

Exhibit G
Detailed Breakdown By Budget Category
LOCAL DWI GRANT PROGRAM

Grantee: Chaves County
 Project No.: 06-DJG-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

Grant Expenditures:

ADMINISTRATIVE

Administrative expenses are not allowed.

PROGRAM

Personal Services

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

Employee Benefits

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

Travel (In-State)

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

Supplies

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

Contractual Services

<u>Date of Services</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
1/20/2006	Crossroads Counseling	71356	4,580.00
2/17/2006	Crossroads Counseling	71603	4,580.00
3/10/2006	Crossroads Counseling	71787	4,580.00
2/17/2006	Town of Dexter Community Service	71604	397.50
2/27/2006	Town of Dexter Community Service	71789	232.50
3/16/2006	Town of Dexter Community Service	71958	608.50
2/6/2006	Roswell Refuge	71509	1,000.00
3/10/2006	ASPEN JJBI	71773	2,000.00
3/9/2006	ASPEN JJBI	71894	2,000.00
Total Contractual Services:			19,978.50

Operating Expenses

<u>Date of Expense</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
Total Operating Expenses:			0.00

Capital Outlay

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

Travel (Out-of-State)

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

Maintenance & Repair

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

Total Grant Fund Reimbursement Request: 19,978.50

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 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 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
---------------	------------------------------------	---------------