

**LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report**

Exhibit D
DWI 6

Payment Request No.: **2**

I. A. Grantee: Chaves County		II. Payment Computation:	
B. Address: Roswell, NM 88202		A. Grant Award:	\$82,800.00
C. Telephone No.: Phone No.: (505) 317-4945		B. Funds Received To Date:	\$13,740.00
D. Grant No.: 06-D-J-G-3		C. Amount Requested This Payment:	\$15,482.95
		D. Grant Balance:	\$53,577.05
		III. Report Period Ending:	

53577.05

Budget Categories	Approved Budget			Expenditures Year to Date			Expenditures This Request		
	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Expenditures
ADMINISTRATIVE*									
Personnel Services		0.00	0.00		0.00	0.00			0.00
Employee Benefits		0.00	0.00		0.00	0.00			0.00
Travel		0.00	0.00		0.00	0.00			0.00
Contractual Services		0.00	0.00		0.00	0.00			0.00
Operating Expenses		0.00	0.00		0.00	0.00			0.00
PROGRAM									
Personnel Services	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel (In-State)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel (Out-of-State)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	1,800.00	0.00	1,800.00	175.45	0.00	175.45	175.45	0.00	175.45
Operating Costs	81,000.00	9,000.00	90,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Contractual Services	0.00		0.00	29,047.50	9,000.00	38,047.50	15,307.50	0.00	15,307.50
Minor Equipment			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Capital Outlay*		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENDITURES	82,800.00	9,000.00	91,800.00	29,222.95	9,000.00	38,222.95	15,482.95	0.00	15,482.95

Per. Serv.
Empl. Ben.
Travel In
Contract
Operating

Per. Serv.
Empl. Ben.
Travel In
Supplies
Contract
Operating
Capital
Travel Out
Maint. & Rep.

IV. CERTIFICATION: Under penalty of law, 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 att 15482.95
The documentation for this payment is true and reflects correct copies of the originals. 38222.95

Tax ID No.: _____

Grantee Fiscal Officer Date

Grantee Representative Date

(DFA/Local Government Division Use Only)

Division Fiscal Officer Date

Division Project Representative Date

LOCAL DWI GRANT PROGRAM
Request for Payment/Financial Status Report
Breakdown By Program Component Expenditures D(1)

Grantee: Chaves County
 Project No.: 06-D-J-G-3
 Request No. 2

Total Grant Funds Requested This Request: 15,482.95
 Total Matching Funds Reported This Request: 0.00
 Total Expenditures Reported This Request: 15,482.95

Grant Expenditures:

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Prevention	_____	0.00	0.00
Enforcement*	_____	0.00	0.00
Screening	_____	0.00	0.00
Domestic Violence	2,000.00	0.00	0.00
Treatment: Outpatient/Jailbased	75,000.00	13,740.00	27,480.00
Compliance Monitoring/Tracking	_____	0.00	0.00
Coordination, Planning & Evaluation	_____	0.00	0.00
Alternative Sentencing	5,800.00	1,742.95	1,742.95
Totals:	<u>82,800.00</u>	<u>15,482.95</u>	<u>29,222.95</u>

In-Kind/Match Expenditures:

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Prevention	9,000.00	0.00	9,000.00
Enforcement	_____	0.00	0.00
Screening	_____	0.00	0.00
Domestic Violence	0.00	0.00	0.00
Treatment: Outpatient/Jailbased	0.00	0.00	0.00
Compliance Monitoring/Tracking	_____	0.00	0.00
Coordination, Planning & Evaluation	_____	0.00	0.00
Alternative Sentencing	_____	0.00	0.00
Totals:	<u>9,000.00</u>	<u>0.00</u>	<u>9,000.00</u>

Total Expenditures This Reimbursement: 15,482.95 15482.95
Total Expenditures Year to Date: 38,222.95 38222.95

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