

Attachment A

US Code Title 42- The Public Health and Welfare

Chapter 6A- Public Health Service

Subchapter xvii-Block Grants

§ 300x–22. Certain allocations

(a) Allocation regarding primary prevention programs

A funding agreement for a grant under [section 300x–21 of this title](#) is that, in expending the grant, the State involved-

(1) will expend not less than 20 percent for programs for individuals who do not require treatment for substance abuse, which programs-

(A) educate and counsel the individuals on such abuse; and

(B) provide for activities to reduce the risk of such abuse by the individuals;

(2) will, in carrying out paragraph (1)-

(A) give priority to programs for populations that are at risk of developing a pattern of such abuse; and

(B) ensure that programs receiving priority under subparagraph (A) develop community-based strategies for the prevention of such abuse, including strategies to discourage the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

[45 CFR 96.125](#)

§ 96.125 Primary prevention.

(a) For purposes of § 96.124, each State/Territory shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed *at individuals not identified to be in need of treatment*.

The comprehensive program shall be provided either directly or through one or more public or nonprofit private entities. The comprehensive primary prevention program shall include activities and services provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse.

(b) In implementing the prevention program the State shall use a variety of strategies, as appropriate for each target group, including but not limited to the following:

(1) *Information Dissemination*: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following:

- (i) Clearinghouse/information resource center(s);
- (ii) Resource directories;
- (iii) Media campaigns;
- (iv) Brochures;
- (v) Radio/TV public service announcements;
- (vi) Speaking engagements;
- (vii) Health fairs/health promotion;

and

- (viii) Information lines.

(2) *Education*: This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following:

- (i) Classroom and/or small group sessions (all ages);
- (ii) Parenting and family management classes;
- (iii) Peer leader/helper programs;
- (iv) Education programs for youth groups; and
- (v) Children of substance abusers groups.

(3) *Alternatives*: This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following:

- (i) Drug free dances and parties;
- (ii) Youth/adult leadership activities;
- (iii) Community drop-in centers; and
- (iv) Community service activities.

(4) *Problem Identification and Referral*: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted

and methods used for this strategy include (but are not limited to) the following:

- (i) Employee assistance programs;
- (ii) Student assistance programs; and
- (iii) Driving while under the influence/ driving while intoxicated education programs.

(5) *Community-Based Process*: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following:

- (i) Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training;
- (ii) Systematic planning;
- (iii) Multi-agency coordination and collaboration;
- (iv) Accessing services and funding;
- (v) Community team-building.

(6) *Environmental*: This strategy establishes, or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted, and methods used for this strategy shall include (but not be limited to) the following:

- (i) Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- (ii) Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
- (iii) Modifying alcohol and tobacco advertising practices; and
- (iv) Product pricing strategies.

Strategic Initiatives

STRATEGIC INITIATIVE #1: Prevention of Substance Abuse and Mental Illness

Overview

This Strategic Initiative (SI) focuses on preventing substance abuse and mental illness by maximizing opportunities to create environments where youth, adults, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health. This SI includes a focus on several high-risk populations, including college students and transition-age youth; American Indian/Alaska Natives; ethnic minorities experiencing health and behavioral health disparities; service members, veterans, and their families; and lesbian, gay, bisexual, and transgender (LGBT) individuals.

Mental illnesses and substance use disorders have life-long effects that include high costs to individuals, families, health care systems, and communities. There are clear windows of opportunity to prevent mental and substance use disorders and related problems before they occur. This SI takes advantage of opportunities to use evidence-based approaches to prevent the occurrence of disorders, establish building blocks for the healthy development of young people and others, and limit environmental exposures that increase risk. Through collaboration, alignment, and integration of prevention services with routine health care and wellness promotion efforts, this initiative facilitates a comprehensive approach to preventing substance abuse and promoting good mental health.

Prevention is recognized as a foundational pillar of the National Drug Control Strategy and is one of the Administration's highest drug policy priorities. Called for by the Affordable Care Act, the National Prevention Strategy guides our nation in the most effective and achievable means for improving health and well-being. This SI is consistent with the National Prevention Strategy's four strategic directions: building healthy and safe community environments, expanding quality preventive services in both clinical and community settings, empowering people to make healthy choices, and eliminating health disparities. Investments in prevention complement and support treatment and care. Prevention policies and programs can be cost-effective, reduce health care costs and disabling conditions, and improve productivity.

Disparities

Significant behavioral health disparities persist in diverse communities across the United States, including racial and ethnic groups, LGBT individuals, people with disabilities, girls, and transition-age youth and young adults. Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, and involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes.

According to the 2012 National Survey on Drug Use and Health, among people ages 12 or older, the rate of current illicit drug use ranged from 3.7 percent among Asians to 14.8 percent among individuals of 2 or more races. The prevalence of current use of a tobacco product ranged from 10.8 percent among Asians to 48.4 percent for American Indians/Alaska Natives. In the past year, 11

mental illness among individuals aged 12 or older was 28.3 percent among American Indians/Alaska Natives, 18.6 percent among Blacks, 16.3 percent among Hispanics, and 13.9 percent among Asians. Through this SI, SAMHSA commits to addressing these disparities by improving cultural competence and access to prevention programs that serve all of these diverse groups and communities. Grantees must now include a health disparities impact statement addressing how they will use data to identify vulnerable subpopulations and implement strategies to improve access, service use, and outcomes. Improvements in data collection will help programs monitor how and whether SAMHSA is succeeding in reducing disparities in vulnerable populations. Consistent with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Stakeholder Strategy for Achieving Health Equity, SAMHSA will continue to work with states, tribes, jurisdictions, and communities serving these populations to develop universal, selective, and indicated prevention programs that are culturally appropriate and improve access to and availability of appropriate services.

Strategic Initiative #1 – Prevention of Substance Abuse and Mental Illness		
GOALS	OBJECTIVES	METRICS
<p>Goal 1.1: Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.</p>	<p>Objective 1.1.1: Prevent substance abuse and promote emotional health and well-being in states, territories, tribes, and communities across the nation.</p> <p>Objective 1.1.2: Provide support and leadership to help prevent and reduce tobacco use among youth and people with mental and substance use disorders.</p> <p>Objective 1.1.3: Provide leadership to identify and respond to emerging behavioral health issues (for example: e-cigarettes, marijuana-related policies, heroin, and other illicit drug use) in a comprehensive and coordinated manner.</p> <p>Objective 1.1.4: Partner with researchers, states, providers, and communities to focus on preventing serious mental illness through methods including identification of individuals at risk for psychosis, identification of effective prevention activities and interventions, and identification of risk factors, such as childhood trauma, related to developing serious mental illness.</p>	<p>Reduce the percentage of youth aged 12-17 reporting substance use in the past 30 days, and reporting major depressive episodes in the past year.</p>

GOALS	OBJECTIVES	METRICS
<p>Goal 1.2: Prevent and reduce underage drinking and young adult problem drinking.</p>	<p>Objective 1.2.1: Prevent and reduce underage drinking and its negative consequences among middle and high school students aged 12-17.</p> <p>Objective 1.2.2: Prevent and reduce underage drinking and its negative consequences among college students aged 18-20, as well as underage and problem drinking and its negative consequences among young adults aged 18-25 who are not in college.</p> <p>Objective 1.2.3: Enhance cooperation and coordination among federal agencies and non-federal organizations to prevent and reduce underage drinking among youth and young adults.</p>	<p>Decrease the percentage of youth aged 12-20 engaged in underage drinking, and reporting alcohol use or binge drinking in the past 30 days.</p>
<p>Goal 1.3: Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.¹</p>	<p>Objective 1.3.1: Promote suicide prevention as a core component of health care services, including integrated primary care services, consistent with Goal 8 of the National Strategy for Suicide Prevention.</p> <p>Objective 1.3.2: Promote and implement effective clinical and professional practices and standards for assessing and treating those identified as at-risk for suicidal behaviors, especially among primary care, mental health, and substance abuse service providers.</p> <p>Objective 1.3.3: Promote rapid, continued, and skilled follow-up with individuals who have attempted suicide or experienced a suicidal crisis.</p>	<p>Reduce the number of suicide attempts and deaths by suicide.</p>
	<p>Objective 1.3.4: Increase public preparedness to address the warning signs for suicide and actions to take in response.</p>	

¹ Populations at high risk include working-aged adults (ages 25-64); men in mid-life (ages 35-64); suicide attempt survivors; military service members, Reserve, and National Guard components, veterans, and their families; American Indian/Alaska Natives; and lesbian, gay, bisexual, transgender, and questioning (LGBT) youth.

GOALS	OBJECTIVES	METRICS
<p>Goal 1.4: Prevent and reduce prescription drug and illicit opioid misuse and abuse.</p>	<p>Objective 1.4.1: Educate health care professionals on appropriate prescription drug prescribing and dispensing; educate the general public on appropriate use and disposal of prescription drugs; and educate health care professionals, the general public, and other public and private stakeholders on opioid overdose prevention, including the use of naloxone.</p> <p>Objective 1.4.2: Support comprehensive prevention approaches in collaboration with states' public health authorities, education authorities, and Medicaid authorities, as well as the states' Prescription Drug Monitoring Programs and Health Information Exchanges.</p> <p>Objective 1.4.3: Raise awareness and bring prescription drug misuse and abuse prevention activities and education to schools, communities, parents, prescribers, health care professionals, and other patients.</p> <p>Objective 1.4.4: Prevent and reduce opioid overdose incidents and deaths.</p>	<p>Reduce the number of opioid overdoses, overdose-related deaths, and prevalence of opioid dependence.</p>
	<p>Objective 1.4.5: Revise and implement the Mandatory Guidelines for the Federal Drug-Free Workplace Program to include testing of additional prescription drugs; support drug testing, screening, and education on misuse of prescription and illicit drugs in the workplace; and provide links to treatment within workplace programs.</p>	

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



CODY L. PHINNEY, MPH
Administrator, DPBH

JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION

Management Oversight Team

Management Memorandum 17-005

DATE: May 12, 2017

TO: Subrecipients, Contractors, and State Agencies

FROM: Kyle Devine *KD*

SUBJECT: New Policy and Procedures for Submitting Requests for Reimbursement (RFR)

The Bureau of Behavioral Health Wellness and Prevention (BHWP) is announcing a change in policy and procedures for requesting reimbursement. Effective immediately, RFRs will no longer be submitted through NHIPPS. All RFRs will be submitted via email. Please review the below policy and procedures for specific RFR instructions on how to submit and required documentation that must accompany the submission.

This policy does not affect the procedures for submitting invoices for our fee-for-service subgrants and does not affect submissions of quarterly programmatic reports as required by the Bureau.

Policy and Procedure For the submission of Requests for Reimbursement (RFR)

Effective: May 11, 2017

Policy:

It is the policy of the Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention (BHWP), to review Requests for Reimbursements (RFRs) submitted by subgrantees/subrecipients, herein referred to as “subgrantee,” to receive the reimbursement of costs for work performed by the subgrantee within the terms and conditions of their subgrant and in accordance with to 2 CFR Part 200. This policy and its requirements does not include invoicing submitted in accordance with a fee-for-service agreement, contract, or work order.

Responsibility of the Subgrantee:

It is the responsibility of the subgrantee to ensure their RFRs are compliant with the following policies and guidelines:

- Submit all RFRs electronically via email to the Management Oversight Team (MOT) at MOT_MM@health.NV.GOV
- The email subject line **must** read:
RFR [REPORTING MONTH] HD# [NUMBER] [NAME OF ORGANIZATION]
(Failure to meet the aforementioned requirement may result in a delayed payment.)
- Attach the cover sheet and all supporting documentation with the RFR to the email.
- Submit only one RFR per email submission.

RFRs may include expenditures contained within a subgrant period only and must be accompanied by all supporting documentation. All expenditures must be allowable in accordance with federal and State laws and regulations, and all federal grant governing guidance and program requirements.

Requirements for Submission of RFRs:

1. The subgrantee will submit RFRs and supporting documentation, as describe below in 2, to the MOT grant team, via email at MOT_MM@health.NV.GOV, within 15 business days following the end of each month for the approved subgrant period.
2. The RFR must contain, at a minimum, the following elements:
 - a. An accurately completed cover sheet that has been signed by the subgrantee. See Exhibit 1.
 - b. Supporting documentation, using one of the two options explained in 1 and 2 below, for each expenditure by budget line being requested. There are two forms of supporting documentation that BHWP will accept:
 - 1) Supporting documentation can come in the form of an expenditure report from a financial system or equivalent software program, including Excel. If the financial system cannot provide the salary expenditures that align with the subgrant budget, time and effort timesheets can be included with the financial report. See Exhibit 2.
The financial report must include, at a minimum, any grant-level coding that is needed to identify the funding source that is being charged, the vendor name, the payment date, the payment amount, the check or payment voucher number, and any relevant clarifying notes. See Exhibit 3.

- 2) Supporting documentation can also be copies of original invoices, receipts, payment vouchers, and timesheets (time and effort) that provide proof of payment.
- c. Supporting documentation can also incorporate a combination of both methods described above.
 - d. In accordance with 2 CFR Part 200, BHWP has the authority to ask for any additional documentation that may be required to determine if costs are allowable.
 - e. The expenditures should be limited to the period being reported, except in extreme cases that will be approved on a case-by-case basis.
 - f. The amount requested cannot exceed the amount of the actual expenditure.
 - g. If there has been no fiscal activity in a given month, subgrantees are required to submit an RFR claiming zero dollars for the month.

If you have any questions please do not hesitate to contact the Management Oversight Team at (775) 684-4091, MOT_MM@health.NV.GOV, or visit the Management Oversight Team webpage at <http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Partners/MOT/>.

Exhibit 1 Cover Sheet

**Example RFR using a financial report as supporting
documentation**

HD#: 20171
 Budget Account: 3170
 CAT: 28
 Function Code: 0810
 Job Number: 9395916
 GL: 8780
 Draw #: _____

Program Name: Behavioral Health, Prevention and Treatment Division of Public and Behavioral Health	Subgrantee Name: ABC Agency Jane Dow, Executive Director
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 123 Plumb Dr Reno, NV 89507
Subgrant Period: July 1, 2016 through September 30, 2017	Subgrantee's: EIN: <u>88-0201840</u> Vendor #: <u>T80940636A</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): July - September

Calendar year: 2016

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	\$125,694.00	\$34,952.00	\$3,128.40	\$38,080.40	\$87,613.60	30.3%
2 Travel	\$9,500.00	\$350.00	\$4,450.22	\$5,300.22	\$4,199.78	55.8%
3 Operating	\$35,000.00	\$5,931.67	\$18,315.32	\$24,449.00	\$10,551.00	69.9%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$22,500.00	\$3,858.00	\$756,748.67	\$760,106.67	-\$537,606.67	341.6%
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$1,350.00	\$0.00	\$0.00	\$0.00	\$1,350.00	0.0%
Total	\$174,044.00	\$44,593.67	\$783,342.62	\$827,936.29	-\$433,892.29	210.1%

This report is true and correct to the best of my knowledge

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____
 Reason for contact: _____
 Fiscal review/approval date: _____ Signed: _____
 Scope of Work review/approval date: _____ Signed: _____
 ASO or Bureau Chief (as required): _____ Date: _____

Exhibit 2 Example Time Sheet

ABC Agency Employee Timesheet

EMPLOYEE Name: Deputy Dog Pay Period: 24

Employee Hourly Rate of Pay: \$ 22.75

Total Cost: \$ 3,476.00

		TOTAL HOURS WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	TOTAL HOURS BILLED
Sunday	5/1/2016												0
Monday	5/2/2016	8		2	4		1					1	8
Tuesday	5/3/2016	8	3		1			2	1			1	8
Wednesday	5/4/2016	8		2	4		1					1	8
Thursday	5/5/2016	8	3		1			2	1			1	8
Friday	5/6/2016	8		2	4		1					1	8
Saturday	5/7/2016												0

		TOTAL HOURS WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	TOTAL HOURS BILLED
Sunday	5/8/2016												0
Monday	5/9/2016	8		2	4		1					1	8
Tuesday	5/10/2016	8	3		1			2	1			1	8
Wednesday	5/11/2016	8		2	4		1					1	8
Thursday	5/12/2016	8	3		1			2	1			1	8
Friday	5/13/2016	8		2	4		1					1	8
Saturday	5/14/2016												0

Total Gross Pay: \$ 1,820.00

Fringe \$ 32.00
 Fringe \$ 250.00
 Fringe \$ 1,358.00
 Fringe \$ 16.00

Employee Signature: _____

Supervisor Signature: _____

Funding Codes	Program Name	Hours	Base	Fringe	Total
1001	SABG - Project 1	12	\$ 273.00	\$ 248.40	\$ 521.40 ✓
1002	SABG - Project 2	12	\$ 273.00	\$ 248.40	\$ 521.40 ✓
1003	PFS - Project 1	28	\$ 637.00	\$ 579.60	\$ 1,216.60
1004	SPI - Project 1	0	\$ -	\$ -	\$ -
1005	CDC - Project 1	6	\$ 136.50	\$ 124.20	\$ 260.70
1006	METH - Project 1	8	\$ 182.00	\$ 165.60	\$ 347.60
1007	Fundraising - Not Grant Funded	4	\$ 91.00	\$ 82.80	\$ 173.80
1008	Administration - Distributive	0	\$ -	\$ -	\$ -

Time Codes
 R=Regular
 S=Sick
 V=Vacation
 B=Bereavment
 J=Jury Duty
 DA=Disability
 WC= Work Comp
 H=Holiday

Exhibit 2 (cont.) Example Time Sheet

ABC Agency Employee Timesheet

EMPLOYEE Name: Mickey Mouse Pay Period: 24

Employee Hourly Rate of Pay: \$ 22.75

Total Cost: \$ 3,476.00

		TOTAL HOURS WORKED										TOTAL HOURS BILLED
		1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	
Sunday	5/1/2016											0
Monday	5/2/2016	8		2	4		1				1	8
Tuesday	5/3/2016	8	3		1			2	1		1	8
Wednesday	5/4/2016	8		2	4		1				1	8
Thursday	5/5/2016	8	3		1			2	1		1	8
Friday	5/6/2016	8		2	4		1				1	8
Saturday	5/7/2016											0

		TOTAL HOURS WORKED										TOTAL HOURS BILLED
		1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	
Sunday	5/8/2016											0
Monday	5/9/2016	8		2	4		1				1	8
Tuesday	5/10/2016	8	3		1			2	1		1	8
Wednesday	5/11/2016	8		2	4		1				1	8
Thursday	5/12/2016	8	3		1			2	1		1	8
Friday	5/13/2016	8		2	4		1				1	8
Saturday	5/14/2016											0

Total Gross Pay: \$ 1,820.00
 Fringe \$ 32.00
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Employee Signature: _____

Supervisor Signature: _____

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1006	METH - Project 1	8	\$ 182.00	\$ 165.60	\$ 347.60
1007	Fundraising - Not Grant Funded	4	\$ 91.00	\$ 82.80	\$ 173.80
1008	Administration - Distributive	0	\$ -	\$ -	\$ -
1009	Leave - Distributive	0	\$ -	\$ -	\$ -
1010	Other activities not grant funded	10	\$ 227.50	\$ 207.00	\$ 434.50
		80	\$ 1,820.00	\$ 1,656.00	\$ 3,476.00

Time Codes
 R=Regular
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 H=Holiday

Exhibit 2 (cont.) Example Time Sheet

ABC Agency Employee Timesheet

EMPLOYEE Name: Minnie Mouse Pay Period: 24

Employee Hourly Rate of Pay: \$ 22.75 Total Cost: \$ 3,476.00

		TOTAL HOURS										TOTAL HOURS BILLED		
		WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009		1010	
Sunday	5/1/2016													0
Monday	5/2/2016	8		2	4		1					1		8
Tuesday	5/3/2016	8	3		1			2	1				1	8
Wednesday	5/4/2016	8		2	4		1						1	8
Thursday	5/5/2016	8	3		1			2	1				1	8
Friday	5/6/2016	8		2	4		1						1	8
Saturday	5/7/2016													0

		TOTAL HOURS										TOTAL HOURS BILLED		
		WORKED	1001	1002	1003	1004	1005	1006	1007	1008	1009		1010	
Sunday	5/8/2016													0
Monday	5/9/2016	8		2	4		1						1	8
Tuesday	5/10/2016	8	3		1			2	1				1	8
Wednesday	5/11/2016	8		2	4		1						1	8
Thursday	5/12/2016	8	3		1			2	1				1	8
Friday	5/13/2016	8		2	4		1						1	8
Saturday	5/14/2016													0

Total Gross Pay: \$ 1,820.00
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1007	Fundraising - Not Grant Funded	4	\$ 91.00	\$ 82.80	\$ 173.80
1008	Administration - Distributive	0	\$ -	\$ -	\$ -
1009	Leave - Distributive	0	\$ -	\$ -	\$ -
1010	Other activities not grant funded	10	\$ 227.50	\$ 207.00	\$ 434.50
		80	\$ 1,820.00	\$ 1,656.00	\$ 3,476.00

Time Codes
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 DA=Disability
 WC= Work Comp
 H=Holiday

Exhibit 3 Example Financial Report

Grant Coding	check or payment voucher #	Payment Date	Grant Coding	Payment Amount	Vendor Name	Claritying Notes
'9395915	CR 406 00008137278	05/28/2016	'0932	\$ (241.50)	Jane Clark	'PVE 31700004439
'9395915	PV 406 31700004756	05/01/2016		\$ (758.96)	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004937	05/28/2016		\$ 273.38	Minnie Mouse	'LAS VEGAS TRAVEL ADVANCE
'9395915	PV 406 31700004898	05/22/2016		\$ 404.73	Mickey Mouse	'TRAVEL ADVANCE LAS VEGAS
'9395915	PV 406 31700004782	05/07/2016	'0818	\$ 919.52	Mickey Mouse	'LAS VEGAS TRAVEL ADVANCE
'9395915	PV 406 31700004754	05/01/2016	'0818	\$ 295.00	Charlee Brown	'LAS VEGAS COALITION MONITOR
'9395915	JV 406 JVR00106720	05/20/2016	'0810	\$ 23.22	Correction	'CORRECT ACT CODE
'9395915	JV 406 JVR00106720	05/20/2016	'0810	\$ (23.22)	Correction	'PV 406 31700004757
'9395915	PV 406 31700004757	05/01/2016	'0810	\$ 23.22	Deputy Dog	'GARDNERVILLE AVATAR TRAINER
'9395915	PV 406 31700004756	05/01/2016	'0818	\$ 731.64	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004944	05/29/2016	'0010	\$ 426.50	Whinne Pooh	'LAS VEGAS LEADERSHIP TRAIN
'9395915	PV 406 31700004934	05/28/2016	'0818	\$ 886.72	Daffy Duck	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 31700004927	05/28/2016	'0818	\$ 913.52	Charlee Brown	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 084 IIMT010523	05/13/2016		\$ 232.82	'NONE Intragovernmental	'HHS:DPBH/SUBSTANCE ABUSE
'9395915	JV 406 JVR00106648	05/19/2016	'0818	\$ 232.82	Correction	'ADD FUNCTION CODE
'9395915	JV 406 JVR00106648	05/19/2016		\$ (232.82)	Correction	'PV 084 IIMT010523
'9395915	PV 406 31700004756	05/01/2016	'0818	\$ 12.84	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004944	05/29/2016	'0010	\$ 3.13	Whinne Pooh	'LAS VEGAS LEADERSHIP TRAIN
'9395915	PV 406 31700004934	05/28/2016	'0818	\$ 30.12	Daffy Duck	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 31700004754	05/01/2016	'0818	\$ 132.32	Charlee Brown	'LAS VEGAS COALITION MONITOR
'9395915	PV 406 31700004831	05/18/2016	'0810	\$ 14.04	Deputy Dog	'RENO EMPOWERMENT MEETING
'9395915	PV 406 31700004756	05/01/2016	'0818	\$ 96.75	Bob Smith	'LAS VEGAS CONDUCT MONITORS
'9395915	PV 406 31700004944	05/29/2016	'0010	\$ 75.32	Bob Smith	'LAS VEGAS LEADERSHIP TRAIN
'9395915	PV 406 31700004934	05/28/2016	'0818	\$ 70.00	Daffy Duck	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 31700004927	05/28/2016	'0818	\$ 31.32	Charlee Brown	'LAS VEGAS ANTI DRUG TRAIN
'9395915	PV 406 TC406191601	05/11/2016	'0818	\$ 44.42	'T81090039AFIA CARD SERVICES NA	'SOUTHWES 5262413291765 - P
'9395915	PV 406 TC406191601	05/11/2016	'0010	\$ 430.78	AFIA CARD SERVICES NA	'SOUTHWEST AIR
'9395915	PV 406 TC406191601	05/11/2016	'0818	\$ 285.95	AFIA CARD SERVICES NA	'SOUTHWEST AIR
'9395915	PV 406 TC406191601	05/11/2016	'0810	\$ 47.42	AFIA CARD SERVICES NA	'SOUTHWEST AIR
'9395915	PV 406 TC406191601	05/11/2016	'0010	\$ (430.78)	AFIA CARD SERVICES NA	'SOUTHWEST AIR
			Travel	\$ 4,950.22		
Grant Coding	check or payment voucher #	Payment Date	Grant Coding	Payment Amount	Vendor Name	Claritying Notes
'9395915	PV 406 31700004795	05/07/2016	'0010	\$ 10,900.00	'T80711940 NATIONAL ASSOCIATION OF STATE	'7/01/16-6/30/17 NASADAD DUE
'9395915	PV 406 31700004935	05/28/2016	'0818	\$ 575.00	'D35000816 BOARD OF REGENTS-UNR	'NPH CONFERENCE-WASHINGTONM
'9395915	PV 406 31700004793	05/07/2016	'0818	\$ 2,580.00	'T81104206 COMMUNITY ANTI DRUG COALITIONS	'CUS#0002805130 PO#317017-01
'9395915	PV 406 31700004928	05/28/2016	'0818	\$ 619.00	'PUR0000214AMORRILL & MACHABEE	'PO#317016-53
'9395915	PV 406 31700004892	05/21/2016	'0010	\$ 2,678.66	'PUR0000214AMORRILL & MACHABEE	'PO#317016-54
'9395915	PV 406 31700004890	05/21/2016	'0030	\$ 611.00	'PUR0000214AMORRILL & MACHABEE	'PO#317016-56
'9395915	JV 180 IT172730	05/15/2016	'0818	\$ 3.48	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0810	\$ 13.92	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0030	\$ 13.92	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0010	\$ 6.96	State E-mail	'MAY 16 EMAIL
'9395915	JV 180 IT172730	05/15/2016	'0818	\$ 9.73	State E-mail	'MAY 16 VPN
'9395915	JV 180 IT172730	05/15/2016	'0810	\$ 19.46	State E-mail	'MAY 16 VPN
'9395915	JV 180 IT172730	05/15/2016	'0030	\$ 29.19	State E-mail	'MAY 16 VPN
'9395915	JV 180 IT172730	05/15/2016	'0010	\$ 9.73	State E-mail	'MAY 16 VPN
'9395915	JV 406 JVR00106759	05/21/2016	'0030	\$ 185.54	State IT Infrastructure	'CORRECT ALLOCATION

Exhibit 3 (cont.) Example Financial Report

Grant Coding	check or payment voucher #	Payment Date	Grant Coding	Payment Amount	Vendor Name	Clarity Notes
'9395915	JV 406 JVR00106759	05/21/2016	'0810	\$ 148.43	State IT Infrastructure	'CORRECT ALLOCATION
'9395915	JV 406 JVR00106759	05/21/2016	'0818	\$ 111.31	State IT Infrastructure	'CORRECT ALLOCATION
			Operating	\$ 18,515.33		
'9395915	PV 406 31700004885	05/26/2016	'0810	\$ 58,152.90	'D35000816 BOARD OF REGENTS-UNR	'WO#4298 MAY 2016
'9395915	JV 406 10000171531	05/21/2016	'0818	\$ (162.18)	'D35000816 BOARD OF REGENTS-UNR	'PV 406 32150002480
'9395915	JV 406 10000171530	05/19/2016	'0818	\$ (162.18)	'D35000816 BOARD OF REGENTS-UNR	'PV 406 32150002509
'9395915	PV 406 31700004900	05/26/2016	'0818	\$ 1,714.10	'T80975738 PARTNERSHIP CARSON CITY	'HD#15311 MAY 2016
'9395915	PV 406 31700004819	05/15/2016	'0818	\$ 4,173.00	'T80940636ACRISIS CALL CENTER INC	'HD#15208 MAY 2016
'9395915	PV 406 31700004792	05/11/2016	'0818	\$ 8,356.00	'T27030522ACARE COALITION	'HD#15196 MAY 2016
'9395915	PV 406 31700004773	05/07/2016	'0818	\$ 30,916.00	'T80975738 PARTNERSHIP CARSON CITY	'HD#15206 MAY 2016
'9395915	PV 406 31700004777	05/07/2016	'0818	\$ 15,583.00	'T27003317 NYE COMMUNITIES COALITION INC	'HD#15203 MAY 2016
'9395915	PV 406 31700004915	05/27/2016	'0810	\$ 4,762.00	'T80943219 COMMUNITY COUNSELING CENTER	'HD#15440 MAY 2016
'9395915	PV 406 31700004911	05/27/2016	'0810	\$ 39,357.20	'T80479510 BRISTLECONE FAMILY RESOURCES	'HD#15223 MAY 2016
'9395915	PV 406 31700004867	05/25/2016	'0813	\$ 112,874.84	'T80928668AWESTCARE NEVADA INC	'HD#15238 MAY 2016
'9395915	PV 406 31700004867	05/25/2016	'0810	\$ 222,597.29	'T80928668AWESTCARE NEVADA INC	'HD#15238 MAY 2016
'9395915	PV 406 31700004854	05/20/2016	'0810	\$ 12,844.53	'T40283400AWASHOE, COUNTY OF	'HD#15271 MAY 2016
'9395915	PV 406 31700004874	05/20/2016	'0811	\$ 14,427.21	'T81027776 NORTHERN NEVADA HIV OUTPATIENT	'HD#15266 MAY 2016
'9395915	PV 406 31700004874	05/20/2016	'0812	\$ 2,155.79	'T81027776 NORTHERN NEVADA HIV OUTPATIENT	'HD#15266 MAY 2016
'9395915	PV 406 31700004818	05/15/2016	'0811	\$ 3,954.00	'T80990941JCARSON CITY, CITY OF	'HD#15269 MAY 2016
'9395915	PV 406 31700004818	05/15/2016	'0812	\$ 698.00	'T80990941JCARSON CITY, CITY OF	'HD#15269 MAY 2016
'9395915	PV 406 31700004815	05/15/2016	'0811	\$ 30,714.00	'T27001231BSOUTHERN NEVADA HEALTH	'HD#15267 MAY 2016
'9395915	PV 406 31700004815	05/15/2016	'0812	\$ 2,312.00	'T27001231BSOUTHERN NEVADA HEALTH	'HD#15267 MAY 2016
'9395915	PV 406 31700004815	05/11/2016	'0810	\$ 36,232.30	'T27013906 QUEST COUNSELING & CONSULTING	'HD#15231 MAY 2016
'9395915	PV 406 31700004787	05/07/2016	'0810	\$ 10,606.50	'T80819840 RURAL NEVADA COUNSELING	'HD#15444 MAY 2016
'9395915	PV 406 31700004772	05/07/2016	'0810	\$ 19,131.66	'T80819840 RURAL NEVADA COUNSELING	'HD#15444 JUN 2016
'9395915	PV 406 31700004771	05/07/2016	'0810	\$ 61,982.63	'T80603800 BRIDGE COUNSELING ASSOCIATES	'HD#15222 MAY 2016
'9395915	PV 406 31700004767	05/07/2016	'0810	\$ 25,862.08	'T80938781 RIDGE HOUSE INC	'HD#15232 MAY 2016
'9395915	PV 406 31700004766	05/07/2016	'0810	\$ 1,883.30	Transfer to CHN	'MOU#4339 OCT-MAY 16 HIV
'9395915	JV 406 10000171438	05/14/2016	'0811	\$ 35,782.70	Transfer to CHN	'MOU#4339 OCT-MAY 16 TB
'9395915	JV 406 10000171438	05/14/2016	'0812	\$ 756,748.67	Transfer to CHN	
			Contracts	\$ 756,748.67		
			Total Request:	\$ 780,214.22		