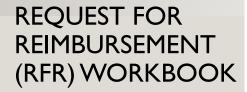
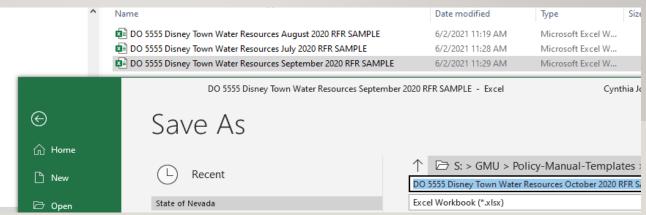
REQUEST FOR REIMBURSEMENT

DIRECTOR'S OFFICE – GRANTS MANAGEMENT UNIT

OUTCOMES

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





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.

5. In Kind Match Form

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 lent 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

А	В	L	U		г	G	п	
-	DEPARTMENT OF HEAL	TH & HUMAN S	FRVICES	-		Agency Ref #	DO 5555	ľ
	Director's Office - Gran					BA/CAT:	3195/50	ŀ
	Request for Reimbursem		iii oiiii			GL:	8742	t
	reducer for realingardenia	0111				Draw #:	1	i
						CFDA#	93,568	t
Pro	ogram Name:			Subrecipient Nar	no-			i
	HS, Grants Management Unit,	CSBG		Disney Town Water I				
	gram Manager Name & email			Lucy Loo, Executive		neutownwater.org		
	iress:			Address:				i
	Technology Way, Suite 100			5555 West Water Wa	u			
	son City, Nevada 89706			Las Vegas, NV 8455				
	ogrant Period:			Subrecipient's:				Ī
	1, 2020 through June 30, 3021				88-555555			
	dget Period:			¥endor #:				
	1, 2020 through June 30, 3021			10,1001 2.				
odig	, Edea through date od, dder		AL DEPORT A	ND REQUEST F	OD FLINDS			i
				expenditure re				
	Month(s):		companied by	espendicule le	Calendar yea			
	rioidi(3).	odiy			oulendar yeu	2020		
_		Α	В	С	D	E	F	i
	Approved Budget	Approved	Total Prior	Current	Year to Date	Budget	Percent	
	Category	Budget	Requests	Request	Total	Balance	Expended	
1	Personnel	\$38,951.00	\$0.00	\$6,751.10	\$6,751.10	\$32,199.90	17.3%	ľ
2	Travel	\$1,000.00	\$0.00	\$39.00	\$39.00	\$961.00	3.9%	Ī
3	Operating	\$500.00	\$0.00	\$68.74	\$68.74	\$431.26	13.7%	Ī
4	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	Ī
5	Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	Ī
6	Training	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%	ĺ
7	Other	\$600.00	\$0.00	\$71.21	\$71.21	\$528.79	11.9%	ĺ
8	Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	l
	Total	\$41,301.00	\$0.00	\$6,930.05	\$6,930.05	\$34,370.95	16.8%	
								ı
	MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Match Completed	
	Auly	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	Ī
								Ī
expo ther awa pen	duty authorized signatory for th enditures, disbursements and o n amount of this request is no re that any false, fictitious or fr alties for fraud, false statemen umentation is maintained.	cash receipts are fo t in excess of currer audulent informatio	r the purposes and nt needs or, cumul on, or the omission	d objectives set forth atively for the grant te n of any material fact,	in the terms and co rm, in excess of the may subject me to	nditions of the grant e total approved gran criminal, civil or adm	award; and tha nt award. I am inistrative	t
Aut	horized Signature			Title			Date	
				LTH AND HUMA	N SERVICE - O	FFICE USE ONLY	ž.	
	gram contact necessary?	Yes	No	Contact Person:				
	ason for contact:							
Rea	ason for contact:							
Rea):	Signed:					

Director's Office - Grants Management Unit Request for Reimbursement Git 8742	4 D	L	U	Е	г	G	п
Request for Reimbursement Request for Reimbursement Cit. 0742	DEPARTMENT OF HEALT	TH & HUMAN SE	RVICES			Agency Ref #	DO 5555
Draw #: 1	Director's Office - Gran	its Manageme	nt Unit			BA7CAT:	3195750
CFDA # 33.568 **Corgram Name:** IriHst, Grants Management Unit, CSBG **Corgram Name & email **Modress:** 126 Technology Vay, Suite 100 **arson City, Nevada 89706 **Las Vegas, NV 84595 **Las Vegas, N	Request for Reimburseme	ent				GL:	8742
Subrecipient Name:						Draw #:	1
Disney Town Vater Resources Lucy Loo, Executive Director, Illoo@disneytownwater.org						CFDA#	93,568
Lucy Loc, Executive Director, Iboo@disneytownwater.org	rogram Name:			Subrecipient Nar	me:		
Lucy Loc, Executive Director, Iboo@disneytownwater.org	HHS, Grants Management Unit, (CSBG		Disney Town Water !	Resources		
### Address: 26 Technology Vay, Suite 100 50555 Vest Varier Vay ### asson City, Nevada 83706 Las Vegas, NV 84555				Lucy Loo, Executive	Director, Iloo@dis	neytownwater.org	
1	ddress:			Address:			
Las Vegas, NV 84555 Subgrant Period Subg	26 Technology Way, Suite 100				9 ų		
Section Sect							
Second S	ubgrant Period:			Subrecipient's:			
Section Part					88-555555		
				Vendor #:	T5555555		
FINANCIAL REPORT AND REQUEST FOR FUNDS (must be accompanied by expenditure report/back-up) Month(s): July							
Month(s): July	ng i, Edea tinoagn dane do, dder	FINANCI	AL DEDOOT A	NO DECLIEST E	OD FLINDS		
Month(s): July							
A B C D E F Approved Budget Category Budget Requests Request Total Balance Expende Category Budget Requests Request Total Balance Expende Personnel \$38,951.00 \$0.00 \$6,751.10 \$6,751.10 \$32,199.90 17.37. Personnel \$38,951.00 \$0.00 \$33.00 \$66,751.10 \$32,199.90 17.37. Departing \$500.00 \$0.00 \$33.00 \$66,751.10 \$32,199.90 17.37. Equipment \$0.00 \$0.00 \$66,751.00 \$66,751.10 \$32,199.90 17.37. Equipment \$0.00 \$0.00 \$66,70.00 \$0	Month(s):		Joinpained by	expenditure re			
Approved Budget Category Budget Requests Request Total Pior Requests Request Total Sudget Total	r-ionai(s).	odiy			Calendar yea	2020	
Approved Budget Category Budget Requests Request Total Pior Request Total Budget Balance Expende Total Pior Total Pior Request Total Salance Expende Total Pior		Α	B	r	n	F	F
Personnel	Approved Budget			_	_		
Personnel							
2 Travel							
Soperating							
Equipment \$0.00 \$0		,					
\$ Contract/Consultant \$0.00 \$0							
Straining \$250.00 \$0.00 \$0.00 \$0.00 \$250.00 0.0%							
Source							
Indirect							
Approved Match Budget Approved Budget							
Approved Match Budget Reported Match Budget Natch Summer Natch Budget Nature Department Of Hall Hand Human Service - OFFICE USE ONLY Operam contact necessary? Yes No Contact Person: Description Date Signed: Signed: Signed:		\$41,301,00					
Approved Match Budget William State Budget Bu					,		
Match Budget Match Budget Reported Match Budget Sound \$0.00		A	Total Prior	Courses Massak	V 1- D-1-		Percent
Match \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Adulty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the penditures, disbursements and eash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and it em 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 are that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative inalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and documentation is correct and that source commentation is maintained. Title Date OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY organic contact necessary? Yes No Contact Person: page of Work/approval date: Signed: Signed:	MATCH REPORTING		Reported	Current Match	Tear to Date	Match Balance	
duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the penditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award, and remaind to this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I are that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative malties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and documentation is correct and that source commentation is maintained. Uniform Contact Person:				Reported*	Total	I-laton Dalanot	Match
penditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and am 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 are that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative nalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and documentation is correct and that source commentation is maintained. Title		_	Match	·			Complete
OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY ogram contact necessary? Yes No Contact Person: asson for contact:	July	_	Match	·			Complete
rogram contact necessary? Yes No Contact Person: eason for contact: cope of Work/approval date: Signed: scal Review/approval date: Signed:	a duty authorized signatory for the ipenditures, disbursements and o em amount of this request is not ware that any false, flotitious or fra enalties for fraud, false statement	\$0.00 e applicant, certify to eash receipts are for in excess of currer audulent informatio	Match \$0.00 o the best of my kr r the purposes and at needs or, cumul- on, or the omission	\$0.00 nowledge and belief the dobjectives set forth atively for the grant te n of any material fact,	\$0.00 hat this report is tru in the terms and co erm, in excess of the may subject me to	\$0.00 e, complete and acc Inditions of the grante total approved granteriminal, civil or adm	complete - urate; that th t award; and t nt award. I ar ninistrative
cope of Work/approval date: Signed: Signed: Signed:	iduty authorized signatory for the penditures, disbursements and o em amount of this request is not lare that any false, ficitious or fra nalties for fraud, false statement coumentation is maintained.	\$0.00 \$0.00 e applicant, certify to eash receipts are for in excess of currer audulent informatio ts, false claims, or c	Match \$0.00 o the best of my ki r the purposes and nt needs or, cumul- nn, or the omission otherwise. I verify t	\$0.00 nowledge and belief it objectives set forth atively for the grant te n of any material fact, that the cost allocatio	\$0.00 hat this report is tru in the terms and oc erm, in excess of the may subject me to on and documentat	\$0.00 e, complete and acc enditions of the grant e total approved gran criminal, civil or adm ion is correct and th	urate; that the taward; and the taward. I are ininistrative lat source
scal Review/approval date: Signed:	duty authorized signatory for the denditures, disbursements and commander of this request is not are that any false, fictitious or fra- nalties for fraud, false statement ourmentation is maintained. thorized Signature	\$0.00 e applicant, certify to ash receipts are for in excess of currer audulent informatio ts, false claims, or o	Match \$0.00 o the best of my ki r the purposes and the eds or, cumula- n, or the omission otherwise. I verify the	\$0.00 nowledge and belief the objectives set forth attively for the grant tender of any material fact, that the cost allocation the objective of the objective	\$0.00 hat this report is tru in the terms and oc erm, in excess of the may subject me to on and documentat	\$0.00 e, complete and acc enditions of the grant e total approved gran criminal, civil or adm ion is correct and th	urate; that the taward; and the taward. I are ininistrative lat source
scal Review/approval date: Signed:	duty authorized signatory for the oenditures, disbursements and commander of this request is not are that any false, flotitious or fit natities for fraud, false statement cumentation is maintained. thorized Signature OFFICE USE OF ogram contact necessary?	\$0.00 e applicant, certify to ash receipts are for in excess of currer audulent informatio ts, false claims, or o	Match \$0.00 o the best of my ki r the purposes and the eds or, cumula- n, or the omission otherwise. I verify the	\$0.00 nowledge and belief the objectives set forth attively for the grant tender of any material fact, that the cost allocation the objective of the objective	\$0.00 hat this report is tru in the terms and oc erm, in excess of the may subject me to on and documentat	\$0.00 e, complete and acc enditions of the grant e total approved gran criminal, civil or adm ion is correct and th	urate; that the taward; and the taward. I are ininistrative lat source
	iduty authorized signatory for the penditures, disbursements and commander that any false, fictitious or franalties for fraud, false statement ocumentation is maintained. Under the signature OPFICE USE OF ORGAN CONTACT necessary? Passon for contact:	\$0.00 applicant, certify to ask receipts are for in excess of ourrer audulent informations, false claims, or compared to the	Match \$0.00 o the best of my ki the purposes and in needs or, cumul, in, or the omission otherwise. I verify t	\$0.00 nowledge and belief the objectives set forth attively for the grant tender of any material fact, that the cost allocation the objective of the objective	\$0.00 hat this report is tru in the terms and oc erm, in excess of the may subject me to on and documentat	\$0.00 e, complete and acc enditions of the grant e total approved gran criminal, civil or adm ion is correct and th	urate; that the taward; and the taward. I an inistrative lat source
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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 HEAL	_	U	С	г	G	п
DELITITION OF HEAL	LTH & HUMAN SE	ERVICES			Agency Ref #	DO 5555
Director's Office - Gra		nt Unit			BA/CAT:	3195/50
Request for Reimbursen	nent				GL:	8742
					Draw #:	
					CFDA#	93,568
rogram Name:			Subrecipient Nar	ne:		
HHS, Grants Management Unit	, CSBG		Disney Town Water F	Resources		
^P rogram Manager Name & emai			Lucy Loo, Executive	Director, Iloo@disi	neytownwater.org	
\ddress:			Address:			
126 Technology Way, Suite 100			5555 West Water Wa	ay		
Carson City, Nevada 89706			Las Vegas, NV 8455	5		
Subgrant Period:			Subrecipient's:			
luly 1, 2020 through June 30, 3021	1		EIN:	88-555555		
Budget Period:			¥endor #:	T5555555		
luly 1, 2020 through June 30, 3021	1					
		AL REPORT A	ND REQUEST FO	OR FUNDS		
			expenditure re			
Month(s)				Calendar year		
	А	В	/ c	D	Е	F
Approved Budget	Approved	Total Prior	Current	Year to Date	Budget	Percent
Category	Budget	Requests	Request	Total	Balance	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	Current Match	Year to Date	Match Balance	Percent
	Dauget	Match	Reported*	Total	I-laten Balance	Match Completed
7 Other 8 Indirect Total	\$600.00 \$0.00 \$41,301.00 Approved	\$0.00 \$0.00 \$0.00 Total Prior	\$71.21 \$0.00 \$6,930.05	\$71.21 \$0.00 \$6,930.05	\$528.79 \$0.00 \$34,370.95	11.9 - 16.8

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, 3021						
	FINANCI	AL REPORT A	ND REQUEST F	OR FUNDS		
	(must be ac	companied by	expenditure re	port/back-up)		
Month(s):	July			Calendar year	2020	
	Α	В	С	0	E	F
Approved Budget	Approved	Total Prior	Current	Year to Date	Budget	Percent
Category	Budget	Requests	Request	Total	Balance	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, 302	1					
	FINAN	CIAL REPORT A	ND REQUEST FOR	FUNDS		
	(must be a	accompanied by	y expenditure repo	ort/back-up)		
Month(s):	August			Calendar year:	2020	
	Α	В	С	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	\$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%

Instructions Reimbursement Request 1- Year-to-Date Report 2 - Trans List & Source Doc 3- Training Breakdown 4- Travel Claim 5. In Kind Match Form

YEAR-TO-DATE FORM TAB

Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	Р	Q	R	S	Т
Year-to-Date Report - Requ	ested Reimbursement						Program N	ame	Disney To	own Water	Resource	5				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%	4
Travel				1,000.00	39.00	-	-	-	-	-	-	-	-	-	-	-	39.00	3.9%	4
Operating				500.00	68.74	103.56	22.97	-	-	-	-	-	-	-	-	-	195.27	39.1%	
Equipment				-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	4
Contractual/Consultant				-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	
Training				250.00	-	84.00	-	-	-	-	-	-	-	-	-	-	84.00	33.6%	4
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	S -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	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 1 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.

SECTION II			_		_	82	172	25%	334	424	304	582	014	134	034	324	1004			
	First & Last Name:	1.00			h	000100		4 0044									l /		,	
xec Director	Lucy Loo	1.00	100.00%	34,000.00		6,091.68	6,091.68	6,091.68								 	···········	18,275.84	59,8%	
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TICA				2,601.00 408.00	-+	478.64	478.64	478.64									 	1,495.92	55.20	
Worker's Comp				476.00	-+	60.26 120.52	60.26 120.52	60.26 120.52									+	101.71	44.5X	
Unemployment Ins					-+	• • • • • • • • • • • • • • • • • • • •		120.52				ļ		ļ			 	961.56	76.8X	
Retirement					-+												 	,	BDIY/B:	
Group Insurance					-+		-										+	,	BDIY/B:	
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Total:				3,485.00	╄	659.42	659.42	659.42			•		•		-	-	<u> </u>	1,578.26	\$6.00	
					4															
TOTAL PERSONNEL:				38,951.00	Ц	6,751.10	6,751.10	6,751.10		-							· ·	28,259.58	52.80	18,697
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Pahrump Mileage				1,000.00		39.00												33.11	9.9%	
					T												T		BDIV/B!	
TOTAL TRAVEL:				1,000.00	П	39.00												33.11	5.5%	961.
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Misc Office Supplies				500.00	+	68.74	103.56	22.97										195.27	55.4%	
viisc office supplies					-+	00.14								ļ	·····		 	,	#DIY/#:	
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OTAL CONTRACTUAL:					П														801978:	
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International Water Conference				250.00	+1		84.00											16.11	99.60	
International water Conference				250.00	Н		04.00											14.11	801Y/8:	
TOTAL TRAINING			_	050.00	-		04.00		,										,	100
TOTAL TRAINING:				250.00	+	·	84.00	-		•				<u> </u>	<u> </u>	<u> </u>	<u> </u>	14.11	99.6%	166.
Other:					\perp													L		
Cellular Communications				200.00	\perp	23.55	23.55	23.55										78.65	95.9X	
Bottle Exchange				400.00	4	47.66	47.66	47.66										142.58	55.7%	
TOTAL OTHER:				600.00	Ш	71.21	71.21	71.21										219.69	95.6%	386
adirect:					П															
																			BDIV/B:	
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TOTAL INDIRECT:					П														EDIY/E:	
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			PECTIC	N II - Total	-	6.920.05	7.009.07	6,845.28										20,701.20		
			SECTION	m 11 - 1 of 21	-	0,000.05	1,003.61	0,040.20										20,101.20		
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																			og Balanor:	20,515.

Section 2 contains the detail of each of the categories outlined in the subgrant budget narrative.

The Budget column (circled in Red) is completed at the approval of award and/or when budget modifications are performed.

Detailed expenses are entered into appropriate subcategories each month (circled in Blue).

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.

Instructions Reimbursement Request 1- Year-to-Date Report 2 - Trans List & Source Doc 3- Training Breakdown 4- Travel Claim 5. In Kind Match Form DO 5555 Program Name: Disney Town Water Resources Insert % Insert % of cost allocated to Transaction List & Source Documentation* with submission of this document, requester certifies they are maintaining all source charged other funding sources in documentation (2CFR200.302 (1-7)) to this column G-I. Add more as RFR here necessary to show 100% Match Charged Total Cost Assigned Charged ~ to (Nam Allocation to Grant Charged to of (must (FRC Amount % Charged General Inv Pageel to **V**ater Funding] equal ibaward Charged Date Number Vendor Description of Expense **Total Cost** to CSBG Fund for Tots funding 100%) ONLY) to Grant Lucy Loo Payroll 9/1/20-9/15/20 9/15/2020 \$3,094.88 100.00% \$3,094.88 4502 Lucy Loo 0.002 0.002 0.002 Lucy Loo Payroll 9/16/20-9/31/20 \$2,996.80 9/31/2020 6602 Lucy Loo \$2,996,80 100.003 100.00% 0.00%0.00%0.00% \$239.32 100.005 0.00% \$239.32 9/15/2021 100.00% 91520 Lucy Loo FICA 0.00% 0.00% 9/31/2021 93120 Lucy Loo FICA \$239.32 100.005 0.00% 0.00% 0.00% 100.00% \$239.32 Workers Comp 9/31/2021 W931 Lucy Loo \$60.26 100.00% 0.00% 0.00% 0.00% 100.00% \$60.26 9/31/2020 AP931 Lucy Loo Unemployment Insurance \$120.52 100.003 0.00% 0.00% 0.00% 100.00% \$120.52 **Total Personnel** \$6,751.10 \$6,751.10 \$0.00 0.005 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 0.005 0.00% 0.00% 0.00% 0.00% \$0.00 \$0.00 0.005 0.00% 0.00% 0.00% 0.00% \$0.00 \$0.00 0.003 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% 100.00% \$22.97 0.00% 0.00% \$0.00 0.05 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 0.00% 0.00% 0.00% 0.00% \$0.00 Total Operating \$22.97 \$22.97 0.005 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 0.005 0.00% 0.00% 0.00% 0.00% \$0.00 \$0.00 0.005 0.00% 0.00% 0.00% 0.00% \$0.00 \$0.00 0.003 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 **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 23.835 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 0.005 0.00% 0.00% 0.00% 0.00% \$0.00 \$0.00 0.003 0.00% 0.00% 0.00% 0.00% \$0.00 0.003 \$0.00 0.00% 0.00% 0.00% \$0.00 0.00% **Total Other** \$71.21 \$0.00 Indirect ??% of total cost \$0.00 0.00: 0.00% 0.00% 0.00% 0.00% \$0.00 **Total Indirect** \$0.00 **Total Requested** \$0.00 \$6,845.28

y 1, 2020 umbugir sun a 30, 302	FINAN		I AND REQUEST FOR y expenditure repo		38,951.00 1,000.00 500.00 - - 250.00	6,751.10 39.00 68.74 -	6,751.10 103.56 84.00	6.751.10 22.91		source		Insert % charged to this RFR here.	other fu column	of cost allounding sou G-I. Add ary to sho	ırces in more as		Match	
Month(s):	September September	ccompanieu v	y expenditure rept	Calendar	600.00	71.21	71.21		3:		Total Cost	% Charged to CSBG	% Charged to General Fund	% Charged to Vater for Tots	Charged to (Name of Funding) funding	Total Cost Allocation (must equal 100%)	Assigned to Grant (FRC Subawards ONLY)	Amor
	A	В	С	D	34,000.00	6,091.68	6,091.68	6,091.68		20 /20	\$3,094.88 \$2,996.80	100.00%	0.00%	0.00%	0.00% 0.00%	100.00%	Olacij	\$3,09 \$2,99
pproved Budget Category	Approved Budget	Total Prior Requests	Current Request	Year to Tota							\$239.32 \$239.32 \$60.26 \$120.52	100.00% 100.00% 100.00% 100.00%	0.00% 0.00% 0.00% 0.00%	0.00% 0.00% 0.00% 0.00%	0.00% 0.00% 0.00% 0.00%	100.00% 100.00% 100.00% 100.00%		\$23 \$23 \$6 \$12
Personnel	\$38,951.00	\$13,502.20	\$6,751.10	\$20.2	34,000.00	6,091.68	6,091.68	6,091.68		Total Personnel	\$6,751.10						-	\$6,75
Travel	\$1,000.00	\$39.00	The Section of the Control of the Co	9	2,601.00 408.00	478.64 60.26	478.64 60.26	478.64 60.26			\$0.00 \$0.00	0.00% 0.00%	0.00% 0.00%	0.00%	0.00%			
Operating	\$500.00	\$172.30		\$1	476,00 -	120.52	120.52	120.52			\$0.00 \$0.00	0.00% 0.00%	0.00%	0.00%	0.00%	0.00%		
	\$0.00	\$0.00		Ψ			-		<u> </u>		\$0.00 \$0.00	0.00% 0.00%	0.00% 0.00%	0.00%	0.00%	0.00%		
Equipment			1 10 10 10		3,485.00	659.42	İ .	Ī.		Total Travel	\$0.00	0.0071	0.0071	0.007	0.0071	0.007	-	\$
Contract/Consultant	\$0.00	\$0.00			38,951.00		6,751.10	6,751.10			\$22.97 \$0.00	100.0% 0.0%	0.00% 0.00%	0.00% 0.00%	0.00%	100.00%		\$
Training	\$250.00	\$84.00		9	1,000.00	39.00			<u> </u>		\$0.00 \$0.00	0.0%	0.00%	0.00%	0.00%	0.00%		
Other	\$600.00	\$142.42		\$2	1,000.00	39.00		-		Total Operating	\$22.97	0.071	0.007	0.007	0.0071	0.007	-	\$2
Indirect	\$0.00	\$0.00	\$0.00		500.00	68.74	103.56	22.91	<u> </u>		\$0.00 \$0.00	0.00% 0.00%	0.00% 0.00%	0.00% 0.00%	0.00% 0.00%			
Total	\$41,301.00	\$13,939.92	\$6,845.28	\$20,7	500.00	68.74	103.56	22.91		Total Equipment	\$0.00	0.007	0.007	0.007	0.0071	0.007	-	•
											\$0.00 \$0.00	0.00% 0.00%	0.00% 0.00%	0.00% 0.00%	0.00%			
	1000	Total Drior	The supplier of the							ctual/Consultant	\$0.00 \$0.00	0.00%	0.00%	0.00%	0.00%			
MATCH DEDODTING	Approved	Total Prior	Current Match	Year to	-	-		<u>-</u>		Caureonsakan	\$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%	0.007	0.0074	0.00%	0.00%	-	1
					250.00		84.00				\$50.00	47.10%	52.90%	0.00%	0.00%			
		_	•				84.00				\$200.00 \$0.00	23.83% 0.00%	50.00% 0.00%	26.17% 0.00%	0.00%	0.00%		4
	Ye	ar-to-D	ate form		250.00						\$0.00 \$0.00	0.00% 0.00%	0.00% 0.00%	0.00%	0.00%	0.00%		
					200.00 400.00	23.55 47.66	23.55 47.66	23.55 47.66		Total Other	\$0.00 \$0.00	0.00%	0.00%	0.00%	0.00%	0.00%	-	•
					600.00	71.21	71.21	71.2										
State of the state			1 1 1 1 1						100	35 kg	\$0.00	0.00%	0.00%	0.00%	0.00%	0.00%		

TRAINING BREAKDOWN TAB

This is a summary of the training-related expenses submitted. Please provide the name(s) of the staff member, a brief description of the type of training and location, date(s) of any travel and the amount being claimed, and/or any other expenses (e.g., Registration).

The August request would have required the completion and submission of the Training Breakdown form with the rest of the Request for Reimbursement.

A	D		U	L
raining Summary	Program Nam	e: Disney Town Wat	er Resources	
	Brief Description (e.g., name of	Date(s) of Training-	Other Expense (e.g.,	
lame of Staff	training, location, etc.)	Related Travel	Registration)	Amount
ucy Loo	International Water Conference	08/12/20	Registration	84.0
			-	
	1	Total:		\$ 84.0
		101111		

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.

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TD 43 /=:	=\													
	EXPEN													
(SEE STATI	E ADMINISTR	ATIYE MANU	AL 0200 F	OR TRAVE	EL REG	ULATION	ısı							
	Traveler Name:	LucyLoo				I declare u								
	Address:	555 West Wat	er Wali			this is a tru statutes an								
		Last Vegas, N	IV 84555			X	I do <u>ao</u>	£ have :	travel ac	dvance		Ċ		
					-		l <u>do</u> ha	ve a tra	rel advan	ce from	my age	ncy or S	tate Treasur	er
F	rogram Name:	Disney Town	Water Reso	urces										
Official Dut	y Station (City):	Las Venas							gnature o			nk)		
Omoiai Bac	g oxadion (okg).	Las regas						(50	iot sig		IGUK	,		
							_	Program	Approv	al (REG	UIRED)		
Transportal	ion Codes:					Traveler is								
P - Plane PP - Private	Plana	X - Passenger PT - Public Tra		'itu Buc					eation Er or Comm					
PC - Private		SC - State Car:			r		x		ipient Co		Vicinibei			
	Taxi, Shuttle, Re	ntal Car, Inter-Cit	y Bus or Rail					Provid	es for Tr	avel				
Miscellaneo A - ATM Fees		I - Incidental E	xpense											
OT - Other*: A	Airport Parking													
	1								lisc.		Dailu	Expens	05	
Date(s) of		nd Purpose of e to/From and	Trave	Times	Tr	ransportat	ion		iiso. enses		Meals	_		Total
travel		e torr rom and son)	Started	Ended	Code	Mileage	Cost	Code	Cost	В	L	Б	Lodging*	TOTAL
		* Reme		ndicate t										
07/10/20	travel to/from	Pahrump	6:30 AM	9:30 PM	PC	67.2	39.00							39.00
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						Totals:	39.00		0.00	0.00	0.00	0.00	0.00	
Total of th														\$ 39.00
	el Advance F		m the Tra	veler's Ag	ency	or Agend	g Cre	dit Ca	rd:					-
Balance D	ue to Travel	er:												\$ 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							
	MATCH REPORTING	Approved Match Budget	Total Prior Reported	Current Match Reported*	Year to Date Total	Match Balance	Percent Match
2		Match Budget	Match	Reported	Total		Completed
2	September	\$0.00		\$0.00		\$0.00	

I, a duty 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:

М	U	ען	L	11	U	III J	I.	L IVI	IN	U			
		Departmen	t of Health	and H	uman	Servi	ces						
							Agend	cy Ref#	DO 555	55			
							Budget	/Category	3195/5	50			
							_						
IN-KIND CONTRIBUTION / MATCH													
Program Name: Subgrantee Name:													
DHHS, Grants Management Unit, CSBG Disney Town Water Resources													
										L			
-										Н			
										L			
Add	ress:			Add	ress:								
4126	Technology Way,	Suite 100		5555 West Water Way									
-	son City, NV 89706			Las	Vegas	s, NV 84	1555						
		FINANC	IAL REPOR	TFOR	MATO	HING							

| Match | Matc

 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

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.muhaddes@dhhs.nv.go	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: