

Exhibit G
Detailed Breakdown By Budget Category
LOCAL DWI GRANT PROGRAM

Grantee: Chaves County
 Project No.: 06-DJD-3
 Request No.: 3

Total Grant Funds Requested This Request: 33,028.35
 Total Matching Funds Reported This Request: 14,724.67
 Total Expenditures Reported This Request: 47,753.02

Distribution Expenditures

ADMINISTRATIVE

Administrative expenses are not allowed.

PROGRAM

Personal Services	Name	Time period	Amount
			Total Personal Services: <u>0.00</u>

Employee Benefits	Name	Time period	Amount
			Total Employee Benefits: <u>0.00</u>

Travel (In-State)	Date of Travel/Place	Name	Document	Amount
	1/27/2006	John Halvorson	71430	124.00
	1/27/2006	John Halvorson	71430	124.00
	1/26/2006	John Halvorson	71430	127.00
	2/13/2006	John Halvorson	71910	124.00
	2/24/2006	John Halvorson	71910	124.00
	2/23/2006	John Halvorson	71910	125.74
	2/13/2006	John Halvorson	71910	112.04
	3/24/2006	Barry Dixon	71959	296.00
	3/31/2006	Law Enforcement Tech	71959	213.37
	03/03/06	John Halvorson	72009	160.48
			Total Travel (In-State): <u>1,530.63</u>	

Supplies	Date of Order	Item	Document	Amount
	1/20/2006	Benchmark	71350	12.95
	2/28/2006	Benchmark	71597	35.07
	2/17/2006	Benchmark	71898	13.86
	1/20/2006	GE Capital	71363	155.00
	2/17/2006	GE Capital	71616	155.00
	3/16/2006	GE Capital	71907	155.00
	3/3/2006	Office Max	P-Card	244.35
	1/20/2006	Neeley-James	71370	975.26
	3/6/2006	Neeley-James	71970	56.52
	3/9/2006	Neeley-James	71970	49.70
	3/10/2006	Neeley-James	71970	68.03
	2/17/2006	Wood's	71663	125.00
	1/26/2006	Everything Display's	P-Card	1,654.33
	3/3/2006	ADE	71888	1,500.00
	2/7/2006	SASSI	71663	1,000.00
	3/3/2006	Office Max	P-Card	239.98
	3/31/2006	Mako	P-Card	268.45
	3/31/2006	Mako	P-Card	2,101.37
	3/31/2006	Page Comp	P-Card	2,121.03
			Total Supplies: <u>10,930.90</u>	

Contractual Services	Date of Services	Item	Document	Amount
	1/20/2006	John Halvorson - Coordinator	71364	2,458.13
	2/17/2006	John Halvorson - Coordinator	71620	2,458.13
	3/10/2006	John Halvorson - Coordinator	71797	2,458.13
	1/20/2006	Sharon Lara - Tracker	71367	1,250.00
	2/17/2006	Sharon Lara - Tracker	71631	1,250.00
	3/10/2006	Sharon Lara - Tracker	71802	1,250.00
	1/20/2006	Diane Taylor - Prevention	71389	1,000.00
	2/17/2006	Diane Taylor - Prevention	71672	1,000.00
	3/10/2006	Diane Taylor - Prevention	71820	1,000.00
	2/27/2006	Dexter PD	71798	370.80
	3/10/2006	Dexter PD	71958	253.13
	2/14/2006	CASA	71783	5,000.00
			Total Contractual Services: <u>19,748.32</u>	

Operating Expenses	Date of Expense	Item	Document	Amount
	1/27/2006	Qwest	71450	153.79
	3/6/2006	Qwest	71758	153.79
	3/31/2006	Qwest	72018	152.97
	2/6/2006	NTS	71501	9.58
	3/6/2006	NTS	71753	26.68
	3/31/2006	NTS	82014	17.46
	1/6/2006	Cable One	71251	8.85
	2/10/2006	Cable One	71539	8.85
	3/10/2006	Cable One	71780	8.85
	3/31/2006	Cable One	72002	8.85
	1/30/2006	USPO	0	8.68
	2/28/2006	USPO	0	13.26
	3/31/2006	USPO	0	17.88
	2/27/2006	FedEx	71611	15.26
	3/7/2006	Rachel's	71981	213.75
			Total Operating Expenses: <u>818.50</u>	

Capital Outlay	Date of Order	Item	Document	Amount
			Total Capital Outlay: <u>0.00</u>	

Travel (Out-of-State)	Date of Travel/Place	Name	Document	Amount
			Total Travel (Out-of-State): <u>0.00</u>	

Maintenance & Repair	Date of Service	Item	Document	Amount
			Total Maintenance & Repair: <u>0.00</u>	

Total Grant Fund Reimbursement Request: 33,028.35

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. I certify that the above listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program. I certify that all payment requests listed are not funded by any other source and that the service provider shall not bill this grant/distribution fund and any other funding source for the same service provided to the same client at the same time.

_____ Name	_____ Finance Director Title	_____ Date
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