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.

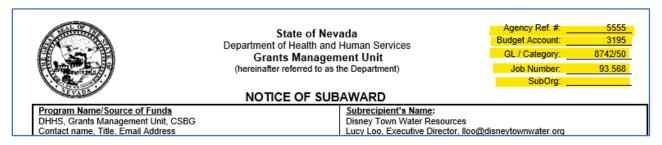
Reimbursement Request Form:

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.)

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	DEPARTMENT OF HEAL	TH & HUMAN	SERVICES			Agency Ref#	DO 5555	
	Director's Office - Gran	ts Managemen	t Unit			BA / CAT:	3195/50	F
	Request for Reimbursem	ent				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).



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

<u>Total Prior Requests</u> "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 <u>Year-to-Date Total</u> "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 <u>Prior Request Total</u> "Box B" before updating any other area.

<u>Current Request</u> "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.

<u>Year-to-Date Total</u> "Box D", <u>Budget Balance</u> "Box <u>E"</u>, and <u>Percent Expended</u> "Box <u>F"</u> are formulated cells and should not be changed. Keep an eye on the <u>Budget Balance</u> "Box <u>E"</u> and the <u>Percent Expended</u> "Box <u>F"</u>. 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.

(must be a	ccompanied by	, expenditure repo			
- u.,		oxponature repo	rt/back-up) <mark>Calendar year:</mark>	2020	
Α	В	С	D	E	F
Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	Percent Expended
\$38,951.00	\$0.00	\$6,751.10	\$6,751.10	\$32,199.90	17.3%
\$1,000.00	\$0.00	\$39.00	\$39.00	\$961.00	3.9%
\$500.00	\$0.00	\$68.74	\$68.74	\$431.26	13.7%
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%
\$600.00	\$0.00	\$71.21	\$71.21	\$528.79	11.9%
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
\$41,301.00	\$0.00	\$6,930.05	\$6,930.05	\$34,370.95	16.8%
Approved Match Budget	Total Prior Reported Match	Current Match Reported*	Year to Date Total	Match Balance	Percent Match Completed
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
	Approved Budget \$38,951.00 \$1,000.00 \$500.00 \$0.00 \$250.00 \$600.00 \$0.00 \$41,301.00 Approved Match Budget	Approved Budget Requests \$38,951.00 \$0.00 \$1,000.00 \$0.00 \$500.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$41,301.00 \$0.00 Approved Match Budget Match	Approved Budget Total Prior Requests Current Request \$38,951.00 \$0.00 \$6,751.10 \$1,000.00 \$0.00 \$39.00 \$500.00 \$0.00 \$68.74 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$250.00 \$0.00 \$0.00 \$600.00 \$0.00 \$71.21 \$0.00 \$0.00 \$0.00 \$41,301.00 \$0.00 \$6,930.05	Approved Budget Total Prior Requests Current Request Year to Date Total \$38,951.00 \$0.00 \$6,751.10 \$6,751.10 \$1,000.00 \$0.00 \$39.00 \$39.00 \$500.00 \$0.00 \$68.74 \$68.74 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$250.00 \$0.00 \$0.00 \$0.00 \$600.00 \$0.00 \$71.21 \$71.21 \$0.00 \$0.00 \$0.00 \$0.00 \$41,301.00 \$0.00 \$6,930.05 \$6,930.05 Approved Match Budget Total Prior Reported Match Reported* Year to Date Total	Approved Budget Total Prior Requests Current Request Year to Date Total Budget Balance \$38,951.00 \$0.00 \$6,751.10 \$6,751.10 \$32,199.90 \$1,000.00 \$0.00 \$39.00 \$39.00 \$961.00 \$500.00 \$0.00 \$68.74 \$68.74 \$431.26 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$250.00 \$0.00 \$0.00 \$0.00 \$250.00 \$600.00 \$0.00 \$71.21 \$71.21 \$528.79 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$41,301.00 \$0.00 \$6,930.05 \$6,930.05 \$34,370.95 Approved Match Budget Total Prior Reported Match Reported* Match Budget

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:

<u>Section I:</u> 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

period are not requested in the final RFR, you will not be able to be reimbursed on the new award/year 2 budget period for those hours worked.

The start date of an award dictates the expenses allowed to be reimbursed. If the start date of an award or the new budget period or on year 2 of the award is July 1st, then no expenses/hours worked prior to this date can be on the RFR. (This also applies for awards that have a start date of October 1st.) State Agencies with awards that run on a Federal Fiscal Year will have an extra criteria to follow as they will not only follow what is stated above, but they will also need to follow their approved State Authority for the State Fiscal Year. (Please contact the Program Manager who oversees your subaward for more details.)

Year-to-Date Report - Requested Reimbursement					Program	Name	XXXXXXXX							xxxx			
•		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		-			-	-	-		-		-	-	-	-		#DIV/0!	
Fravel			-	-	-					-	-	-	-	-		#DIV/0!	
Operating		-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Equipment		-	-	-	-	-	-	-	-	-	-	-	-	-		#DIV/0!	
Contractual/Consultant		-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0I	
Training		-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Other		-	-	-		-		-	-	-	-	-	-	-	-	#DIV/0!	
Indirect			 		 		+					t	t	t		#DIV/0!	
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SECTION 1 - Total:		_		3 -				3 -			3 -	3 -	3 -	3 -	<u> </u>	#DIVIO:	
SECTION II			8%	17%	25%	33%	42%	50%	58%	67%	75%	83%	92%	100%			
Personnel: First & Last Name:	FTE Request %	<u> </u>															
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Fringe:																	
FICA			1											1	<u> </u>	#DIV/0!	
Worker's Comp			1				1									#DIV/0!	
Unemployment Ins			1				1									#DIV/0!	
Retirement																#DIV/0!	
Group Insurance			1	T	1		T	T				T	T	T		#DIV/0!	
																#DIV/0!	
Total:		-	-	-	-	-	-	-	-	-	-	-	-	-		#DIV/0!	
TOTAL PERSONNEL:		-	-		-	-	-	-		-		-	-	-		#DIV/0!	-
Travel:																	
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Equipment:																	
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TOTAL EQUIPMENT:																#DIV/0!	

All other Categories: (Travel, Operating, Equipment, Contractual, Training, and Other) Complete these categories based on the signed approved NOSA "Budget Narrative". For example: Operating – if the approved NOSA has multiple line items, such as Office Supplies, Occupancy/Rent, Communications, enter each line item as their own and the approved budgeted amount within that category. (See below for example)

		Budget	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Y-T-D	Z expended	Balance
SECTION I			8%	17%	25%	33%	42%	50%	58%	67%	75%	83%	92%	100%			
Operating:																	
Communications		960.00	112.22												112.22	11.7%	
Office Supplies/Miscellaneous		1,536.00														0.0%	
Occupancy		1,200.00	300.00												300.00	25.0%	
TOTAL OPERATING		3,696.00	412.22	-	-	-	-	-	-	-	-	-	-	-	412.22	11.2%	3,283.78

<u>Transaction List & Source Documentation Tab</u> (see example on next page)

This form is to be used for only those expenses being requested for reimbursement on the current RFR submission. All other expenses that have been requested prior should be removed.

Each transaction/bill/invoice/individual's salary per pay period must be listed on this form.

Complete each column:

A. Date: (of invoice, of paycheck, etc.)

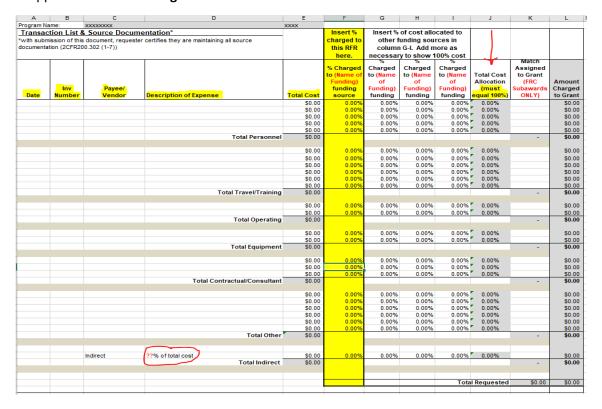
- B. Invoice Number: This should be the invoice number of the bill, check number from individual's salary, or any other identifying information for the expense.
- C. Payee/Vendor: Vendor, Staff's name for "Personnel"
- D. Description of Expense: Brief description of expense, if it is for Personnel put the pay period dates.
- E. Total Cost: This should be the Total cost of the invoice/bill/paycheck, not what the grant is to reimburse at.
- F. % Charged to Funding Source: Insert the Funding Source name in the red text area then change the font color to black. This column is to have the percentage for what the grant is to be paid against, which will populate the "Amount Charged to Grant" column.

The columns under the heading "Insert % of cost allocated to other funding sources in columns G-I. Add more as necessary to show 100% cost allocation." are to be used to show cost allocation when the expense is funded by sources in addition to the grant. Enter the correct percentages for each funding source and enter the Funding Source name in the red text area then change the font color to black.

If there are more than 4 funding sources, more columns will need to be added, which may cause a need for adjustments to the formulas in columns "Total Cost Allocation (must equal 100%)" and "Amount Charged to Grant". Showing cost allocation is required.

- J. Total Cost Allocation: The percentage must not exceed 100% and must not be less than 100%
- K. Match Assigned to Grant (FRC Subawards ONLY): The fields will auto-populate when the In-Kind Match form is completed (see page 7).

<u>Indirect expense:</u> At the bottom left of the form, there are 2 question marks in <u>red</u> text. Enter the percentage that the subaward was approved for then **change the font color to black**.



Training Breakdown Tab:

The below form must be completed and submitted when training expenses are requested for reimbursement along with the training backup.

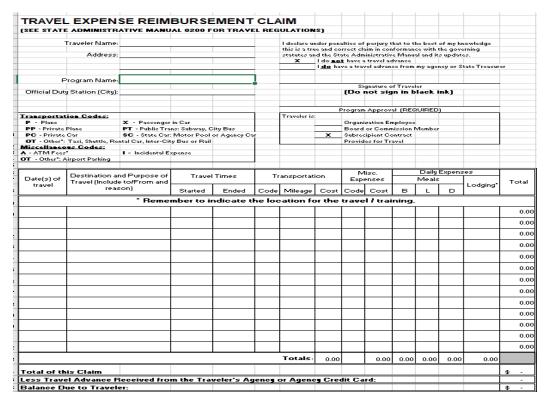
Training Summary	Program Name	xxxxxxxx		
Name of Staff	Brief Description (e.g., name of training, location, etc.)	Date(s) of Training- Related Travel	Other Expense (e.g., Registration)	Amount
			I	
		Total:		\$ -

Travel Claim Tab:

The below form must be completed when travel expenses are requested for reimbursement. Other Travel Claim forms may be considered but must be approved by DHHS-GMU staff before using.

NOTE: Please do not send maps showing the travel. These can be kept on file at your location in the event of an audit.

For claims submitted electronically, please indicate "SIGNATURE ON FILE" on the signature line. The claim with the original signatures must be available for review during site-visits.



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.

	De	part	ment of Health a	nd H	uman Serv	rices			
						Agency Re	ef#	D	0 5555
						Budget/Cate	egory	3	195/50
						11 1-1-11			
	IN	N-KI	ND CONTRIB	UTIC	N / MAT	CH			
Pro	gram Name:		122 - 112 - 124 - 124	Sub	grantee Na	me:			
DHI	HS, Grants Management	Unit,	CSBG	Disr	ney Town W	ater Resource	s		
Ado	iress:			Add	ress:				
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412	6 Technology Way, Suite	100		000					
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