

LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report

Exhibit D

Payment Request No.: 1


I. A. Grantee: Incorp. County of Los Alamos B. Address: 1000 Central Ave, Suite 300 Los Alamos, NM 87544 C. Telephone No.: 505-662-8062 D. Grant No.: 21-D-G-16					II. Payment: A. Grant Award: \$11,000.00 B. Funds Received To Date: \$0.00 C. Amount Requested This Payment: \$5,600.00 D. Grant Balance: \$5,400.00 III. Report Period Ending: 30-Sep-20				
---	--	--	--	--	--	--	--	--	--

Budget Line Items	Grant					In-Kind Match				
	Approved Budget	Expenditures This Request	Remaining Budget	Total YTD Expenditures		Approved Budget	Expenditures This Request	Remaining Budget	Total YTD Expenditures	
ADMINISTRATIVE										
Personnel Services						0.00	0.00	0.00	0.00	Per. Serv.
Employee Benefits						0.00	0.00	0.00	0.00	Empl. Ben.
PROGRAM										
Personnel Services	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	Per. Serv.
Employee Benefits	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	Empl. Ben.
Travel (In-State)	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	Travel In
Travel (Out-of-State)	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	Travel Out
Supplies	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	Supplies
Operating Costs	0.00	0.00	0.00	0.00		2,400.00	195.02	2,204.98	195.02	Operating
Contractual Services	11,000.00	5,600.00	5,400.00	5,600.00		0.00	0.00	0.00	0.00	Contractual
Minor Equipment	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	Minor Equip.
Capital Purchases	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	Capital Purch.
TOTALS	11,000.00	5,600.00	5,400.00	5,600.00		2,400.00	195.02	2,204.98	195.02	

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


 Grantee Fiscal Officer (Printed Name and Title)

 10/27/2020

 Grantee Fiscal Officer (Signature) Date

Donna Casados, DWI Coordinator

 Grantee Representative (Printed Name and Title)

 10/26/2020

 Grantee Representative (Signature) Date

(DFA/Local Government Division Use Only)

Local Government Division Fiscal Officer Date

Local Government Division Program Manager Date

LOCAL DWI GRANT PROGRAM
Request for Payment/Financial Status Report
Breakdown By Component

Exhibit D (1)
0

Grantee: Incorp. County of Los Alamos
Grant No.: 21-D-G-16
Request No. 1

Total Grant Funds Requested This Request: 5,600.00
Total In-Kind Match This Request: 195.02
Total Expenditures Reported This Request: 5,795.02

Grant:

	<u>Budget</u>	<u>This Request</u>	<u>Remaining Budget</u>	<u>Expenditures YTD</u>
Prevention	0.00	0.00	0.00	0.00
Enforcement	0.00	0.00	0.00	0.00
Screening	0.00	0.00	0.00	0.00
Treatment: Outpatient/Jailbased	11,000.00	5,600.00	5,400.00	5,600.00
Compliance Monitoring/Tracking	0.00	0.00	0.00	0.00
Coordination, Planning & Evaluation	0.00	0.00	0.00	0.00
Alternative Sentencing	0.00	0.00	0.00	0.00
Totals:	11,000.00	5,600.00	5,400.00	5,600.00

In-Kind Match:

	<u>Budget</u>	<u>This Request</u>	<u>Remaining Budget</u>	<u>Expenditures YTD</u>	<u>Additional In-Kind Match</u>
Prevention	2,400.00	195.02	2,204.98	195.02	
Enforcement	0.00	0.00	0.00	0.00	
Screening	0.00	0.00	0.00	0.00	
Treatment: Outpatient/Jailbased	0.00	0.00	0.00	0.00	
Compliance Monitoring/Tracking	0.00	0.00	0.00	0.00	3,857.35
Coordination, Planning & Evaluation	0.00	0.00	0.00	0.00	
Alternative Sentencing	0.00	0.00	0.00	0.00	
Totals:	2,400.00	195.02	2,204.98	195.02	3,857.35

Total Expenditures This Reimbursement:	<u>5,795.02</u>	↔	Checks: <u>5,795.02</u>
Total Expenditures Year to Date:	<u>5,795.02</u>	↔	<u>5,795.02</u>
Total Additional In-Kind Match Year to Date:	<u>3,857.35</u>		

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. 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.

Donna Casados
Grantee Representative (Signature)

DWI Coordinator
Title

10/26/2020
Date