

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

In-Kind/Match Expenditures:

ADMINISTRATIVE expenses are allowed for in-Kind/Match only.

<u>Personal Services</u>			<u>Name</u>	<u>Time period</u>	<u>Amount</u>	
			TNT Dexter		19,049.00	
			TNT Hagerman		28,480.00	
			TNT Lake Arthur		5,066.25	
Total Personal Services:					52,595.25	
<u>Employee Benefits</u>			<u>Name</u>	<u>Time period</u>	<u>Amount</u>	
					0.00	
Total Employee Benefits:					0.00	
<u>Travel (In-State)</u>			<u>Date of Travel/Place</u>	<u>Name</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Travel (In-State):					0.00	
<u>Supplies</u>			<u>Date of Order</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Supplies:					0.00	
<u>Operating Expenses</u>			<u>Date of Expense</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Operating Expenses:					0.00	
<u>PROGRAM</u>			<u>Name</u>	<u>Time period</u>	<u>Amount</u>	
<u>Personal Services</u>					0.00	
Total Personal Services:					0.00	
<u>Employee Benefits</u>			<u>Name</u>	<u>Time period</u>	<u>Amount</u>	
					0.00	
Total Employee Benefits:					0.00	
<u>Travel (In-State)</u>			<u>Date of Travel/Place</u>	<u>Name</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Travel (In-State):					0.00	
<u>Supplies</u>			<u>Date of Order</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Supplies:					0.00	
<u>Contractual Services</u>			<u>Date of Services</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Contractual Services:					0.00	
<u>Operating Expenses</u>			<u>Date of Expense</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Operating Expenses:					0.00	
<u>Capital Outlay</u>			<u>Date of Order</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Capital Outlay:					0.00	
<u>Travel (Out-of-State)</u>			<u>Date of Travel/Place</u>	<u>Name</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Travel (Out-of-State):					0.00	
<u>Maintenance & Repair</u>			<u>Date of Service</u>	<u>Item</u>	<u>Document</u>	<u>Amount</u>
					0.00	
Total Maintenance & Repair:					0.00	
Total In-Kind/ Matching Reimbursement Request:					52,595.25	

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