

Local DWI Distribution Program
Financial Status Report

Exhibit F


Financial Status Report No.: 4

Budget Line Items	Distribution		Approved Budget	Remaining Budget	Approved Budget	In-Kind Match		Remaining Budget	Total YTD Expenditures
	Approved Budget	Expenditures This Report				Expenditures This Report	Remaining Budget		
I. A. Program Name Incorporated County of Los Alamitos B. Address: 1000 Central Ave. Suite 300 Los Alamos, NM 87544 C. Telephone No.: 505-662-8062 D. Distribution No.: 20-D-D-16									
II. Distribution Received: A. September: 17,500.00 B. December: 20,462.50 C. March: 21,488.10 D. June: 16,682.26 E. Total Year To Date: 76,132.86									
III. Distribution Balance: A. Distribution Year To Date: \$76,132.86 B. Expenditures Year To Date: \$41,698.53 C. Expenditures This Quarter: \$7,948.02 D. Distribution Balance: \$34,434.33 IV. Report Period Ending: 30-Jun-20									
ADMINISTRATIVE*					0.00	0.00	0.00	0.00	0.00
Personnel Services					0.00	0.00	0.00	0.00	0.00
Employee Benefits									
PROGRAM									
Personnel Services	29,679.89	3,423.16	29,679.89	11,838.36	15,700.00	3,811.84	4,349.96	29,191.57	Per. Serv.
Employee Benefits	13,838.50	369.40	13,838.50	8,023.65	9,700.00	2,330.72	3,641.76	11,873.09	Empl. Ben.
Travel (In-State)	1,591.75	0.00	1,591.75	942.35	0.00	0.00	0.00	649.40	Travel In
Travel (Out-of-State)	2,195.58	(451.20)	1,744.38	451.20	0.00	0.00	0.00	1,744.38	Travel Out
Supplies	2,763.52	24.99	2,788.51	1,477.09	0.00	0.00	0.00	1,286.43	Supplies
Operating Costs	5,558.31	1,381.67	6,939.98	1,618.82	9,950.00	3,324.74	5,981.26	7,908.23	Operating
Contractual Services	8,000.00	3,200.00	11,200.00	0.00	65,000.00	5,789.61	2,431.07	70,568.93	Contractual
Minor Equipment	2,422.45	0.00	2,422.45	0.00	0.00	0.00	0.00	2,422.45	Minor Equip.
Capital Purchases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Cap Purch
TOTALS	66,050.00	7,948.02	73,998.02	24,351.47	100,350.00	15,256.91	16,404.05	125,644.48	
	YTD					83,945.95			

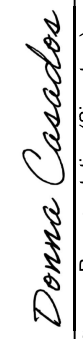
34434.33

CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

David Griego, Senior Management Analyst
 Program Fiscal Officer (Printed Name and Title)


 Program Fiscal Officer (Signature) **08/05/2020** Date

Donna Casados, DWI Coordinator
 Program Representative (Printed Name and Title)


 Program Representative (Signature) **8/5/2020** Date

(Default Government Division Use Only)

Local Government Division Fiscal Officer Date

Local Government Division Project Representative Date