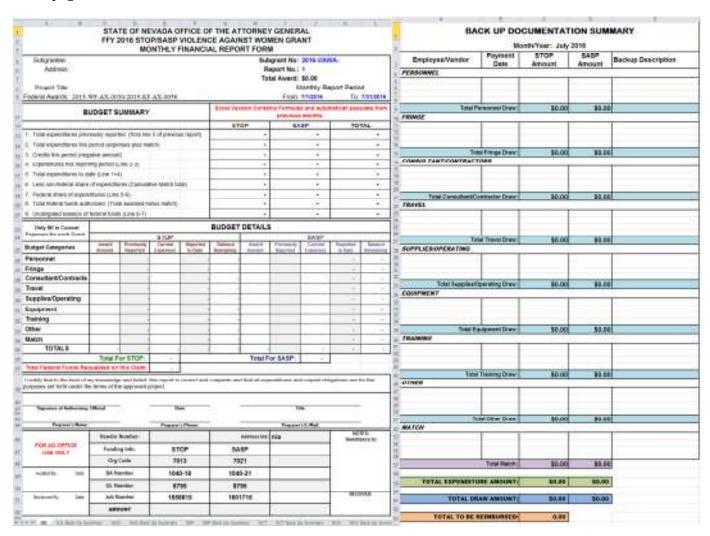
Monthly Financial Reports

An Instructional Aid

At the beginning of the grant period, after all required documents have been received; your Monthly Financial Report Workbook will be emailed to your financial point of contact. Your Monthly Report Workbook contains 2 pages for each month of the grant period that you will complete, sign, and attach the proper back up documentation.

The two pages will look similar to this, but with the information filled in:



After each month you will compile these reports and send them into us through either the postage system or through email. The addresses for each mailing method are...

Attn: Lesley Volkov Office of the Attorney General – Grants 100 N Carson St, Carson City, NV 89701

Or

Page 1 – Budget Details

-20	Only fill in Current			1. BUDGET DETAILS							
٤	Expenses for each Grant.	STOP					SASP				
5	Budget Categories	Amount	Previously Reported	Current Expenses	Reported to Date	Betaining	Amount.	Previously Reported	Current Expenses	Reported to Date	Belence
6	Personnel	TOWN THE U.S.	-	ALCOHOLD ST			Ollin Ol		Selline Inc.		
į	Fringe									4.1	- 5
8	Consultant/Contracts								1		-
2	Travel		1		1 -					2.7	
0	Supplies/Operating		+		1	-				*	- 1
	Equipment										
2	Training		+		-					*	
3	Other										
4	Match									-	
5	TOTALS										
		Taket C.	or STOP:				Total E	or SASP:			
į.	and the second s	TOTALFO	or STOP.	S + 1	2.5		100011	OF SMOP			
	Total Federal Funds Req	uested on	this Claim:		correct and	complete and	100000			gations are t	for the
		vested on y knowledge e terms of the	this Claim: and belief,	this report is project.	correct and	complete and	100000		d unpaid obli	gations are t	for the
0.00	I certify that to the best of m purposes set forth under the 2. Signature of Authorizing 1	vested on y knowledge e terms of the	this Claim: and belief,	this report is exoject.		complete and	100000	enditures and	d unpaid obli	gations are t	for the
0.00	I certify that to the best of m purposes set forth under the 2.	vested on by knowledge elems of the Official	this Claim: and belef, e approved p	this report is project.			t mat all exp	enditures and Te Preparer	d unpaid obli		
0.00	I certify that to the best of m purposes set forth under the 2. Signature of Authorizing I Preparer's Name:	vested on y knowledge e terms of the	this Claim: and belef, e approved p	this report is exoject.			100000	enditures and Te Preparer	d unpaid obli	MO	for the
0 1	I certify that to the best of m purposes set forth under the 2. Signature of Authorizing 1 Preparer's Name : FOR AG OFFICE	vested on by knowledge elems of the Official	this Claim: e and belet, e approved p	this report is project.			I that all exp	enditures and Te Preparer	d unpaid obli	MO	TESC
0 1	I certify that to the best of m purposes set forth under the 2. Signature of Authorizing I Preparer's Name:	vested on by knowledge elems of the Omeral Vendor I	this Claim: e and belef, e approved p Number: g Info.	this report is project.	s Phone		t that all exp Address Ind.	enditures and Te Preparer	d unpaid obli	MO	TESC
0	I certify that to the best of m purposes set forth under the 2. Signature of Authorizing 1 Preparer's Name : FOR AG OFFICE	vested on ny knowledge e terms of the Omesal Vendor I Fundin	this Claim: and belef, e approved p Number: g Info. Code	Preparer ST	» Phene	SA	t mat all exp Address Ind. SP 21	enditures and Te Preparer	d unpaid obli	MO	TESC
0 7 8 9	Certify that to the best of m purposes set forth under the 2. Signature of Authorizing to Preparer's Name : FOR AG OFFICE USE ONLY	vested on ny knowledge lerms of the Omeral Vendor I Fundin Ong (this Claim: and belef, e approved p Number: g Info. Code umber	Preparer ST	o Phone	SA 70	Address Ind. SP 21	enditures and Te Preparer	d unpaid obli	MO	TESC
5 D D T D D T	Certify that to the best of m purposes set forth under the 2. Signature of Authorizing to Preparer's Name : FOR AG OFFICE USE ONLY	vested on a sylvanian of the common of the c	this Claim: and belef, e approved p Number: g Info. Code umber	Preparer ST 70 1046	oP 13 0-18	SA 70:	Address Ind. SP 21 0-21	enditures and Te Preparer	d unpaid obli	NO Semiti	TESC

1. <u>Current Expenses:</u>

The highlighted column is where you will enter your expenditures for the month. The rest of the boxes in that section will auto calculate based on what has been entered, so there is no need to type elsewhere.

- 2. <u>Signature and Preparer's Information:</u> In this section you will just fill out the information provided and then get the authorizing official's signature once everything has been filled out and this page printed.
- 3. <u>Back Up Summary Tab</u>: This is where you'll find the tab to get to the backup summary page. **Example**:

23	Only fill in Current	BUDGET DETAILS									
24	Expenses for each Grant.	STOP				SASP					
25	Budget Categories	Award Amount	Previously Reported	Current Expenses	Reported to Date	Balance Remaining	Amount Amount	Previously Reported	Current Expenses	Reported to Date	flatance Remaining
711	Personnel	18,000.00	700.00	700.00	1,400.00	13,600.00					
27	Fringe	2,100.00	120.00	120,00	240.00	1,860.00	0.7				
28	Consultant/Contracts			-	- 24	-				100	- 2
29	Travel			8			554				
30	Supplies/Operating	500.00	5.34	100	5.34	494.66	(in	1 3		89	
31	Equipment										
32	Training							-		-	
33	Other			2 50	1.0		3 17	. V		1.5	
34	Match			E				79		7.0	- 20
38	TOTALS	17,600.00	825.34	820.00	1,645.34	15,954.66			1 14	174	12
36	Total For STOP:			820.00	9-11-1	2 10 7	Total F	or SASP:	(+ t)		
37	Total Federal Funds Requested on this Claim:										

Page 2 – Back Up Summary Page

BA	CK UP DO	CUMENTAT	ON SUM	MARY
	· Ma	nth/Year: July 2	2046	-
1.	2. Mo	nunrear. July A	2010 3.	4.
Employee/Vendor	Payment Date	STOP Amount	SASP Amount	Backup Description
PERSONNEL				
	T T	T		W.
	WATER TO THE REAL PROPERTY OF THE PERSON OF			
Total F	ersonnel Draw:	\$0.00	\$0.00	15
FRINGE				
To	tal Fringe Draw:	\$0.00	\$0.00	

- 1. Employee/Vendor: The breakdown of each individual employee/Vendor for each category. We are looking for specifics. So instead of "utilities" please put the name of each company providing the utility for example "NV Energy" instead, so it matches the invoice we will be looking at.
- 2. Payment Date: The date payment was made. Note, the payment date is what determines which monthly report the claim goes on. So even if the service occurred in July, if the payment for it was made in August it would go in the August report.
- 3. Amount: The individual amounts for each line item.
- 4. <u>Backup Description:</u>

In this section you'll identify what documents have been provided for each claim.

What documents are needed?

- Personnel
 - o Timecards
 - o Proof of Payment
- Fringe Benefits
 - o Allocation Breakdown
 - o Invoice
 - o Proof of Payment

- Contracts/Supplies/Other
 - o Invoice
 - o Proof of Payment
- Travel
 - o Travel documentation
 - o Proof of Payment

<u>Match:</u> Documentation must meet the *same* criteria as that for reimbursable expenses. Expenditures that are to be applied as matching funds for other federal grants may <u>not</u> be double counted as matching funds for this sub-grant.

Below please see an example of how the backup summary page should look and please remember to fully fill out the back up summary page. This makes it easier for your report to be reviewed.

Example:

		mattle PM or make the start of		-
1.		nth/Year: July 2		4.
Employee/Vendor	Payment Date	STOP Amount	SASP Amount	Backup Description
PERSONNEL		- Indonesia - La		
ane Doe	7/8/2016	\$350.00		Payroli Summary/ Timesheet
ane Dos	7/22/2010	\$550.00		Payroll Summary/ Timesheet
	Personnel Draw:	\$700.00	\$0.00	
FRINGE	Transact T			
ané Doe ane Doe	7/8/2018 7/22/2019	585.00 5 35.00		Payroll Summary/Timesheet Payroll Summary/Timesheet
omesort of Healthcare	7/1/7010	\$50.00		trivolce/Check #000
Te	tal Fringe Draw:	\$120.00	\$0.00	
CONSULTANT/CONTRAC	and the same of th	\$120.00	\$0.00	
TOTO DE L'AIT L'OUT L'INAU	T		-	
Total Consultant/C	Contractor Draw:	\$0.00	\$0.00	
TRAVEL		23.23		
To	otal Travel Draw:	\$0.00	\$0.00	
SUPPLIES/OPERATING	34 A	- 0		
Office Depart	7/10/2016	\$5.34		Reciept/Immine
energy to a	a meneral la		المحمد	
Total Supplies/	Operating Draw:	\$5.34	\$0.00	
EQUIPMENT	127	100		
The second secon	quipment Draw:	\$0.00	\$0.00	
TRAINING				
0.000		-	- New York	
	il Training Draw:	\$0.00	\$0.00	
THER				
		22.22		
	otal Other Draw:	\$0.00	\$0.00	
MATCH			-	
			1-2-1-1-1-1	
	Total Match:	\$0.00	\$0.00	
TOTAL ENDERING	une annum	6005.00	80.00	i
TOTAL EXPENDIT	URE AMOUNT:	\$825.34	\$0.00	
TOTAL D	DAW AMOUNT	constant.	50.00	1
TOTAL D	RAW AMOUNT:	\$825.34	\$0.00	
TAYLI YOUR	REIMBURSED:	\$825.34		