

**LOCAL DWI GRANT PROGRAM  
Request For Payment/Financial Status Report**

Exhibit D  
DWI 6

**LOCAL DWI GRANT PROGRAM  
Request for Payment/Financial Status Report  
Breakdown By Program Component ExpendituresD(1)**

Payment Request No.: 3

<b>I. A. Grantee:</b> Chaves County	<b>ii. Payment Computation:</b>
<b>B. Address:</b> Roswell, NM 88202-1597	<b>A. Grant Award:</b> \$82,800.00
<b>C. Telephone No.:</b> Phone No.: (505) 317-4945	<b>B. Funds Received To Date:</b> \$29,222.95
<b>D. Grant No.:</b> 06-D-J-G-3	<b>C. Amount Requested This Payment:</b> \$19,978.50
	<b>D. Grant Balance:</b> \$33,598.55
	<b>iii. Report Period Ending:</b>

Grantee: Chaves County  
Project No 06-D-J-G-3  
Request No. 3

Total Grant Funds Requested This Request: 19,978.50  
Total Matching Funds Reported This Request: 52,595.25  
Total Expenditures Reported This Request: 72,573.75

Budget Categories	Approved Budget			Expenditures Year to Date			Expenditures This Request		
	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Expenditures
ADMINISTRATIVE*									
Personnel Services		0.00	0.00		0.00	0.00			0.00
Employee Benefits		0.00	0.00		0.00	0.00			0.00
Travel		0.00	0.00		0.00	0.00			0.00
Contractual Services		0.00	0.00		0.00	0.00			0.00
Operating Expenses		0.00	0.00		0.00	0.00			0.00
PROGRAM									
Personnel Services	0.00		0.00	0.00	0.00	0.00			0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00			0.00
Travel (In-State)		0.00	0.00	0.00	0.00	0.00			0.00
Travel (Out-of-State)		0.00	0.00	0.00	0.00	0.00			0.00
Supplies	1,800.00	0.00	1,800.00	175.45	0.00	175.45			0.00
Operating Costs	0.00	0.00	0.00	0.00	0.00	0.00			0.00
Contractual Services	81,000.00	9,000.00	90,000.00	49,026.00	52,595.25	101,621.25	19,978.50	52,595.25	72,573.75
Minor Equipment			0.00	0.00	0.00	0.00			0.00
Capital Outlay*		0.00	0.00	0.00	0.00	0.00			0.00
<b>TOTAL EXPENDITURES</b>	<b>82,800.00</b>	<b>9,000.00</b>	<b>91,800.00</b>	<b>49,201.45</b>	<b>52,595.25</b>	<b>101,796.70</b>	<b>19,978.50</b>	<b>52,595.25</b>	<b>72,573.75</b>

**Grant Expenditures:**

	Budget	This Request	YTD
Prevention			0.00
Enforcement*			0.00
Screening			0.00
Domestic Violence	2,000.00	1,000.00	1,000.00
Treatment: Outpatient/Jailbased	75,000.00	18,978.50	46,458.50
Compliance Monitoring/Tracking			0.00
Per. Serv. Coordination, Planning & Evaluation			0.00
Empl. Ben Alternative Sentencing	5,800.00		1,742.95
Travel In			0.00
Contract Operating			0.00
<b>Totals:</b>	<b>82,800.00</b>	<b>19,978.50</b>	<b>49,201.45</b>

**In-Kind/Match Expenditures:**

	Budget	This Request	YTD
Per. Serv. Prevention	9,000.00	52,595.25	52,595.25
Empl. Ben Enforcement			0.00
Travel In Screening			0.00
Travel Out Domestic Violence	0.00		0.00
Supplies Treatment: Outpatient/Jailbased	0.00		0.00
Operating Compliance Monitoring/Tracking			0.00
Contractur Coordination, Planning & Evaluation			0.00
Minor Equi Alternative Sentencing			0.00
Capital			0.00
<b>Totals:</b>	<b>9,000.00</b>	<b>52,595.25</b>	<b>52,595.25</b>

IV. 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 that 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. 101796.7 72573.75

**Total Expenditures This Reimbursement:** 72,573.75 72573.75  
**Total Expenditures Year to Date:** 101,796.70 101796.7

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 that 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 service provided to the same client at the same time.

Grantee Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_  
Grantee Representative \_\_\_\_\_ Date \_\_\_\_\_  
Tax ID No.: \_\_\_\_\_

Division Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_  
Division Project Representative \_\_\_\_\_ Date \_\_\_\_\_

(DFA/Local Government Division Use Only)

\_\_\_\_\_  
Name Title Date