



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

Program: <u>Chaves County</u>	Total Distribution Funds Reported This Period	<u><b>40,944.27</b></u>
Project No.: <u>06-D-J-D-3</u>	Total Matching Expenditures Reported This Period	<u><b>12,823.51</b></u>
Report No. <u>2</u>	Total Expenditures Reported This Period	<u><b>53,767.78</b></u>

**Distribution Expenditures:**

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Prevention	38,000.00	13,910.00	13,910.00
Enforcement	16,472.00	3,403.34	3,577.05
Screening	15,000.00	0.00	0.00
Domestic Violence	10,000.00	0.00	0.00
Treatment: Outpatient/Jailbased	0.00	0.00	0.00
Compliance Monitoring/Tracking	15,000.00	3,750.00	8,750.00
Coor, Plan & Eval	48,301.00	12,283.91	21,216.83
Alternative Sentencing	25,000.00	7,597.02	15,477.64
<b>Totals:</b>	<u><b>167,773.00</b></u>	<u><b>40,944.27</b></u>	<u><b>62,931.52</b></u>

**In-Kind/Match Expenditures:**

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Prevention	0.00	0.00	0.00
Enforcement	0.00	0.00	0.00
Screening	12,000.00	7,124.81	14,124.62
Domestic Violence	0.00	0.00	0.00
Treatment: Outpatient/Jailbased	0.00	0.00	0.00
Compliance Monitoring/Tracking	0.00	0.00	0.00
Coor, Plan & Eval	0.00	0.00	0.00
Alternative Sentencing	30,000.00	5,698.70	15,594.03
<b>Totals:</b>	<u><b>42,000.00</b></u>	<u><b>12,823.51</b></u>	<u><b>29,718.65</b></u>

**Total Expenditures This Reimbursement: **53,767.78****  
**Total Expenditures Year to Date: **92,650.17****

Checks:  
53,767.78  
92,650.17

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.

_____	_____	_____
Name	Title	Date