Department of Health and Human Services (DHHS) Grants Management Unit (GMU)

Request For Reimbursement (RFR) Excel Workbook Instructions

It is the policy of the Department of Health and Human Services (DHHS) to authorize efficient and timely reimbursement of subrecipient expenditures. All Requests for Reimbursements (RFRs) must be emailed to the Grants Management Unit (GMU) at gmu@dhhs.nv.gov. The RFR is to be submitted by the 15th day of each month for the current fiscal year. Submit one email per RFR in PDF format; signed; with a descriptive File Name and Subject Line that contains the Agency Ref #, CAT #, agency name and RFR month date. Example: RFR for Review: DO 1555 CAT 16 FRC Lyon County Human Services 10.2023. The RFR review process will move forward more efficiently when these procedures are followed.

- Note: When there is a month that does not have 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 month's RFR review.
- The subrecipient is required to provide evidence that costs were incurred and paid as well as any cost allocation for any shared costs. This backup documentation (invoices, electronic transaction records, receipts, proof of payment, payroll records, etc.) will be provided with the required PDF documents. See RFR Backup Requirements for further information.

RFR Template:

The RFR Template provides easy access to instructions for the submission of documents each month. The following is a breakdown of each sheet included in the Excel template.

Sheet 1: Instructions

This sheet provides information on the required documents and others that are only required as expenses indicate. The required documents include the Reimbursement/Advance Request Form, Year-to-Date Report, and the Transaction List/Source Documentation, others indicated are for Travel Breakdown, Travel Claims, and In-Kind Match.

Sheet 2: Reimbursement Request

The RFR Form contains the same information that is reported on the approved Contract or Subaward. Each month the subrecipient will report expenditures for reimbursement by completing 'column C" and update the Total Prior Requests.

Upper Right Corner: Complete the information in "RED" with the information found on the approved signed Notice of Subaward (NOSA) **Note: Change the font to Black.**

Change the "DRAW #" with each RFR submission.

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).

<table>
<tr><td></td><td>State of Nevada
Department of Health and Human Services
Director's Office
(hereinafter referred to as the Department)

NOTICE OF SUBAWARD</td><td>Agency Ref. #: <strong style="color:red">DO XXXX
Budget Account: XXXX
Category: XX
GL: XXXX
Job Number: XXXX</td></tr>
</table>

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.

Program Name: DHHS, Grants Management Unit, CSBG Contact Name, Title, Email Address	Subrecipient's Name: Name Contact Name / Email Address
Address: 1000 N. Division St. Carson City, NV 89703	Address: Street address City, State Zip
Subaward Period: July 1, 2024 through June 30, 2025	Subrecipient's: EIN: XX-XXXXX Vendor #: TXXXXXX UEI #: XXXXXXXXX

Month and **Calendar Year:** Enter the month and calendar year information. If this is the "Final" RF, 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 "This award will not be fully expended, and the** remaining balance is $xxxxx**".**

See Screenshot below the following instructions as a reference.

FINANCIAL REPORT AND REQUEST FOR FUNDS (must be accompanied by expenditure report/back-up)						
Month(s): xxxxx				Calendar year: xxxx		
	A	B	C	D	E	F
Approved Budget Category	Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	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
xxxxx	$0.00	$0.00	$0.00	$0.00	$0.00	-

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. Enter the approved budget amounts for each category.

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, 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.

- 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. **Updates should only be made once the Amendment or BMR has been executed.

- 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 documents will need to be resubmitted.

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

- 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.

Sheet 3: Year-to-Date Report

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. The rest of the months' 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 title, first and last name, and salary individually in the highlighted yellow area.

Fringe: One lump sum may be entered.

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 in the first month's RFR must be for that month only. This cannot include any hours worked in the prior month, even if those hours were paid for in that month.

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 additional 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	xxxxxxx							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!	
Travel			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Operating			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Equipment			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Contractual/Consultant			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Training			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Other			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Indirect			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
SECTION I - Total:			-	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	#DIV/0!	-
SECTION II				8%	17%	25%	33%	42%	50%	58%	67%	75%	83%	92%	100%			
Personnel:	First & Last Name:	FTE	Request %													-	#DIV/0!	
																-	#DIV/0!	
																-	#DIV/0!	
																-	#DIV/0!	
																-	#DIV/0!	
																-	#DIV/0!	
Total:			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Fringe:																		
FICA																	-	#DIV/0!	
Worker's Comp																	-	#DIV/0!	
Unemployment Ins																	-	#DIV/0!	
Retirement																	-	#DIV/0!	
Group Insurance																	-	#DIV/0!	
Total:			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
TOTAL PERSONNEL:			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-
Travel:																	-	#DIV/0!	
																	-	#DIV/0!	
TOTAL TRAVEL/TRAIN:			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-
Operating:																	-	#DIV/0!	
																	-	#DIV/0!	
																	-	#DIV/0!	
TOTAL OPERATING			-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-
Equipment:																	-	#DIV/0!	
																	-	#DIV/0!	
																	-	#DIV/0!	
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	% 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

Sheet 4: Transaction List & Source Documentation

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.

Transactions/bills/invoices/personnel salary per pay period must be listed on this form.

Program Name:	xxxxxxxxx			XXXX		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% cost					
Transaction List & Source Documentation* *with submission of this document, requester certifies they are maintaining all source documentation (2CFR200.302 (1-7))*												
Date	Inv Number	Payee/ Vendor	Description of Expense		Total Cost	Charged to (Name of Funding) funding source	Charged to (Name of Funding) funding source	Charged to (Name of Funding) funding source	Charged to (Name of Funding) funding source	Total Cost Allocation (must equal 100%)	Match Assigned to Grant (FRC Subawards ONLY)	Amount Charged to Grant
					$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 Personnel		$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%	0.00%		$0.00
			Total Travel		$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
					$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		$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 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
					$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
					$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
					$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 Other		$0.00						–	$0.00
		Indirect	??% of total cost		$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		$0.00
			Total Indirect		$0.00						–	$0.00
										Total Requested	$0.00	$0.00

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 and 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.

   a. 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

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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. Change the font color to black.

    b. 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).

Indirect expense: At the bottom left of the form, there are 2 question marks in "RED" text. Enter the percentage that the subaward was approved for and change the font color to black.

Sheet 4: Travel Claim

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 use.

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.

TRAVEL EXPENSE REIMBURSEMENT CLAIM
(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Traveler Name: _____

Address: _____

_____

Program Name: _____

Official Duty Station (City): _____

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.

| X | I do **not** have a travel advance |
| | I **do** have a travel advance from my agency or State Treasurer |

Signature of Traveler
(Do not sign in black ink)

Program Approval (REQUIRED)

Traveler is:
	Organization Employee
	Board or Commission Member
X	Subrecipient Contract
	Provides for Travel

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	

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	Meals			Lodging*	
									B	L	D		
" Remember to indicate the location for the travel / training.												
													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
		Totals:				0.00		0.00	0.00	0.00	0.00	0.00	

Total of this Claim	$ -
Less Travel Advance Received from the Traveler's Agency or Agency Credit Card:	-
Balance Due to Traveler:	$ -

Sheet 3: Training Breakdown

This is a summary of the training-related expenses submitted. Training costs are only reimbursed after costs are paid and training has occurred.

*See RFR Backup Requirements on page(s) 9 and 10 of this document.

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

Sheet 5: In Kind Match Form

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 and 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.

IN-KIND CONTRIBUTION / MATCH

Program Name:
DHHS - Grants Management Unit

Subgrantee Name:
xxxxxxxx

Address:
1000 N Division Street, Ste 201
Carson City, NV 89703

Address:
xxxxxxxx
xxxxxxxx

FINANCIAL REPORT FOR MATCHING

					Match	
Total Amount Awarded.	$ 0					
Match Percentage	0%			Jul	$	-
Total Required Match	$ 0			Aug	$	-
				Sept	$	-
				Oct	$	-
Approved Budget Category	Reported Match			Nov	$	-
1 Personnel	$ -			Dec	$	-
2 Travel/Training	$ -			Jan	$	-
3 Operating	$ -			Feb	$	-
4 Equipment	$ -			Mar	$	-
5 Contractual	$ -			Apr	$	-
6 Other	$ -			May	$	-
7 Indirect	$ -			June	$	-
8 Total	$ -			YTD Total	$	-

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

It is required for all submitted documents to be converted to PDF then emailed along with the backup documents showing cost were incurred and paid. Non-PDF documents will not be accepted, and this will slow down the review process and create delays in the reimbursement process.

RFR Backup Requirements

Personnel:

1) A copy of the paycheck stub showing the cost listed on the transaction log.

   <u>Health Insurance:</u> provide the bill(s) cover page with the total amount due; a copy of the check used for payment or receipt of an electronic transaction showing payment was processed; and what each employee listed on your transaction log is being charged for on the grant.

   <u>Retirement:</u> provide the bill(s) cover page with the total amount due; a copy of the check used for payment or receipt of an electronic transaction showing payment was processed; and what each employee listed on your transaction log is being charged for on the grant.

   <u>Payroll Taxes:</u> provide a copy of the transaction where the payroll taxes were paid.

   <u>Misc:</u> All other bills or charges should be handled the same way as Health Insurance and Retirement.

These documents should match what your transaction log is showing.

Travel:

   Travel Claim Worksheet is the only document required.

Operating:

   For expenses being claimed under Operating, provide the bill(s) cover page with the total amount due and a copy of the check used for payment or receipt of an electronic transaction showing payment was processed.
   a. Example: A Verizon bill has 100 pages; the first page of the bill shows the amount due of $1,716.53. The Verizon bill was paid with Check# 1005. Provide a copy of Check # 1005 showing the payee and amount, plus the first page of the Verizon bill showing the amount due.
   b. Example: A NV Energy bill has 3 pages; the first page of the bill shows the amount due of $358.54. NV Energy was paid with Check# 1154. Provide a copy of Check# 1154 showing the payee and the amount paid plus the first page of the NV Energy bill showing the amount due.
   c. If you are unsure, please send an email to gmu@dhhs.nv.gov and ask for clarification.

Equipment:

   A copy of the invoice/bill and the check used for payment. The check must show the payee and the amount paid.

Contractual/Consultant:

   A copy of the invoice/bill and the check used for payment. The check must show the payee and the amount paid.

Training:

A copy of the invoice/bill and the check used for payment. The check must show the payee and the amount paid.

Other:

A copy of the invoice/bill and the check used for payment. The check must show the payee and the amount paid.

a. For direct client financial assistance, please provide the check, client assistance request, and a copy of the bill you are assisting with.
    i. Example: John Smith needs assistance paying his NV Energy Bill. The NV Energy bill is $154.26. A copy of the bill from NV Energy, the signed assistance request form and a copy of the check used for payment. The check copy must show the payee and the amount paid.
    ii. Example: Jane Doe needs assistance paying her rent. Provide a copy of the rental agreement showing the monthly rent ($1200.00) amount, the signed assistance request form and a copy of the check used to pay the expense. The copy of the check must show the payee and the amount paid.