Nevada Department of Public Safety

QUARTERLY FINANCIAL REPORT

Reporting Period:	Quarter STARTING month, day & year	Quarter ENDING month, day & year

Division of Emergency Management
2478 Fairview Drive
Carson City, Nevada 89701
(775) 687-0300 Fax (775) 687-0323

Subgrantee Agency:	Las Vegas Emergency Management	**Report No. :**	
Address:	400 Stewart Ave, Las Vegas, NV 89101	**Funding Year:**	FFY11
		Grant Fund Stream:	EMPG
PROJECT NAME:	*EMPG FFY11*	**Funding Job #:**	9704211
Project Manager:	Carolyn Levering	**Phone:**	**Fed Funds %:** 50%
Fiscal Agent:		**Phone:**	**Match %:** 50%

TO-DATE CUMULATIVE TOTALS

A.	**Total Expenses Previously Claimed**	$ -
B.	**Total Expenses Claimed This Period**	$ -
C.	**Total Expenses Claimed To Date (Lines A+B)**	$ -
D.	**Total Match Provided By Sub-Grantee**	$ -
E.	**Total Federal Grant Funds Awarded**	$ 391,886.00
F.	**Balance of Federal Funds**	$ 391,886.00
G.	**Committed But Not Spent**	$ -

NOTES & ADJUSTMENTS

BUDGET, EXPENDITURES & COMMITMENTS BY CATEGORY

Category	Grant Funds Awarded (E)	Previously Claimed To Date (A)	Claimed This Period (B)		Total Claimed To Date (C)	Committed But Not Spent (G)
Personnel/Contractors	$ 277,016.00	$ -	$ -	=	$ -	$ -
Organization	$ -	$ -	$ -	=	$ -	$ -
Consultants/Contracts	$ 29,255.00	$ -	$ -	=	$ -	$ -
Travel	$ 15,740.00	$ -	$ -	=	$ -	$ -
Supplies/Operating	$ 63,406.00	$ -	$ -	=	$ -	$ -
Equipment	$ 5,209.00	$ -	$ -	=	$ -	$ -
Training	$ 1,260.00	$ -	$ -	=	$ -	$ -
Exercise	$ -	$ -	$ -	=	$ -	$ -
Planning	$ -	$ -	$ -	=	$ -	$ -
M&A	$ -	$ -	$ -	=	$ -	$ -
Other	$ -	$ -	$ -	=	$ -	$ -
COLUMN TOTALS	$ 391,886.00	$ -	$ -	=	$ -	$ -

GRANT IN-KIND MATCH (*if applicable*)

Category	Total Previous Match	Current Period		Total Match Reported (D)
Match (*Support Documentation Required*)	$ -	$ -	=	$ -

REIMBURSEMENT REQUEST DETAILS

Total Funds Requested This Claim	$ -
Total Federal Funds Requested this Claim = (B):	**$ -**

Attached are copies of all expenses to substantiate the expenses requested on this claim. I certify that submitted invoices have been paid prior to the request for reimbursement from the SAA and to the best of my knowledge and belief, this report is correct and complete and that all outlays and unpaid obligations are for the purposes set forth under the terms of federal and state assurances, program regulations and the approved grant budget. I further certify that a copy of this Financial Report has been provided to the above named Project Manager.

Signature - Fiscal Agent

Date

Notes

DEM Use Only	
Budget Account:	
Category:	
General Ledger:	
Job Number:	
Amount Reimbursed:	
Voucher #:	
Initials:	
Date:	

Nevada Department of Public Safety

QUARTERLY PROGRESS REPORT

Reporting Period:	Quarter STARTING month, day & year	Quarter ENDING month, day & year

Subgrantee Agency:			Report No. :
Address:			Funding Year:
PROJECT NAME:			Grant Performance Period
Project Manager:		Phone:	% Time Elapsed: (elapsed months / total months)
Fiscal Agent:		Phone:	

PROJECT COMPLETION

(Note: The Tasks as identified and tracked here come from the Project Plan. The Project Plan Tasks are not necessarily the same as the original Investment Justification (IJ) milestones, but are derived from and must support the final IJ milestones as submitted DHS)

Task #	Task Description	% Completion of Task	% Total Completion
1			
2			
3			
4			
5			
6			
7			0%
8			
9			
10			
11			
12			
	Total Actual Project Completion To Date:	0%	

FUNDS EXPENDITURES

(Note: enter information required below from the associated Quarterly Financial Reports)

Grant Fund Stream (Federal Fund Name)	Funding Job #	Total Grant Award	Unobligated Balance	Total Grant Funding for this project	Total Spent & Committed	% Total Funds Expenditure
				$ -	$ -	0%

MAJOR PROBLEMS

(Note: a major problem is one which halts all progress, threatens completion, or both)

Describe any major problem(s) and how it is being addressed.	Have any major problems been encountered? "YES" or "NO":
	No

ACCOMPLISHMENTS

Outputs, objectives and capability improvements achieved this qtr.	Any Capability Improvements placed in-service to date? "YES" or "NO":
	No

SCHEDULED COMPLETION

Will the Project be completed by the grant award deadline? "YES" or "NO": **No**

SUSTAINMENT

Describe the Sustainment Plan in place to date.	At this time, is Sustainment after Project completion assured? "YES" or "NO":
	No

I certify that to the best of my knowledge and belief, this report is correct and complete and that all pertinent facts regarding the status of this Project are included. I further certify that I have provided a copy of this report to the above named Fiscal Agent.

Signature - Project Manager

Date

Nevada Department of Public Safety

PROJECT CHANGE REQUEST

Request Date:

Approval/Denial Date:

Division of Emergency Management

Subgrantee Agency:					
Address:				Change Request #:	
				Funding Year:	
PROJECT NAME:				Grant Fund Stream:	
Project Manager:		Phone:	-	Funding Job #:	
Fiscal Agent:		Phone:	-		

CHANGE REQUESTED

The following change, amendment, or adjustment to the above subgrant, is requested (check one or more):

Project Period Extension

Budget Revision

Change in Scope of Work

Note: The subgrantee must provide a written explanation of what the requested changes are, and why any shift (increase or decrease) of funds among categories is necessary.

Briefly describe the nature and reason for the change request:

CHANGE TO BUDGET BY CATEGORY

Category	Grant Funds Awarded (Current Budget)	Requested Budget	Net Change	Change Request Required Support Documentation (See Instruction Tab)
#VALUE!	#VALUE!	$0.00	0.00	Original Budget with line item detail including debits and credits
#VALUE!	#VALUE!	$0.00	0.00	
#VALUE!	#VALUE!	$0.00	0.00	
#VALUE!	#VALUE!	$0.00	0.00	
#VALUE!	#VALUE!	$0.00	0.00	
#VALUE!	#VALUE!	$0.00	0.00	
COLUMN TOTALS	#VALUE!	$ -	$ -	

I certify that to the best of my knowledge and belief, this request is correct and complete and that all requests are for the purposes set forth under the terms of the federal and state assurances, program regulations, grant guidance and approved projects. BOTH SIGNATURES REQUIRED.

Signature - Project Manager | **Date**

Signature - Fiscal Agent | **Date**

For Approving Agency Use:

Approved or Denied:

Reason If Denied:

Approving Agency:

Signature - Approving Authority | **Approval/Denial Date**

INSTRUCTIONS
for Project Management Forms

State of Nevada - Department of Public Safety
Division of Emergency Management

Description and application. This set of forms is designed for reporting and management of grant-funded projects. The Quarterly PROGRESS Report, Quarterly FINANCIAL Report and Project CHANGE REQUEST forms meet grant management requirements of the federal Department of Homeland Security (DHS), Department of Energy (DOE) and state Division of Emergency Management (DEM) for project reporting and change request. Use of these forms is required for Homeland Security Grant Program (HSGP), Public Safety Interoperable Communications (PSIC), Interoperable Emergency Communications Grant Program (IECGP), Emergency Management Performance Grant (EMPG), Law Enforcement Terrorism Prevention Program (LETPP), Citizen Corps Program (CCP), Urban Area Security Initiative (UASI), Buffer Zone Protection Program (BZPP), Transit Security Grant Program (TSGP), Metropolitan Medical Response System (MMRS), Emergency Preparedness Working Group (EPWG), Waste Isolation Pilot Plant (WIPP) and FEMA Mitigation and Disaster grant-funded projects.

Projects and associated subgrant awards are identified in part by the "grant year" of the grant award. The quarterly report forms are used to report every quarter on project progress and financial expenditure as identified by this grant year.

Note that due to multiple federal grant program funding awards sometimes applied to a given project in a given grant year, there is not always a one-to-one relationship between PROGRESS and FINANCIAL Reports. One project, requiring one Quarterly PROGRESS Report, may incorporate more than one financial subgrant in the same grant year (for example, both SHSP and UASI awards) and therefore be linked to more than one Quarterly FINANCIAL Report. In other words, Quarterly FINANCIAL Reports are required for each federal grant funding program award (i.e. SHSP, UASI, LETPP, etc.), every quarter for each grant year, but Quarterly PROGRESS Reports are required only for each subgrantee project, every quarter, for each grant year.

Who must report: Any subgrant award recipient of the grant programs identified above is legally and contractually responsible for reporting on the subgrant-funded project. Quarterly reporting is required and specified in the "Assurances" agreement executed as part of grant funds acceptance. The Project Manager and Project Fiscal Agent, as designated by the appropriate authority for the respective project, are the individuals responsible for assuring this quarterly reporting requirement is met.

Deadline for Submission of Quarterly Reports: For both the Quarterly PROGRESS Report and Quarterly FINANCIAL Report, the deadline is not later than **5pm on the last working day of the month** following the report quarter. Submissions via postal service must be received by the above time and date. Please plan for postal service delivery time accordingly.

How to submit: Reports and requests must be submitted in printed 'hardcopy' form, with signature(s) and any additional supporting material required, to be considered valid. Reports and requests may be preliminarily submitted via email where there is a question or need for expedited response, however final submission must be with signature to be valid. Please note that for reimbursement of expenditures authorized in the subgrant(s), both the PROGRESS Report and the FINANCIAL Report(s) for the specific project must be received and validated by the administrative authority.

How to use.
In an effort to minimize the continuing time and effort required, it is suggested the forms be filled out initially, submitted and saved electronically as of the appropriate date, and thereafter **updated** and saved with appropriate file name change. Note that certain information will automatically transfer and sum as appropriate.

Quarterly PROGRESS Report

The PROGRESS Report is a quarterly summary of grant project progress and status. It is used in conjunction with the FINANCIAL Report for purposes of project oversight and monitoring, audit and reimbursement, and by project participants for coordination and management. However, the PROGRESS Report is not meant to replace more detailed project reports that may be requested.

DESCRIPTION block. Enter appropriate information for the subject Project. Note that the PROJECT NAME must be exactly the same as the project name on the approved grant application/investment justification and associated subgrant award.

PROJECT COMPLETION block. Enter the task names (and a brief description if desired) from the associated Project Plan for this Project. Note that tasks as identified for the Project may differ from tasks/milestones originally developed for a grant application/investment justification. Tasks indentified here can be as developed and identified in a Project Plan (A4.4 Project Schedule), which in turn must be traceable to and support the original IJ. For all Project tasks identified and entered, initially place a "0" for zero percent completion, but enter nothing (leave blank) all unused task lines. Once tasks and initial
completion percentages are entered on the initial PROGRESS Report for the Project, electronically 'save' and then for subsequent reports just update individual task completion percentages as appropriate. Total Project completion will automatically calculate.

FUNDS EXPENDITURE block. Enter the initial fund amount(s) and Funding Job #(s) from the subgrant award(s) for the Project. Note there may be more than one subgrant associated with one project. Transfer from the associated FINANCIAL Report(s) the Unobligated Balance (line H) and enter.

MAJOR PROBLEMS, ACCOMPLISHMENTS, SCHEDULED COMPLETION and SUSTAINMENT blocks. Answer stated questions "Yes" or "No" in the associated blocks. Briefly describe status, circumstances and actions as appropriate.

SIGNATURE block. The PROGRESS Report must be signed by the Project Manager, and a copy provided

Quarterly FINANCIAL Report

The FINANCIAL Report is a quarterly summary of grant project expenditure and funds commitment. It is used in conjunction with the PROGRESS Report for purposes of project oversight and monitoring, audit and reimbursement, and by project participants for coordination and management. The FINANCIAL Report references the subgrant award and Project Detailed Budget. It is not meant to replace more detailed budget spreadsheets that may be necessary for Project fiscal management.

TO DATE CUMULATIVE TOTALS block.

BUDGET, EXPENDITURES & COMMITMENTS BY CATEGORY block.

GRANT MATCH block. Enter grant match information here, only if applicable.

SIGNATURE block. The FINANCIAL Report must be signed by the Fiscal Agent, and a copy provided to the Project Manager.

PROJECT CHANGE REQUEST

The Project Change Request is required to change, amend, or adjust the original Grant Funds Awarded from the Current Budget to new Requested Budget amounts. The scope of Work must not be altered or changed without an approved request for program modification. Supporting documentation in the form of the Original Budget with the line item detail showing debits and credits must be submitted with the Program Change Request.

Things to Remember

Requests for reimbursements must be made within 30 days of expenditures with proper backup.

Proper back-up documentation consists of: This Financial Report form, an itemized spreadsheet or list (showing grant number, category of expenditure, date of expense, description of expense, and amount of expenditure), invoices or bills, and proof of payment.

1st, 2nd, 3rd quarter reports are due 30 days following the end of a quarter. 4th quarter (final) reports are due 60 days following the end of the last quarter.