

Request for Reimbursement (RFR) Workbook Instruction Manual

All Requests for Reimbursements (RFRs) must be emailed to the Grants Management Unit (GMU) email gmu@dhhs.nv.gov timely. Each RFR must be submitted in its own email and PDFs must not contain more than one RFR. The GMU cannot process multiple RFRs that are in one PDF file.

If there is a month with no expenses to be reimbursed, an RFR in the amount of \$0.00 must be submitted. This will inform DHHS-GMU that there are no expenses for that month and will not hold up the next RFR submitted.


Reimbursement Request Form:

Upper Right Corner: Complete the information in **red** with the information found on the approved signed Notice of Subaward (NOSA) then **change the font color to black**.

(NOTE: The "Draw #" needs to be changed with each RFR submission.)

A	B	C	D	E	F	G	H	I
	DEPARTMENT OF HEALTH & HUMAN SERVICES						Agency Ref #	DO 5555
	Director's Office - Grants Management Unit						BA / CAT:	3195/50
	Request for Reimbursement						GL:	8742
						Draw #:	1	
						CFDA #	93.568	

Example of approved signed NOSA: The highlighted yellow areas in the example below show the information to be entered in the above screenshot per the signed approved NOSA (Agency Ref. #, Budget Account, Category, GL).

	State of Nevada Department of Health and Human Services Grants Management Unit (hereinafter referred to as the Department)	Agency Ref. #: 5555 Budget Account: 3195 GL / Category: 8742/50 Job Number: 93.568 SubOrg:
	NOTICE OF SUBAWARD	
Program Name/Source of Funds DHHS, Grants Management Unit, CSBG Contact name, Title, Email Address	Subrecipient's Name: Disney Town Water Resources Lucy Loo, Executive Director, lloo@disneytownwater.org	

NOTE: If the approved subaward is for 2 years, please make sure to update the Budget Period to reflect the correct State Fiscal Year for State funded subawards, or to reflect the Federal Fiscal Year for Federally funded subawards. These dates can be found on the signed approved NOSA.

NOTICE OF SUBAWARD	
Program Name/Source of Funds DHHS, Grants Management Unit, CSBG Contact name, Title, Email Address	Subrecipient's Name: Disney Town Water Resources Lucy Loo, Executive Director, lloo@disneytownwater.org
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 5555 West Water Way Las Vegas, NV 84555
Subaward Period: July 1, 2020 through June 30, 2021	Subrecipient's: EIN: XX-XXXXXX Vendor #: TXXXXXX Dun & Bradstreet: XXXXXXXXX

Month and Calendar Year: Enter the month and calendar year information. If this is the "Final" RFR, complete the month and put "**Final**" (Example: **June-Final**) on the RFR coversheet. If the award is not being fully expended, notate this in the email that the award will not be fully expended and the amount that is being left.

See Screenshot below the following instructions as a reference.

Approved Budget “Box A” (Amounts are obtained from the approved signed NOSA budgeted amounts, which can be found in the “Budget Narrative” section of the NOSA.) Each grantee submits a Budget Narrative before a subaward is issued and approved. The Budget Narrative is broken down for each budget period (especially if it is a 2-year subaward). Year 1: enter the approved budget amounts. When starting the following year of the award, enter the second-year approved budget amounts per the NOSA.

- **NOTE: If Amendments or BMRs are done on the subaward, the approved budget amounts in each category must be updated to reflect those approved Amendments and/or BMRs.**

Total Prior Requests “Box B”: For the first RFR submitted this section will be \$0.00. The second RFR submitted will have the totals for each category and overall total which was entered on the prior RFR. (Using the **Year-to-Date Total “Box D”** is helpful when completing the new RFR.) Keep in mind, in order to use the expenditure amounts from the Year-to-Date Total, those numbers must be entered in the **Prior Request Total “Box B”** before updating any other area.

Current Request “Box C”: This column is for current expenses which are also reflected on the Year-to-Date Report Tab and the Transaction List/Source Documentation Form Tab. The category totals and overall total must match the Year-to-Date Report and the Transaction List/Source Documentation Form.

- **NOTE: Indirect must be the approved percentage per the signed approved NOSA. Each reimbursement must have the approved indirect amount requested (no less and no more). If it is found later in the subaward that the indirect was not requested for the full percentage on prior RFRs, it cannot be adjusted on future reimbursement submissions to correct.**

Year-to-Date Total “Box D”, **Budget Balance “Box E”**, and **Percent Expended “Box F”** are formulated cells and should not be changed. Keep an eye on the **Budget Balance “Box E”** and the **Percent Expended “Box F”**. These two columns cannot go in the negative or over 100% when submitting an RFR. If these exceed the approved budgeted amount, please work with your Program Manager on completing a Budget Modification Request (BMR) or an Amendment to redirect funds before the RFR is submitted. Once the BMR or Amendment is approved, if an RFR was submitted, then a new revised RFR with all backup must be resubmitted.

Match Reporting is to be completed ONLY if the approved subaward allows it. If the subaward allows Match Reporting, the In-Kind Match Form in the RFR workbook must be completed, signed, and submitted along with supporting backup.

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	-

Signature Line:

When digitally signing the Reimbursement Request page, please do not check the “Lock Document After Signing” box as further approval signatures will need to be added (see screenshot).



Year-to-Date Report Tab:

Section I: This section will auto-populate in the most current “Revised RFR workbook 6/2/2021” based on the approved budget entered on the Reimbursement Request Tab. In older RFR Workbooks, these totals must be manually entered and must match the approved budget on the Reimbursement Request Tab. The rest of the months July-June totals in Section I will also auto-populate based on the expense totals entered in Section II of the Year-to-Date Report.

Section II:

Personnel: Enter each paid employee/staff’s salary individually in the highlighted yellow area.

Fringe: One lump sum may be entered.

NOTE:

When submitting the first RFR for the start of a new subaward or the new budget period of a 2 year award, the hours worked on the first month’s RFR **MUST ONLY** be for that said month and cannot include any hours worked prior to that month. This is regardless if those hours were paid in that month. You must remove those hours worked in the prior month and only ask for reimbursement on that month’s hours worked. (As those hours worked in the prior month should have been asked for reimbursement on the Final RFR.)

For salaries requested for reimbursement, all hours worked for the final month **MUST** be included in the RFR even if those hours are not paid until the following month. If those hours worked in the final month of the award/budget

In Kind Match Form Tab:

This form must be completed for any subaward allowed In-Kind Matching (FRC). Backup documents must be submitted along with the reimbursement. The yellow highlighted areas along with the information in red text must be entered in by the grantee then **change the font color to black**. Gray areas will auto-populate as there are formulas in those cells. The "Match Assigned to Grant (FRC Subawards ONLY) column on the Transaction List & Source Documentation will auto-populate with the totals entered on this form.

Department of Health and Human Services			
		Agency Ref #	DO 5555
		Budget/Category	3195/50
IN-KIND CONTRIBUTION / MATCH			
Program Name:		Subgrantee Name:	
DHHS, Grants Management Unit, CSBG		Disney Town Water Resources	
Address:		Address:	
4126 Technology Way, Suite 100 Carson City, NV 89706		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	\$ -
* Must be accompanied by Transaction List/Source Documentation and Year-to-Date Report			