

**Request for Reimbursement (RFR)**

**INSTRUCTIONS**

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**File Instructions**

- Use one file/workbook per subaward and budget period. ADSD provides an RFR Workbook template for each subaward, pre-filled with various information.
  - If any of the pre-filled information is incorrect, please contact the ADSD Program Coordinator (PC) who is assigned to the subaward. You can find the assigned PC’s name and email address on the Notice of Subaward, under Program Name/Contact Name. You may also email [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov).
- Use the tabs in sequential order from left to right (R1 = Request 1; R2 = Request 2, etc.). Do not skip tabs, and do not edit prior tabs. Begin with tab R1 for your first reimbursement request, or advance request if your agency is approved for advances.
- You may rename the tabs as needed (e.g., Jan-Mar, October 2024, etc.), but do not move/reorder tabs or add new tabs, as this will break formulas within the workbook.
- There are 15 tabs available (R1-R15), plus 5 hidden tabs (R16-R20). If you need tabs for R16-R20, right click on R15, choose “unhide” and select R16. You may repeat this step to unhide additional tabs in numerical order.
- If you use all 20 tabs and need more, please request assistance from the assigned ADSD PC.

**Form/Tab Instructions**

1. Select tab R1 if you are completing your first request for the subaward, or the tab that is next in succession from your last request.



2. Fill-in each field shaded orange/peach on the form. Enter a zero in fields when necessary. The shading will change to white once you have completed the cell. When completed correctly, the RFR will have no remaining, orange-shaded fields.
  - a. Check your RFR for errors before submission. Incomplete or inaccurate RFRs will be rejected.

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RFR Informational Fields

Month(s):		<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> REIMBURSEMENT	<input type="checkbox"/> ADVANCE & RECONCILIATION
Calendar Year:		<input type="checkbox"/> PAID RFR BACK-UP REVISION	<input type="checkbox"/> ADVANCE ONLY	<input type="checkbox"/> RECONCILIATION ONLY

- Month(s)
  - Enter the month or months for which you are requesting reimbursement. The months must be within the subaward period.
    - If your subaward was extended, please send your workbook to your ADSD PC to have the subaward period updated.
- Calendar Year
  - This is the regular calendar year that ties back to the months entered in the item above, not the state or federal fiscal year of your subaward.

• Checkboxes

Section 1 – Choose one:

<input type="checkbox"/> NEW REQUEST
<input type="checkbox"/> PAID RFR BACK-UP REVISION

1. New Request

- Choose this to submit a new request.
- If your ADSD PC requests revisions before an RFR is paid, leave this checkbox marked.

2. Paid RFR Back-Up Revision

- Choose this if your agency needs to revise an RFR that was already paid. This may only be used when the overall payment amount is not affected.

Regarding the two checkboxes described above, if you have additional expenses to request for a month or period in which you have already received a reimbursement, please do the following:

- Use the next sequential tab in your RFR Workbook.
- Choose New Request.
- Enter the month(s) and add #2 (e.g., Oct – Dec #2) to indicate this is a 2nd request for the period.
- Only include expenses that have not been previously reimbursed, and back-up only for those expenses.

Section 2 – Choose one:

<input type="checkbox"/> REIMBURSEMENT	<input type="checkbox"/> ADVANCE & RECONCILIATION
<input type="checkbox"/> ADVANCE ONLY	<input type="checkbox"/> RECONCILIATION ONLY

1. Reimbursement

- Reimbursements may be requested monthly or quarterly based on cash or accrual accounting – whichever method is used by your agency. If needed, reimbursement may be requested more often to address cash-flow issues. Please alert your ADSD PC if you plan to change the timeframe for which you will request funding.

2. Advance Only

- This is used when there are no previously advanced funds that need to be reconciled, such as the first advance requested.
- ADSD must have received and approved a written request from the Subrecipient to justify payment of advances for the specific subaward.
- Subrecipients must reconcile an advance payment before additional advance payments will be approved. Additional instructions on reconciling advances are provided on [page 6](#).

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3. Advance & Reconciliation
  - This is used when you are requesting advance funds and are also reconciling previously advanced funds (reporting expended funds). See #2 “Advance Only” for information on advances.
4. Reconciliation Only
  - This is used when you are *only* reconciling advanced funds and are not requesting any additional advanced funding.

Approved Budget and Columns A-F

	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	\$0.00	\$0.00		\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00		\$0.00	\$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	\$0.00	\$0.00		\$0.00	\$0.00	-
6 Other	\$0.00	\$0.00		\$0.00	\$0.00	-
7 Indirect Expenses	\$0.00	\$0.00		\$0.00	\$0.00	-
<b>Total</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	\$0.00	-

- Column A: Approved Budget is prefilled by ADSD and will match the Notice of Subaward (NOSA).
  - If your organization has submitted a Budget Modification Request (BMR) form and it is approved by ADSD through a NOSA Amendment, the assigned PC will request your RFR workbook file in order to update the Approved Budget in column A. Do not submit an RFR with the old budget amounts listed. You may proactively send your workbook to your PC for updates as well.
- Column B: Total Prior Requests will calculate based on information entered within the workbook for prior months/quarters. Reminder: Use the tabs in the workbook in consecutive order, do not change previously submitted tabs and do not rearrange tabs.
- Column C: CURRENT REQUEST. Enter requested funds, by budget category; typically, no more than one month or quarter’s worth of funds except for Nutrition Services Incentives Program (NSIP), voucher, equipment, and other types of subawards that allow for or require a higher proportion with ADSD approval.
  - All expenses requested for reimbursement or reconciled from an advance payment **must be in the approved budget or approved in writing by the ADSD PC.**
    - Please refer to the [DHHS Grant Instructions and Requirements \(GIRS\)](#) for information on when a formal BMR is required for budget changes as opposed to approval by email. The assigned ADSD PC can also help determine when a BMR is needed.
  - **Retain detailed back-up records (i.e., invoices, receipts) for each expense for audit purposes.**
    - ADSD may also request this information at any time while reviewing an RFR for payment.
    - Depending on the funding source, the detailed back-up records may be required at the time of RFR submission.
    - Back-up for match expenses must also be retained, as applicable.

## Request for Reimbursement (RFR)

### INSTRUCTIONS

- Reimbursement requests are requested in dollars and cents and must match the backup to the penny. Do not round to the nearest dollar. Do not use formulas in these cells to prevent rounding issues.
- Requests for advance funding must be for the program’s current needs for the upcoming month only unless other arrangements have been approved in writing by ADSD. Funds will not be advanced to provide a cushion of funding.
- Enter zero if no funds are requested from a specific category.
  - If your agency is not requesting funding for a month or quarter, an RFR may be submitted for the affected time period with zero entered in each category; however, this is not required.
- Indirect expenses should be in proportion to direct expenses. Do not over-request indirect expenses.
- Column D: Sum of funds requested in the current budget period.
- Column E: Balance of the subaward.
- Column F: Percent of funds requested.

### Additional Financial Reporting – All Award Types

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

- MATCH:
  - The required match is prefilled by ADSD.
  - In the Current Amount column, enter the matching funds provided during the RFR period. If none, enter zero. If match requirements have been met, enter zero.
    - **Do not report excess match.**
    - **Maintain records of match associated with the subaward for audit purposes.**
  - Match reported on previous tabs will populate in the Total Prior Months column.
  - Ensure all match is reported by the close of the subaward.
- PROGRAM INCOME:
  - Enter the program income collected during the RFR period. If none, enter zero.
  - Program income reported on previous tabs will populate in the Total Prior Months column.
    - Program income is gross income earned by the subrecipient that is directly generated by a supported activity or earned because of the subaward during the period of performance.
      - Client donations are an example of program income.

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

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**Additional Financial Reporting – Fixed-Fee Awards Only**

Additional Financial Reporting - Fixed-Fee Awards Only						
Fixed-Fee 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		-	-	-	-
2	0.00		N/A			

- This section only applies to subawards that are paid at a fixed rate per unit of service. Adult Day Care programs and some Congregate and Home-Delivered Meal subawards are in this category. The RFR indicates whether the subaward is Categorical or Fixed Fee, located in the Subaward Period section near the top of the form.
- The fixed-fee reporting section will be gray when a subaward is Categorical, indicating the section should be skipped.
- In the orange-shaded cells, enter the number of units of service provided under the subaward for the period of the RFR. Previously reported fixed-fee units will calculate based on information entered in the workbook for previous reports/requests. The form will calculate the amount of the subaward earned by your agency based on units of service. ADSD will monitor this information and may request revisions to an RFR if your agency has requested too much funding compared to the fixed-fee calculations.
  - For Adult Day Care programs, the Day and Hour rates will be pre-populated on lines 1 and 2. Be sure to report units accurately, as they will be verified during the fiscal monitoring. A unit for “Day” is for a care session that lasted 6 or more hours. A unit for “Hour” may be counted for each hour of a session that lasted less than 6 hours.
  - For fixed-fee Congregate and Home-Delivered Meal programs, one unit is one meal, served in compliance with the Older Americans Act. The meal rate will be pre-populated on line 1. Line 2 is not applicable.

**Advance Payment Reconciliation**

<input type="checkbox"/> 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	-

- If you check the Reimbursement or Advance Only checkbox at the top of the form, you are indicating there are no advance funds to reconcile. The N/A checkbox will be marked for you and the cells will be grayed out. You may skip to the next section.
- If you check the Advance & Reconciliation or Reconciliation Only checkbox at the top of the form, you will complete this section. Complete the reconciliation as follows:
  - Enter the month for which you are reconciling funds.
  - Enter the budget category or categories for which advance funds were used. Multiple items per row are allowed. If funds were advanced for personnel, use the first line exclusively for those expenses and lump the remaining categories into the second line.
    - If funds were advanced for a specific component of a budget only, per ADSD directives, enter a description or name of the service component (i.e., training supplies).
    - Expand the height of the row if needed to ensure all words are visible.

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- Monthly advances must be reconciled once the month is complete and before additional funds are released (i.e., July funds are reconciled in the request submitted by August 15th for September's advance funds request; August funds will be reconciled in the September 15th request for October's advance funds request, etc.).
- In the Received box, enter the amount of advance funds received for the specified month. List the amounts based on the budget category, categories, or specific component listed in the first column.
- In the Expended box, enter the amount of advance funds spent based on the categories or components listed.
  - **Do not show excess funds spent**; only account for the funds advanced by ADSD. Include back-up documentation for the reconciled expenses.
- Total funds advanced and expended will calculate in the remaining columns. The Balance is your cash on hand. Reference the [DHHS GIRS](#) for more information on advances.

Verification

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

- Read the statement. If your agency agrees with the statement, enter the title of the person signing. This person must be authorized by the subrecipient agency to submit RFRs. ADSD may request verification of this authorization. Sign and date the form. Electronic/scanned signature is permitted.

Additional Required Form(s) for Back-Up Documentation

- FIXED-FEE programs are exempt from submitting back-up documentation unless specifically requested by ADSD.
- CATEGORICAL:
  - Instructions and templates for categorical programs are provided online at: <http://adsd.nv.gov/programs/grant/RFRInstructions/>.
  - Subrecipients may use their own forms/ledgers if they contain information identical to the associated template.
  - Required for all requests:
    - Transaction Detail
    - Additional forms (located in the Transaction Detail Excel file) are required when requesting certain expenses:
      - Training Breakdown
      - Travel Breakdown
      - Travel Claim(s)
      - Contract/Consultant Breakdown
    - ADSD may request additional back-up, such as timesheets, receipts, and invoices, to investigate a questionable expense, or if required by a funding source.

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

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**Submission**

- Email the RFR with all required back-up, as applicable, to [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov).
  - RFRs may be uploaded to the FTP server; however, an email must still be sent to [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov) with the details of the upload for processing.
- Requests for advance payments are due on the 15th day of the month before the month of service.
- Requests for reimbursements are due the 15th day of the month after the month or quarter of service, depending on if it is a monthly or quarterly request.
  - During the closeout of state budgets in July, RFRs for expenses in months within the closing state fiscal year (July-June) will have an earlier due date to ensure they are processed before the associated state budget closes. RFRs not submitted by this earlier date are at risk of going to State Claims, which can take up to 6 months to pay, if approved. This affects **all active subawards**, regardless of the funding source or subaward period.

Please contact the ADSD Program Coordinator (PC) assigned to your subaward if you have any questions.