

Exhibit G
Detailed Breakdown By Budget Category
LOCAL DWI GRANT PROGRAM

Grantee:	<u>Chaves County</u>	Total Grant Funds Requested This Request:	<u>33,028.35</u>
Project No.:	<u>06-DJD-3</u>	Total Matching Funds Reported This Request:	<u>14,724.67</u>
Request No.:	<u>3</u>	Total Expenditures Reported This Request:	<u>47,753.02</u>

In-Kind/Match Expenditures:

ADMINISTRATIVE expenses are allowed for in-Kind Match only.

Personal Services	Name	Time period	Amount	
	Lisa Federico	2/12/2006	\$808.80	
	Lisa Federico	2/26/2006	\$808.80	
	Lisa Federico	3/12/2006	\$808.80	
	Lisa Federico	3/26/2006	\$808.80	
	Total Personal Services:		3,235.20	
Employee Benefits	Name	Time period	Amount	
	Medicare	Jan/Feb/Mar 2006	46.92	
	FIAC	Jan/Feb/Mar 2006	200.60	
	PERA	Jan/Feb/Mar 2006	441.60	
	Retiree Health Care	Jan/Feb/Mar 2006	42.04	
	Risk Management	Jan/Feb/Mar 2006	688.14	
	Workers Comp	Jan/Feb/Mar 2006	2.30	
	Prepaid Insurance	Jan/Feb/Mar 2006	286.00	
	Total Employee Benefits:		1,707.60	
Travel (In-State)	Date of Travel/Place	Name	Document	Amount
	Total Travel (In-State):			0.00
Supplies	Date of Order	Item	Document	Amount
	Total Supplies:			0.00
	Total Contractual Services:			0.00
Operating Expenses	Date of Expense	Item	Document	Amount
	Total Operating Expenses:			0.00
PROGRAM				
Personal Services	Name	Time period	Amount	
	Total Personal Services:		0.00	
Employee Benefits	Name	Time period	Amount	
	Total Employee Benefits:		0.00	
Travel (In-State)	Date of Travel/Place	Name	Document	Amount
	Total Travel (In-State):			0.00
Supplies	Date of Order	Item	Document	Amount
	Total Supplies:			0.00
Contractual Services	Date of Services	Item	Document	Amount
	1/20/2006	Janet Norris	71373	2,333.27
	2/17/2006	Janet Norris	71644	2,333.27
	3/10/2006	Janet Norris	71808	2,333.27
	1/27/2006	Cassandra Frislid	71425	25.00
	2/17/2006	Cassandra Frislid	71615	25.00
	1/25/2006	Mike Jurecek	71557	150.00
	1/26/2006	Mike Jurecek	71557	75.00
	1/27/2006	Mike Jurecek	71557	150.00
	1/30/2006	Mike Jurecek	71496	150.00
	2/1/2006	Mike Jurecek	71496	150.00
	2/2/2006	Mike Jurecek	71496	75.00
	2/3/2006	Mike Jurecek	71496	150.00
	2/24/2006	Mike Jurecek	71801	150.00
	2/23/2006	Mike Jurecek	71801	150.00
	2/27/2006	Mike Jurecek	71801	75.00
	2/21/2006	Mike Jurecek	71801	150.00
	2/22/2006	Mike Jurecek	71801	150.00
	2/16/2006	Mike Jurecek	71801	75.00
	2/15/2006	Mike Jurecek	71801	150.00
	2/14/2006	Mike Jurecek	71801	150.00
	2/13/2006	Mike Jurecek	71801	150.00
	3/3/2006	Mike Jurecek	71801	75.00
	3/6/2006	Mike Jurecek	71915	150.00
	3/9/2006	Mike Jurecek	71915	150.00
	3/10/2006	Mike Jurecek	71915	150.00
	3/16/2006	Mike Jurecek	71966	75.00
	2/14/2006	IRC	71800	32.06
	Total Contractual Services:		9,781.87	
Operating Expenses	Date of Expense	Item	Document	Amount
	Total Operating Expenses:			0.00
Capital Outlay	Date of Order	Item	Document	Amount
	Total Capital Outlay:			0.00
Travel (Out-of-State)	Date of Travel/Place	Name	Document	Amount
	Total Travel (Out-of-State):			0.00
Maintenance & Repair	Date of Service	Item	Document	Amount
	Total Maintenance & Repair:			0.00
Total In-Kind/ Matching Reimbursement Request:			14,724.67	

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 I certify that the items 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 funding source and that the service provider shall not bill this

_____ Name	_____ Finance Director Title	_____ Date
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