

**Department of Health and Human Services
Aging and Disability Services Division (ADSD)**

For ADSD Use Only

Reviewed By: _____

Reconciliation Approved: ☐ Yes ☐ No
☐ N/A

Request for Funds and Financial Reporting

Date: _____

Subrecipient Name: Washoe County	Program Name: Washoe County Senior Services
Subrecipient Address: 1001 E 9th Street, Reno, NV 89512	Program Address: 1155 E 9th Street, Reno, NV 89512
Subrecipient's: EIN: _____ Vendor #: _____	Award Number: 16-000-45-EX-19 Budget Period: 09/30/18 - 09/29/19

REQUEST FOR FUNDS and FINANCIAL REPORTING

Month(s): _____ Calendar Year: _____	Award Amount: \$108,909.00 Carryover - Previous FY: _____ Revised Award Amount: \$108,909.00 Award - Cash on Hand: _____	
<input type="checkbox"/> ORIGINAL REQUEST <input type="checkbox"/> ADVANCE <input type="checkbox"/> REVISED REQUEST <input type="checkbox"/> REIMBURSEMENT		

	A	B	C	D	E	F
Approved Budget Category	Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	Percent Requested
1 Personnel	\$24,972.00	\$0.00		\$0.00	\$24,972.00	0.00%
2 Travel/Training	\$1,440.00	\$0.00		\$0.00	\$1,440.00	0.00%
3 Operating	\$0.00	\$0.00		\$0.00	\$0.00	-
4 Equipment	\$0.00	\$0.00		\$0.00	\$0.00	-
5 Contract/Consultant	\$80,000.00	\$0.00		\$0.00	\$80,000.00	0.00%
6 Other	\$0.00	\$0.00		\$0.00	\$0.00	-
7 Indirect Costs/ Admin Expenses	\$2,497.00	\$0.00		\$0.00	\$2,497.00	0.00%
Total	\$108,909.00	\$0.00	\$0.00	\$0.00	\$108,909.00	0.00%

Additional Financial Reporting - All Award Types

Budget Item	Required Amount	Total Prior Months	Current Amount	Year to Date Total	Budget Balance	Percent Provided
1 Match	\$0.00	\$0.00		\$0.00	\$0.00	-
2 Program Income	N/A	\$0.00		\$0.00	N/A	N/A

☒ N/A

Additional Financial Reporting - Fixed-Fee Awards Only ~

SERVICE: _____

Choose Service From Menu Rate(s):	Number of Units of Service		Funding Earned		Balance to be Earned	Percent Earned
	Previous Periods	This Period	This Period	Total/All		
1	0.00		-		N/A	0.00%
2	0.00		-			

☐ N/A

Advance Payment Reconciliation

Budget Categories or Specific Components (Expand rows as needed)	Month:		Total Funds to Date			
	Received	Expended	Funds Advanced	Expended	Balance	Percent Expended
			\$0.00	\$0.00	\$0.00	-
			\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the subaward; and that the amount of this request is not in excess of current needs or, cumulatively for the award term, in excess of the total approved subaward. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached are correct.

Authorized Signature	Title	Date
Subrecipient Contact Name and Title for Follow-Up: _____		
Email Address: _____	Phone Number: _____	

Revised 9-6-2018