

Distribution Fund Financial Status Report
Local DWI Grant Fund

Exhibit F
DWI 6

LOCAL DWI GRANT FUND
Distribution Fund Financial Status Report
Breakdown By Program Component Expenditures F(1)

Financial Status Report No.: 3

Program: Chaves County
Project No 06-D-J-D-3
Report No. 3

Total Distribution Funds Reported This Period 33,028.35
Total Matching Expenditures Reported This Period 14,724.67
Total Expenditures Reported This Period 47,753.02

| | | | | | |
|---------------------------|--------------------|--|------------|---|--------------|
| i. A. Program Name | Chaves County | II. Distribution Computation: | | III. Balance Computation: | |
| B. Address: | 0 #1 St. Mary's Pl | A. September 05 Distribution: | 39,676.15 | A. Distribution Year To Date: | \$150,712.93 |
| | Roswell, NM 88203 | B. December 05 Distribution: | 33,233.40 | B. Distribution Expenditures Reported To Date: | \$62,931.52 |
| C. Telephone No.: | 505.624.6600 | C. March 06 Distribution: | 77,803.38 | C. Distribution Expenditures Reported this Period: | \$33,028.35 |
| D. Grant No.: | 06-D-J-D-3 | D. June 06 Distribution: | 0.00 | D. Distribution Balance: | \$54,753.06 |
| | | E. Total Distribution Year To Date: | 150,712.93 | IV. Report Period Ending: | 31-Mar-06 |

Distribution Expenditures:

| | <u>Budget</u> | <u>This Request</u> | <u>YTD</u> |
|---|-------------------|---------------------|------------------|
| Prevention | 38,000.00 | 3,125.00 | 17,035.00 |
| *Enforcement | 16,472.00 | 5,114.78 | 8,691.83 |
| Screening | 15,000.00 | 0.00 | 0.00 |
| Domestic Violence | 10,000.00 | 5,000.00 | 5,000.00 |
| Treatment:Outpatient/Jailbased | 0.00 | 0.00 | 0.00 |
| Compliance Monitoring/Tracking | 15,000.00 | 3,750.00 | 12,500.00 |
| Per. Serv. Coor, Plan & Eval | 48,301.00 | 16,038.57 | 37,255.40 |
| Empl. Ben Alternative Sentencing | 25,000.00 | 0.00 | 15,477.64 |
| Totals: | 167,773.00 | 33,028.35 | 95,959.87 |

In-Kind/Match Expenditures:

| | <u>Budget</u> | <u>This Request</u> | <u>YTD</u> |
|---|------------------|---------------------|------------------|
| Per. Serv. Prevention | 0.00 | | 0.00 |
| Empl. Ben Enforcement | 0.00 | | 0.00 |
| Travel In Screening | 12,000.00 | 7,049.81 | 21,174.43 |
| Supplies Domestic Violence | 0.00 | | 0.00 |
| Contract Treatment:Outpatient/Jailbased | 0.00 | | 0.00 |
| Operating Compliance Monitoring/Tracking | 0.00 | | 0.00 |
| Capital Coor, Plan & Eval | 0.00 | | 0.00 |
| Travel Out Alternative Sentencing | 30,000.00 | 7,674.86 | 23,268.89 |
| Maint. & R Totals: | 42,000.00 | 14,724.67 | 44,443.32 |

| Budget Categories | Approved Budget | | | Expenditures Year to Date | | | Expenditures This Request | | |
|---------------------------|--------------------|------------------|-------------------|---------------------------|------------------|-------------------|---------------------------|------------------|--------------------|
| | Distribution Funds | In/Kind Match | Total Budget | Distribution Funds | In/Kind Match | Total Budget | Distribution Funds | In/Kind Match | Total Expenditures |
| ADMINISTRATIVE* | | | | | | | | | |
| Personal Services | | 0.00 | 0.00 | | 14,510.74 | 14,510.74 | | 3,235.20 | 3,235.20 |
| Employee Benefits | | 0.00 | 0.00 | | 6,026.09 | 6,026.09 | | 1,707.60 | 1,707.60 |
| Travel (In-State) | | 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 | | | 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 | 3,805.27 | 0.00 | 3,805.27 | 1,530.63 | | 1,530.63 |
| Travel (Out-of-State) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| Supplies | 5,100.00 | 0.00 | 5,100.00 | 22,759.84 | 0.00 | 22,759.84 | 10,930.90 | | 10,930.90 |
| Operating Costs | 154,472.00 | 42,000.00 | 196,472.00 | 2,594.41 | 0.00 | 2,594.41 | 818.50 | | 818.50 |
| Contractual Services | 8,201.00 | 0.00 | 8,201.00 | 66,800.35 | 23,906.49 | 90,706.84 | 19,748.32 | 9,781.87 | 29,530.19 |
| Minor Equipment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| Capital Outlay* | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| TOTAL EXPENDITURES | 167,773.00 | 42,000.00 | 209,773.00 | 95,959.87 | 44,443.32 | 140,403.19 | 33,028.35 | 14,724.67 | 47,753.02 |

V. 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.

Total Expenditures This Reimbursement: 47,753.02
Total Expenditures Year to Date: 140,403.19

Checks:
47,753.02
140,403.19

Tax ID No.: _____

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

(DFA/Local Government Division Use Only)

Local Government Division Fiscal Officer Date

Local Government Division Project Representative Date

Name Title Date