Department of Health and Human Services         For ADSD Use Only           Aging and Disability Services Division (ADSD)         Reviewed By:           Reconciliation Approved:         Yes								Instructions are available at: http://adsd.nv.gov/programs/grant/subawardincorporateddocs/	
		Requ	est for Funds a	nd Financial Rep					
								Please do not enter anything in this section.	
Subrecipient Name:         Program Name:           ABC Agency (this is where the payments go; fiscal management)         XYZ Program (where program staff are located)									
	payin	ents go, nscai manag	ement)						
Subrecipient Address:	_		Program Address:						
123 First Street, No Where, NV	0		789 2nd Street, Somewhere, NV 89999						
Subrecipient's:	ent's Employer Identi	fication #)	Award Number: (See Notice of Subaward (NOSA))						
	ecipient's State Vend		Budget Period:				Ensure you use the correct vendor number and that the Subrecipient Address is the same address that is on file with the		
vendor #: (Ente	ecipient's State venu	IOT #)		0/YY] (i.e., 7/1/18 - 6/3		Controller's office.			
		PEOU		and FINANCIAL		0/19, reference NOSA	.)		
Month(s): [Month	of fu	inds requested]	EST FOR FONDS	Award Amount:		e NOSA)			
			- 	rryover - Previous FY:			-		
ORIGINAL REQUEST     REVISED REQUEST		REIMBURSEMENT		ised Award Amount: (this will calculate) ard - Cash on Hand: (funds received but not spent)					
	-			C C	D D	But not spent)	F	Choose reimbursement or advance. If choosing advance, you must have submitted justification and received approval.	
		A	B Total Prior		-			must have submitted justification and received approval.	
Approved Budget Category		Approved Budget	Requests	Current Request	Year to Date Total	Budget Balance	Percent Requested		
1 Personnel		(reference NOSA)	\$0.00	enter \$ requested	#VALUE!	#VALUE!	-	Choose Original if this is the first request you've submitted for this	
2 Travel/Training		(reference NOSA)	\$0.00	enter \$ requested	#VALUE!	#VALUE!	-	month or quarter, as applicable.	
3 Operating		(reference NOSA)	\$0.00	enter \$ requested	#VALUE!	#VALUE!	-	Choose Revised if you previously submitted an RFF-FR and was	
4 Equipment		(reference NOSA)	\$0.00	enter \$ requested	#VALUE!	#VALUE!	-	paid for the month. Do not choose this if you're only making	
5 Contract/Consultant		(reference NOSA)	\$0.00	enter \$ requested	#VALUE!	#VALUE!	-	corrections and have not yet been paid.	
6 Other		(reference NOSA)	\$0.00	enter \$ requested	#VALUE!	#VALUE!	-		
7 Indirect Costs/ Admin Expe	nses	(reference NOSA)	\$0.00	enter \$ requested	#VALUE!	#VALUE!	-		
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-		
		Ac	ditional Financial	Reporting All Awa	ard Types				
Budget Item		Required Amount	Total Prior Months		Year to Date Total	Budget Balance	Percent Provided		
1 Match		Reference NOSA	\$0.00	Enter match for this time period	#VALUE!	#VALUE!	-		
2 Program Income		N/A	\$0.00	Enter program income/client donations	#VALUE!	N/A	N/A		
N/A	Α			-Fee Awards Only ~	SERVICE:			Choose Service from Drop Down	
Choose Service From Menu Rate(s):			nits of Service	Funding	g E amed	Balance to be	Percent Earned	The rate(s) for that service will automatically populate lines 1 and	
		Previous Periods	This Period 🗲	This Period	Total/Ali	Earned	r choont Lamou	2.	
1 \$2.20		0.00		\$0.00	\$0.00	#VALUE!	-	Homemaker programs enter the same number of units for the	
2 N/A		0.00	A duran a a Day	N/A			i i	period in lines 1 and 2 to account for both the fixed-fee and categorical portions of the subaward.	
N/A			Advance Pay	ment Reconciliatio				categorical politions of the subaward.	
Budget Categories or Specific Components (Expand rows as		Month			Total Fun	ds to Date	1		
needed)		Received	Expended <sub></sub>	Funds Advanced	Expended	Balance	Percent Expended		
				\$0.00	\$0.00	\$0.00	-	Only include ADSD funding in this section, not all funds spent. We	
				\$0.00	\$0.00	\$0.00		are only tracking the funds we advanced to you.	
I, a duly authorized signatory for the receipts are for the purposes and do award term, in excess of the total ag administrative penalties for fraud, fal	proved	s set forth in the terms a subaward. I am aware	nd conditions of the sub that any false, fictitious of	award; and that the amour or fraudulent information, o	nt of this request is not in r the omission of any mat	excess of current needs of erial fact, may subject me	or, cumulative <mark>y for the</mark>	If there is a balance, that is Cash on Hand and must match the Cash on hand field near the top.	
Authorized Signature Title Date								You may rename tabs within the workbook to help you keep track	
Subrecipier	nt Cor	tact Name and Title for	Follow-Up:					of your RFF submissions. Double click the tab to rename, or right click and choose Rename. Do not move or copy tabs as the	
1 Email Address: Phone Number:								formulas within the sheets will not calculate properly.	
				1.	st Month or Qua	utadu Daimik	Revised 9-6-2018 2nd Month or Qu	uarterly Reimb.   3rd Month or Quarterly Reimb.   4th Mc	

\_Date:\_\_\_\_