16.8%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported*	Year to Date Total	Match Balance	Percent Match Completed
July	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and documentation is correct and that source documentation is maintained.						
Authorized Signature		Title			Date	
OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY						
Program contact necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: _____				
Reason for contact: _____						
Scope of Work/approval date: _____		Signed: _____				
Fiscal Review/approval date: _____		Signed: _____				
Revised 6/2021						

Upon receipt of the RFR Workbook, the subrecipient must complete the information in RED to match each executed subgrant award.

If the agency has more than one subgrant with the Grants Management Unit, a workbook must be completed for each of the executed subgrants.

Excluding the Draw Number, Month, and Year, the information contained in RED (and updated by subrecipient) will not change for the duration of the subgrant award.

Unless an amendment or budget modification is completed on the specific subgrant award. Additional instruction from the program manager will accompany the change at that time.

DEPARTMENT OF HEALTH & HUMAN SERVICES Director's Office - Grants Management Unit Request for Reimbursement			Agency Ref # BA / CAT: GL: Draw #: CFDA #	DO 5555 3195/50 8742 1 93.568		
Program Name: DHHS, Grants Management Unit, CSBG Program Manager Name & email		Subrecipient Name: Disney Town Water Resources Lucy Loo, Executive Director, lloo@disneytownwater.org				
Address: 4126 Technology Way, Suite 100 Carson City, Nevada 89706		Address: 5555 West Water Way Las Vegas, NV 84555				
Subgrant Period: July 1, 2020 through June 30, 2021		Subrecipient's: EIN: 88-5555555 Vendor #: T5555555				
Budget Period: July 1, 2020 through June 30, 2021						
FINANCIAL REPORT AND REQUEST FOR FUNDS (must be accompanied by expenditure report/back-up)						
Month(s):	July		Calendar year:	2020		
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$38,951.00	\$0.00	\$6,751.10	\$6,751.10	\$32,199.90	17.3%
2 Travel	\$1,000.00	\$0.00	\$39.00	\$39.00	\$961.00	3.9%
3 Operating	\$500.00	\$0.00	\$68.74	\$68.74	\$431.26	13.7%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%
7 Other	\$600.00	\$0.00	\$71.21	\$71.21	\$528.79	11.9%
8 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$41,301.00	\$0.00	\$6,930.05	\$6,930.05	\$34,370.95	16.8%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported*	Year to Date Total	Match Balance	Percent Match Completed
WY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and documentation is correct and that source documentation is maintained.						
Authorized Signature	Title				Date	
OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY						
Program contact necessary?	Yes		No		Contact Person: _____	
Reason for contact: _____						
Scope of Work/approval date:	Signed: _____					
Fiscal Review/approval date:	Signed: _____					
Revised 6/2021						

Each month the subrecipient will organize expenditures on the Transaction List & Source Documentation form and Year-to-Date form and enter the totals into each category in Box C – Current Request on the Reimbursement Request form.

Categories are reflected on the Notice of Subgrant award (and are reflected in the Approved Budget Categories).

Before entering the Current Request amounts, see the information on the next slide regarding Box B – Total Prior Requests.

If the formulas are not altered by the sub-recipient, Boxes D, E, and F will calculate themselves.

July 1, 2020 through June 30, 2021

FINANCIAL REPORT AND REQUEST FOR FUNDS (must be accompanied by expenditure report/back-up)						
Month(s):	July		Calendar year: 2020			
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$38,951.00	\$0.00	\$6,751.10	\$6,751.10	\$32,199.90	17.3%
2 Travel	\$1,000.00	\$0.00	\$39.00	\$39.00	\$961.00	3.9%
3 Operating	\$500.00	\$0.00	\$68.74	\$68.74	\$431.26	13.7%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%
7 Other	\$600.00	\$0.00	\$71.21	\$71.21	\$528.79	11.9%
8 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$41,301.00	\$0.00	\$6,930.05	\$6,930.05	\$34,370.95	16.8%

In the July example to the left, Box B – Total Prior Requests is zero as this is the first Reimbursement Request for this subgrant period.

Box C – Current Request shows the current month’s request.

Box D – Year-to-Date, Box E – Budget Balance, and Box F – Percent Expended have auto calculated.

In the August example to the right, the amounts from the July RFR Box D – Year-to-Date column have been entered into Box B – Total Prior Requests.

The current month’s request amounts have been entered into Box C – Current Request.

Box D – Year-to-Date, Box E – Budget Balance, and Box F – Percent Expended have auto calculated.

It is recommended not to remove or change formulas in this form.

July 1, 2020 through June 30, 2021

FINANCIAL REPORT AND REQUEST FOR FUNDS (must be accompanied by expenditure report/back-up)						
Month(s):	August		Calendar year: 2020			
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$38,951.00	\$6,751.10	\$6,751.10	\$13,502.20	\$25,448.80	34.7%
2 Travel	\$1,000.00	\$39.00	\$0.00	\$39.00	\$961.00	3.9%
3 Operating	\$500.00	\$68.74	\$103.56	\$172.30	\$327.70	34.5%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$250.00	\$0.00	\$84.00	\$84.00	\$166.00	33.6%
7 Other	\$600.00	\$71.21	\$71.21	\$142.42	\$457.58	23.7%
8 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$41,301.00	\$6,930.05	\$7,009.87	\$13,939.92	\$27,361.08	33.8%

YEAR-TO-DATE FORM TAB

Year-to-Date Report - Requested Reimbursement				Program Name												Disney Town Water Resources		DO 5555			
	Budget	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Y-T-D	% expended	Balance					
SECTION I		8%	17%	25%	33%	42%	50%	58%	67%	75%	83%	92%	100%								
Personnel	38,951.00	6,751.10	6,751.10	6,751.10	-	-	-	-	-	-	-	-	-	20,253.30	52.0%						
Travel	1,000.00	39.00	-	-	-	-	-	-	-	-	-	-	-	39.00	3.9%						
Operating	500.00	68.74	103.56	22.97	-	-	-	-	-	-	-	-	-	195.27	39.1%						
Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!						
Contractual Consultant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!						
Training	250.00	-	84.00	-	-	-	-	-	-	-	-	-	-	84.00	33.6%						
Other	600.00	71.21	71.21	71.21	-	-	-	-	-	-	-	-	-	213.63	35.6%						
Indirect	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!						
SECTION I - Total:	41,301.00	6,930.05	7,009.87	6,845.28	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	20,785.20	50.3%	20,515.80					

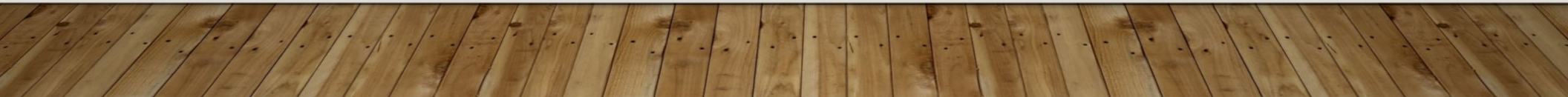
The Year-to-Date form must accompany the Request for Reimbursement and provides a summary of the grant year's expenditures by category.

This form is made up of 2 sections. Section I for September is shown above.

The Budget column (circled in red) will auto-populate with the approved budget amounts entered on the Reimbursement Request form.

If formulas are not changed, the information in each category for the monthly column (circled in green) auto-calculates from the information entered in Section 2.

It is recommended not to remove or change formulas in this form.



TRANSACTION LIST & SOURCE DOCUMENTATION TAB

The completed Transaction List & Source Documentation form must accompany the Reimbursement Request form and the Year-to-Date form.

The Transaction List and Source Documentation form contains the individual expenditures incurred and requested for reimbursement. If the expenditure is a shared expense across multiple funding sources, the funding sources and percentages allocated will be indicated in the appropriate columns.

In addition, the submission of this document certifies that the subrecipient is maintaining the source documentation for the expense(s) and that it will be available for review upon request for payment purposes, as well as site visits and monitoring.

Program Name: Disney Town Water Resources DO 5555					Insert % charged to this RFR here.	Insert % of cost allocated to other funding sources in column G-I. Add more as necessary to show 100%			Total Cost Allocation (must equal 100%)	Match Assigned to Grant (FRC Subawards ONLY)	Amount Charged to Grant
Transaction List & Source Documentation* <small>*with submission of this document, requester certifies they are maintaining all source documentation (2CFR200.302 (1-7))</small>						% Charged to CSBG	% Charged to General Fund	% Charged to Water for Tots			
Date	Inv Number	Page# Vendor	Description of Expense	Total Cost							
9/15/2020	4502	Lucy Loo	Lucy Loo Payroll 9/1/20-9/15/20	\$3,094.88	100.00%	0.00%	0.00%	0.00%	100.00%		\$3,094.88
9/31/2020	6602	Lucy Loo	Lucy Loo Payroll 9/16/20-9/31/20	\$2,996.80	100.00%	0.00%	0.00%	0.00%	100.00%		\$2,996.80
9/15/2021	91520	Lucy Loo	FICA	\$239.32	100.00%	0.00%	0.00%	0.00%	100.00%		\$239.32
9/31/2021	93120	Lucy Loo	FICA	\$239.32	100.00%	0.00%	0.00%	0.00%	100.00%		\$239.32
9/31/2021	W931	Lucy Loo	Workers Comp	\$60.26	100.00%	0.00%	0.00%	0.00%	100.00%		\$60.26
9/31/2020	AP931	Lucy Loo	Unemployment Insurance	\$120.52	100.00%	0.00%	0.00%	0.00%	100.00%		\$120.52
Total Personnel				\$6,751.10							\$6,751.10
→				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
Total Travel				\$0.00							\$0.00
9/12/2020	5602	Office Max	paper, office supplies	\$22.97	100.0%	0.00%	0.00%	0.00%	100.00%		\$22.97
				\$0.00	0.0%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.0%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.0%	0.00%	0.00%	0.00%	0.00%		\$0.00
Total Operating				\$22.97							\$22.97
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
Total Equipment				\$0.00							\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
Total Contractual/Consultant				\$0.00							\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
Total Training				\$0.00							\$0.00
9/12/2020	7502	AT&T Wireless	cellular for Lucy Loo	\$50.00	47.10%	52.90%	0.00%	0.00%	100.00%		\$23.55
9/15/2021	8302	Waste Water LLC	water bottle collection	\$200.00	23.83%	50.00%	26.17%	0.00%	100.00%		\$47.66
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
Total Other				\$0.00							\$71.21
→				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
Indirect				\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		\$0.00
Total Indirect				\$0.00							\$0.00
Total Requested										\$0.00	\$6,845.28

TRAVEL CLAIM TAB

The Travel Claim form will be used for submitting backup documentation required for travel and training-related travel. The form may be copied to new tabs for multiple claims. For claims submitted electronically, please indicate "SIGNATURE ON FILE" on the signature line. All backup documents (e.g., hotel receipts, airfare, rental cars, parking, etc.) and the claim with the original signatures must be available for review during site-visits.

The July RFR would have required the completion and submission of this form with the rest of the Request for Reimbursement.

TRAVEL EXPENSE REIMBURSEMENT CLAIM													
(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)													
Traveler Name: Lucy Loo					I declare under penalties of perjury that to the best of my knowledge this is a true and correct claim in conformance with the governing statutes and the State Administrative Manual and its updates. <input checked="" type="checkbox"/> I do not have a travel advance <input type="checkbox"/> I do have a travel advance from my agency or State Treasurer								
Address: 555 West Water Way Last Vegas, NV 84555													
Program Name: Disney Town Water Resources													
Official Duty Station (City): Las Vegas					Signature of Traveler (Do not sign in black ink)								
Transportation Codes: P - Plane X - Passenger in Car PP - Private Plane PT - Public Trans: Subway, City Bus PC - Private Car SC - State Car: Motor Pool or Agency Car OT - Other*: Taxi, Shuttle, Rental Car, Inter-City Bus or Rail					Program Approval (REQUIRED) Traveler is: <input type="checkbox"/> Organization Employee <input type="checkbox"/> Board or Commission Member <input checked="" type="checkbox"/> Subrecipient Contract <input type="checkbox"/> Provider for Travel								
Miscellaneous Codes: A - ATM Fees* I - Incidental Expense OT - Other*: Airport Parking													
Date(s) of travel	Destination and Purpose of Travel (Include to/From and reason)	Travel Times		Transportation			Misc. Expenses		Daily Expenses			Total	
		Started	Ended	Code	Mileage	Cost	Code	Cost	B	L	D		Lodging*
* Remember to indicate the location for the travel / training.													
07/10/20	travel to/from Pahrump	6:30 AM	9:30 PM	PC	67.2	39.00						39.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
Totals:						39.00		0.00	0.00	0.00	0.00	0.00	39.00
Total of this Claim												\$ 39.00	
Less Travel Advance Received from the Traveler's Agency or Agency Credit Card:												-	
Balance Due to Traveler:												\$ 39.00	

IN-KIND MATCH FORM TAB

The In-Kind Contribution/Match form must be used when reporting required Match.

Complete the Match Reporting section on the Reimbursement Request form (shown below) and the In-Kind Contribution/Match form Reported Match column for each Approved Budget Category (shown at right) for the month being requested for reimbursement. Additionally, complete the Match column (with months) to provide a total overview of match-to-date. This form must be completed, signed, and submitted for each month of reimbursement.

7	6 Training	\$250.00	\$84.00	\$0.00	\$84.00	\$166.00	33.6%
8	7 Other	\$600.00	\$142.42	\$71.21	\$213.63	\$386.37	35.6%
9	8 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
0	Total	\$41,301.00	\$13,939.92	\$6,845.28	\$20,785.20	\$20,515.80	50.3%
1							
2	MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported*	Year to Date Total	Match Balance	Percent Match Completed
3	September	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award:

Department of Health and Human Services									
Agency Ref #	DO 5555								
Budget/Category	3195/50								
IN-KIND CONTRIBUTION / MATCH									
Program Name: DHHS, Grants Management Unit, CSBG	Subgrantee Name: Disney Town Water Resources								
Address: 4126 Technology Way, Suite 100 Carson City, NV 89706	Address: 5555 West Water Way Las Vegas, NV 84555								
FINANCIAL REPORT FOR MATCHING									
Total Amount Awarded.	\$ 0								Match
Match Percentage	0%								Jul \$ -
Total Required Match	\$ 0								Aug \$ -
									Sept \$ -
									Oct \$ -
									Nov \$ -
									Dec \$ -
									Jan \$ -
									Feb \$ -
									Mar \$ -
									Apr \$ -
									May \$ -
									June \$ -
									YTD Total \$ -
Approved Budget Category		Reported Match							
1	Personnel	\$	-						
2	Travel/Training	\$	-						
3	Operating	\$	-						
4	Equipment	\$	-						
5	Contractual	\$	-						
6	Other	\$	-						
7	Indirect	\$	-						
8	Total	\$	-						

* Must be accompanied by Transaction List/Source Documentation and Year-to-Date Report

FINAL NOTES

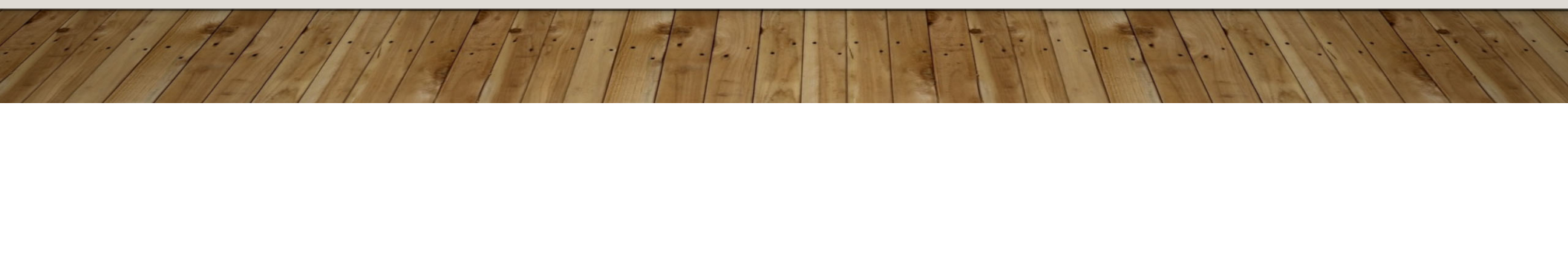
- Requests for Reimbursement are due by the 15th of the month following the expenditure.
- Only items listed for reimbursement which are outlined in the executed subgrant budget narrative or fall within the start or end subgrant period dates will be reimbursed.
- Incorrect calculations and/or dollar amounts will not be changed by the Grants Management Unit. The request will be rejected for the subrecipient to correct and resubmit.
- Required Request for Reimbursement documents should be emailed to gmu@dhhs.nv.gov.
- Requests not accompanied with the required completed and signed forms from the RFR Workbook will be rejected for the subrecipient to correct and resubmit.

OFFICE CONTACTS

GMU@DHHS.NV.GOV

Name	Email	Phone	Oversight
Sheila Lambert	slambert@dhhs.nv.gov	702-236-5602	Grief Support and FQHC Incubator Grants
Julieta Mendoza	jmendoza@health.nv.gov	775-684-4005	Title XX, Disability, and Wellness Grants
Katherine Dolan	kdolan@dhhs.nv.gov	775-684-4017	Fiscal
Jennifer Hughes	j.hughes@dhhs.nv.gov	775-684-4048	Administration
Tisa Muhaddes	t.muaddes@dhhs.nv.gov	775-684-4015	CSBG, Family Resource Center (FRC), Human Trafficking, and SafeVoice
Cyndee Joncas	cjoncas@dhhs.nv.gov	775-684-3470	Administration
Connie Lucido	c.lucido@dhhs.nv.gov	775-684-4001	Chief

Contact names may change due to staffing changes.



QUESTIONS

- Please submit to gmu@dhhs.nv.gov

QUESTIONS & ANSWERS – AS OF DATE XX/XX/XXXX

- Q:
- A: