

Request for Funds Instructions

When submitting monthly Request for Funds (RFF) to the Grants Management Unit (GMU), it's **required** to include the signed Monthly Financial Status and Request for Funds Report, Microsoft Excel Workbook, Breakdown of Expenditures, and Match breakdown (if grant award requires match) to FundsRequest@dcfs.nv.gov by the 15th of each month. All other supporting documents such as receipts, statements, and time-sheets should be kept on file for review during the annual on-site review. If RFF's are not submitted by the 15th of each month the designated Grants & Project Analyst (GPA) assigned to the specific grant award must be contacted.

<u>Heather Giger - Hlyons@dcfs.nv.gov</u>
Adoption Incentive (AI)
Casey
Chafee (CH)
Educational Training Voucher (ETV)
F AFFY (AB)
<u>James T. Thorne - Jthorne@dcfs.nv.gov</u>
Child Abuse and Neglect (CANS)
Child Death Review (CDR)
Children's Justice Act (CJA)
Regional Partnership Grant (RPG)
Title IV-B Subpart II (IVB-2)
Title IV-B-2 Caseworker (IVB2-CW)
<u>Mirjana Gavric - Mgavric@dcfs.nv.gov</u>
Family Violence and Prevention Services Act (FV)
Marriage License (ML)
State Victim Assistance Academy (SVAA)
Victims of Crime Act (VOCA)

The Breakdown of Expenditures and Match included with the monthly RFF must be clear, accurate, allowable, and equal to the amounts requested in their respective categories. If upon review the GPA assigned to the grant/sub grant determines that it's not clear, correct, and/or complete, the GPA will contact the sub grantee for clarification or to inform them of any corrections required.

When submitting the RFF, please only send to FundsRequest@dcfs.nv.gov. Do not send to the individual GPA who oversees the specific sub grant. Failure to submit all components will result in a delay of your reimbursement. Please see attached an example of a monthly RFF, Breakdown of Expenditures, and two Match examples. To ensure accuracy and completeness all items numbered on the monthly RFF must be complete. For questions please contact the designated GPA. Thank you.

**STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF CHILD AND FAMILY SERVICES
MONTHLY FINANCIAL STATUS AND REQUEST FOR FUNDS REPORT**

FOR STATE USE ONLY

Job#: _____ BA#: 3145 Category #: 17 CFDA #: 93.556

CONTACT INFORMATION

Subgrantee: Sample Agency Email address: sampleagency@yahoo.com
 Street/P.O. Box: P.O. Box 9999 Telephone: 775 999-9999
 City: Reno Fax: 775 888-8888
 Zip Code: 89511 Tax ID Number: 88-8888888
 Contact Person: Jane Smith Fiscal Agent: N/A

GRANT REPORTING INFORMATION

State Grant #: IVB-3145/17-SFY05-07-999 Month _____ Year _____
 Award Period: 7/1/05 to 6/30/06 Report Period: July 2005
 Final Report: yes no **3** Prepared by: Mary Jones
 Amended Report: yes no

EXPENDITURES

Category	Approved Budget	Previously Reported Expenditures	4 and 7 Current Period Expenditures	Year to Date Costs	Budget Balance	Percent Expended
Personnel	\$ 10,000	\$ -	\$ 1,500	\$ 1,500	\$ 8,500	15%
Operating	5,000	-	1,000	1,000	4,000	20%
Equipment	-	-	-	-	-	N/A
Contractual	2,500	-	450	450	2,050	18%
Other (Admin 5%)	1,000	-	150	150	850	15%
SUBTOTAL	18,500	-	3,100	3,100	15,400	17%
Required Match	6,500	-	1,100	1,100	5,400	17%
TOTALS	25,000	-	4,200	4,200	20,800	17%

CASH FLOW

Current request for advance funds (prior approval required): **5** _____
 Year to date total expenditures: _____ 3,100
 Less: prior reimbursements received: _____
 Less: expenses applied to advance: **6** _____
CURRENT REQUEST: \$ 3,100

Total grant award: \$ 18,500
 Less: advance funds received: **8** _____
 Less: prior reimbursements received: _____
TOTAL FUNDS AVAILABLE: 18,500
 Less: current request: _____ 3,100
BALANCE OF REMAINING FUNDS: \$ 15,400

I certify that, to the best of my knowledge and belief, the data reported represents actual receipts and actual expenditures which have been incurred in accordance with the approved grant documents, and are based on official accounting records and supporting documents which will be maintained for purposes of audit.

9 Signature of Authorizing Subgrantee Official _____ Date _____ Title _____

Reimbursement is correct and accepted as presented: Reviewer's initials: _____ Date: _____
 Reimbursement is rejected for correction: Date returned to agency: _____ By: _____
 Request is approved in the amount of: \$ _____ Job # _____ BA# _____ Category: _____
 Recommended for Payment By: _____ Title: _____ Date: _____
 Approved for Payment By: _____ Title: _____ Date: _____

BREAKDOWN OF EXPENDITURES EXAMPLE

Vendor Name:		Title IV-B-2 # 15-235	February	
Personnel				
Position	Name	Salary	Fringe	Total
Executive Director	J. Doe	\$218.49	\$45.17	\$263.66
Program Director	K. Smith	\$218.49	\$45.17	\$263.66
Office Coordinator	T. Johnson	\$187.84	\$37.82	\$225.66
			Total:	\$752.98
Operating				
Occupancy	North Brooke	2/01/15-2/28/15		\$200.00
Office Supplies	Office Depot	2/01/15-2/28/15		\$6.76
Internet/Phone	AT&T	2/01/15-2/28/15		\$19.87
			Total:	\$226.63
Travel				
Name	Miles	Date	Mileage Cost	
J. Doe	42	2/01/15-2/28/15	0.51	\$21.42
K. Smith	92	2/01/15-2/28/15	0.51	\$46.92
T. Johnson	15	2/01/15-2/28/15	0.51	\$7.65
			Total:	\$75.99
Contractual				
R. Wilson		2/15/2015		\$350.00
			Total:	\$350.00
Other (Admin)				
None				
			Total:	\$0.00

The Breakdown of Expenditures must be clear, accurate, allowable, and equal to the amounts requested in their respective categories. If upon review the GPA assigned to the grant/sub grant determines that it's not clear, correct, and/or complete, the GPA will contact the sub grantee for clarification or to inform them of any corrections required. Cooperation in this process is necessary to ensure that the RFF is completed in a timely manner and reimbursement of funds is not delayed any further. For questions regarding allowable expenditures, it is best to contact GMU before committing grant funds to any item which might be disallowable.

MATCH EXAMPLE # 1

Grants requiring Match include Chaffee (CH), Family Violence (FV), Regional Partnership Grant (RPG), Title IV-B Subpart II (including Caseworker), and Victims of Crime Act (VOCA).

MATCH		
Personnel		
Regional Director		\$875.00
Executive Director		\$113.00
Program Director		\$371.56
Office Coordinator		\$140.00
Occupancy		
Utilities	NV Energy	\$19.11
	SW Gas	\$7.77
Rent	North Brooke	\$400.00
Property Expense	Coverall Pest Control Ultimate Alarms	\$17.30
Communication		
Phone/Fax/Internet		\$50.86
Supplies		
Office Depot		\$5.28
Equipment		
Computers		\$100.00
Equipment - lease/maint		
GE Capital		\$46.80
C3 Office Solutions		\$30.16
Mileage		
J. Smith	96 miles	\$48.96
Staff Training		\$160.00
	Match Total:	\$2,385.80

As per Federal Super Circular Sec. 75.306, all contributions, including cash, third party in-kind contributions, must be accepted as part of the non-Federal entity's matching when such contributions meet all of the following criteria:

1. Are verifiable from the non-Federal entity's records;
2. Are not included as contributions for any other Federal award;
3. Are necessary and reasonable for accomplishment of project or program objectives;
4. Are allowable if the service is an integral and necessary part of an approved project or program.
5. Are not paid by the Federal Government under another Federal award, unless authorized.

Match contributions do not need to be applied at the exact time or in proportion to the obligation of the Federal funds. However, the full matching share must be obligated by the end of the award period in order to be considered for future funding opportunities.

MATCH EXAMPLE # 2

Grants requiring Match include Chaffee (CH), Family Violence (FV), Regional Partnership Grant (RPG), Title IV-B Subpart II (including Caseworker), and Victims of Crime Act (VOCA).

MATCHING FUNDS AND IN-KIND CONTRIBUTIONS FORM FOR GRANTS

Vendor Name:	Kraft Families
Grant Award Number:	Title IV-B-2 # 15-235
Report Month:	February

Date/Month:	Source of Funds: (Grant name and award number)	Description of Contribution: (items, services, funds, payroll, etc.)	Match or In-Kind:	Total:	Contribution made with Federal Funds:
February 2015	CCD BSA 1252	J. Doe Foundation	Match	\$1,200.00	No
February 2015		Client Services	In-Kind	\$2,750.00	No
February 2015		Volunteer Hours	In-Kind	\$86.50	No
			Overall Total:	\$4,036.50	

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2. Are not included as contributions for any other Federal award;
3. Are necessary and reasonable for accomplishment of project or program objectives;
4. Are allowable if the service is an integral and necessary part of an approved project or program.
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