

**STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES  
MONTHLY FINANCIAL STATUS AND REQUEST FOR FUNDS REPORT**

FOR STATE USE ONLY			
Job#: <u>9366916</u>	BA#: <u>3145</u>	Category #: <u>12</u>	CFDA #: <u>93.669</u>

CONTACT INFORMATION	
Vendor Name: <u>Washoe County Dept. of Social Services</u>	Vendor Number: <u>T40283400A</u>
Program Name: <u>Child Abuse &amp; Neglect (CANS)</u>	Email address: <u>Ahowell@washoecounty.us</u>
Street/P.O. Box: <u>350 S Center Street</u>	Telephone: <u>775 337-4488</u>
City: <u>Reno</u>	Fax: <u>775 785-5640</u>
Zip Code: <u>89502</u>	Tax ID Number: <u>88-6000138</u>
Contact Person: <u>Dorothy Edwards</u>	Fiscal Agent: _____

GRANT REPORTING INFORMATION			
State Grant #: <u>93669-16-002</u>		Month: _____	Year: _____
Award Period: <u>3/1/18</u> to <u>9/30/18</u>	Report Period: <u>MAR</u>	<u>2018</u>	
Final Report: _____ yes <u>X</u> no	Prepared by: _____		
Amended Report: _____ yes <u>X</u> no			

EXPENDITURES						
Category	Approved Budget	Previously Reported Expenditures	Current Period Expenditures	Year to Date Costs	Budget Balance	Percent Expended
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Supplies	\$ 2,000	\$ -	\$ -	\$ -	\$ 2,000.00	0%
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Training	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Other (Admin)	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Indirect	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
<b>SUBTOTAL</b>	\$ 2,000	\$ -	\$ -	\$ -	\$ 2,000.00	0%
Required Match	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
<b>TOTALS</b>	\$ 2,000	\$ -	\$ -	\$ -	\$ 2,000.00	0%

CASH FLOW	
Current request for advance funds (prior approval required):	_____
Year to date total expenditures:	\$ -
Less: prior reimbursements received/ requested:	\$ -
Less: expenses applied to advance:	_____
<b>CURRENT REQUEST:</b>	<u>\$ -</u>
Total grant award:	\$ 2,000.00
Less: advance funds received/ requested:	\$ -
Less: prior reimbursements received / requested:	\$ -
<b>TOTAL FUNDS AVAILABLE:</b>	<u>\$ 2,000.00</u>
Less: current request:	\$ -
<b>BALANCE OF REMAINING FUNDS:</b>	<u>\$ 2,000.00</u>

I certify that, to the best of my knowledge and belief, the data reported represents actual receipts and actual expenditures which have been incurred in accordance with the approved grant documents, and are based on official accounting records and supporting documents which will be maintained for purposes of audit.		
_____ Signature of Authorizing Subgrantee Official	_____ Date	_____ Executive Director Title

<input type="checkbox"/> Math is Accurate <input type="checkbox"/> Expenses Categorized per Budget	<input type="checkbox"/> Expenses Allowable/Reasonable <input type="checkbox"/> Prior Balances Match Fiscal Subgrant Log
Recommended for Payment By: _____ Title: _____ Date: _____ Approved for Payment By: _____ Title: _____ Date: _____	