

**Department of Health and Human Services
Division of Child and Family Services - Grants Management Unit
SFY21 Request for Funds Reimbursement and Financial Reporting**

Agency Ref # 93556-20-301
Budget Account: 3145
Category 65
Job # 9355620F
Draw # _____

Program Name: Title IV-B, Subpart 2- Family First Transition Act	Subrecipient Name: Clark County Department of Family Services
Address: 4126 Technology Way 3rd Floor Carson City, NV 89706-2009	Address: 121 S Martin Luther King Blvd Las Vegas, NV 89106-4309
Subgrant Period: October 1, 2020 - September 30, 2021	Subrecipient's: EIN: 88-6000028 Vendor #: T81026920A

**REQUEST FOR REIMBURSEMENT and FINANCIAL REPORT
(must be accompanied by cost allocation and back-up documentation)**

Month: October Calendar Year: 2020 Original Revised

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contractual/Consultant	\$2,478,568.00	\$0.00	\$0.00	\$0.00	\$2,478,568.00	0.0%
6 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$2,478,568.00	\$0.00	\$0.00	\$0.00	\$2,478,568.00	0.0%

Additional Financial Reporting

(must be accompanied by cost allocation and back-up documentation)

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	\$0.00	-

I, an authorized signatory for the agency, 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 grant award; and that the amount of this request is not in excess of current needs, or cumulatively for the grant term, in excess of the total approved grant award. 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 is correct. I acknowledge that all costs included in this RFF are allowable, allocable, necessary, and reasonable and any questioned costs remain my agencies fiscal responsibility.

Authorized Signature _____ Title _____ Date _____

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Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Recommended for Payment By: _____ Date: _____

Fiscal Review/Approval By: _____ Date: _____