

**Southern Nevada Workforce Investment Board
Service Provider Report Packet**

Rev: 12/05

Instructions for Service Provider Report Packet

This packet contains forms and instructions concerning revised reporting requirements for each contract awarded by SNWIB.

Please review instructions for each form. There are form-specific instructions on the tabs following the forms.

Submission of these new reports begins with the report quarter ending December 31, 2005.

If you have questions, you may contact or the SNWIB financial department.

All amounts entered should correspond to the books of account for the contract in the same reporting period. Backup documentation should be kept on file for the required period to support the report.

**Southern Nevada Workforce Investment Board
Instructions for Financial Status Report**

Rev: 12/05

Instructions for completing the Service Provider Financial Status Report

Complete separate reports for each contract awarded by SNWIB.

Reports are to be submitted quarterly.

Reports are to be submitted on an accrual basis.

Remember that the term "Outlays" includes both expenditures and accruals.

"Obligations" are NOT accruals.

Report is due by the 15th of the month following the end of each fiscal quarter.

All amounts entered should correspond to the books of account for the contract in the same reporting period. Backup documentation should be kept on file for the required period to support the report.

SOUTHERN NEVADA WORKFORCE INVESTMENT BOARD
SubRecipient Financial Status Report

SubRecipient Organization: _____
 SubAward Contract ID: _____
 Program Year of Contract: _____
 Report Period End Date: _____

Name of Service Provider:	Youth		Dislocated Worker
	Adult	Cumulative	
Reported Activities			
I. Disbursements/Available Funds			
A. Program Outlays			
1. Actual Cash Disbursements			
2. Accrued Expenditures			
Total Program Outlays	0	0	0
B. Refunds/Rebates			
C. Recipient Match for Allowable Program Outlays			
D. Recipient Outlays for Allowable Program Activities (Stand-In Costs)			
E. Net Federal Outlays	0	0	0
F. Federal Unliquidated Obligations			
G. Total Federal Obligations	0	0	0
H. Total Federal Funds Authorized			
I. Transfers (to/from Adult & Dislocated Worker Only)			
J. Adjusted Total Federal Funds Authorized	0	0	0
K. Unobligated Balance	0	0	0
II. Other Reportable Items			
A. Outlays for Out of School Youth			
B. Outlays for In School Youth			
C. Outlays for Summer Employment Opportunities			
III. Program Income			
A. Disbursed Program Income			
B. Undisbursed Program Income			
C. Total Program Income	0	0	0

IV. Certification: I certify to the best of my knowledge and belief, this report is correct and complete.

 Authorized Official Signature

 Date

 Print Name

 Title

**Southern Nevada Workforce Investment Board
Service Provider
Invoice / Advance Request**

Rev: 12/05

Instructions for completing the Service Provider Reimbursement Requests / Advance Requests:

Complete separate Invoice requests for each contract awarded by SNWIB.

Part 1:

Columns 1-3 are to be used to request reimbursement for expenditures made by the organization. Columns 4 & 5 are not used when requesting reimbursement requests.

Column 1: list current expenditures (accrual basis) with supporting documentation attached. Supporting documentation includes; part 2 of the invoice form, schedules A-D, participant lists, payroll schedules.

Column 2: list outstanding advances associated with this contract, which should be applied to this request.

Column 3 is calculated - do not enter data. Check for correct calculation.

Columns 4 & 5 should be used when requesting an advance. They are left blank when submitting a reimbursement request. Advance requests should also include support documents, including invoice part 2.

Part 2:

Complete part 2 for all reimbursement and advance invoices. The columns to be completed include the "Current Budget" column, the Current Invoice Advance / Expenditures column, and the year-to-date column.

Column 5 - Outstanding Obligations, is optional for the invoice.

Column 6 "Unobligated Balance of Contract" is calculated - do not enter data. Check for correct calculation.

All amounts entered should correspond to the books of account for the contract in the same reporting period. Backup documentation should be kept on file for the required period to support the report.

**Southern Nevada Workforce Investment Board
Cost Reimbursement Invoice / Advance Funds Request**

Service Provider Name:	Invoice No.:
Month:	Contract No.:

Program Activity	Expenditure Summary			Advance Summary	
	Current Expenses	Less: Outstanding Advance	Amount to be Reimbursed	Advance Requested	Prior Advances Outstanding
Adult Services	\$ -	\$ -	\$ -	\$ -	\$ -
Dislocated Worker Services	\$ -	\$ -	\$ -	\$ -	\$ -
In-School Youth Services	\$ -	\$ -	\$ -	\$ -	\$ -
Out-Of-School Youth Services	\$ -	\$ -	\$ -	\$ -	\$ -
Governor's Reserve (Adult)	\$ -	\$ -	\$ -	\$ -	\$ -
Governor's Reserve (DW)	\$ -	\$ -	\$ -	\$ -	\$ -
Gov Res Youth In-School	\$ -	\$ -	\$ -	\$ -	\$ -
Gov Res Youth Out of School	\$ -	\$ -	\$ -	\$ -	\$ -
Gov Res (Incumbent Worker)	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -

Request For Reimbursement				
	Adult	Dislocated Worker	Youth	Supplemental
1. Current Cost Reimbursement / Advance Request	\$ -	\$ -	\$ -	\$ -
2. Less Advance Repayment	\$ -	\$ -	\$ -	\$ -
3. Total Reimbursement / advance for this Invoice (1 - 2)	\$ -	\$ -	\$ -	\$ -

CERTIFICATION:
The above represents an invoice for actual expenses incurred in the performance of the above referenced contract or an advance on expenditures projected to be incurred within 15 days. I hereby attest that all information provided, including the attachments, is correct, matches program financial records and that the cash requested will be disbursed in accordance with the conditions of the agency/organization's agreement with the Southern Nevada Workforce Investment Board.

Typed Name and Title of Authorized Official	Signature:	Date:
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SNWIB Use Only

Remarks:

Reviewed By:	Reviewed By:
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**Southern Nevada Workforce Investment Board
Service Provider Invoice
Part 2**

Rev: 12/05

Service Provider / Subrecipient:
Contract ID:
Invoice Number:
Invoice Date:

	<u>Current Budget</u>	<u>Current Invoice Advance / Expenditures</u>	<u>Year to Date Revenues / Expenditures</u>	<u>Percent of Budget - Year to Date</u>
Revenue				
SNWIB Contract #				0.0%
Recipient Matching Funds				
Cash Matching funds				0.0%
In-Kind Matching funds				0.0%
Matching Funds (other non-Federal Source)				0.0%
Program Income / other revenue				0.0%
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>
Direct Participant Services				
Salaries				
Fringe Benefits				
Training Fees				0.0%
Instructional Materials				0.0%
Participant Transportation Costs				0.0%
Employer OJT Incentives				0.0%
Other				0.0%
Other				0.0%
Total - Direct Participant Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>
Indirect Costs / Operational Expenditures				
Equipment Rental				0.0%
Insurance (Liability / Property)				0.0%
Office Supplies				0.0%
Postage and Delivery				0.0%
Printing and Reproduction				0.0%
Rent				0.0%
Salaries				
Fringe Benefits				
Telephone				0.0%
Travel				0.0%
Training/Seminars				0.0%
Utilities				0.0%
Total - Operational Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>
Special Budget Items				
Equipment Purchase				0.0%
other				0.0%
other				0.0%
Total - Special Budget Items	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>
Total Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>

Report Approvals:

Signature, approving official for Recipient Organization

**Southern Nevada Workforce Investment Board
Service Provider Revenue And Expenditure Report**

Rev: 12/05

Instructions for completing the Service Provider Revenue and Expenditure Report:

Complete a separate Revenue and Expenditure Report for each contract awarded by SNWIB.

Reports are due monthly - by the 15th of the month following the month covered by the report.

The first column should be completed using the amounts from the "Current Budget" column of the Service Provider Budget Form for the same contract.

Column 2 should reflect the current period's (month's) amounts shown in the general ledger, reported on an accrual basis.

Column 3 should reflect the year to date amounts shown in the general ledger, reported on an accrual basis.

Column 4 is calculated - do not enter data. Check for correct calculation.

Column 5 records outstanding obligations for the year in the contract. Please refer to the explanation of obligation in the appropriate OMB circulars.

Column 6 "Unobligated Balance of Contract" is calculated - do not enter data. Check for correct calculation.

All amounts entered should correspond to the books of account for the contract in the same reporting period. Backup documentation should be kept on file for the required period to support the report.

**Southern Nevada Workforce Investment Board
Service Provider Revenue and Expenditure Report**

Rev: 12/05

Service Provider / Subrecipient:
Contract ID:
Contract Start Date:
Contract End Date:

Report Period End Date:
Report Prepared By:
Report Submission Date:

	Current Budget	Current Period Revenues / Expenditures	Year to Date Revenues / Expenditures	Percent of Budget - Year to Date	Outstanding Obligations	Unobligated Balance of Contract
Revenue						
SNWIB Contract #				0.0%		0
Recipient Matching Funds						
Cash Matching funds				0.0%		0
In-Kind Matching funds				0.0%		0
Matching Funds (other non-Federal Source)				0.0%		0
Program Income / other revenue				0.0%		0
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Direct Participant Services						
Salaries						
Fringe Benefits						
Training Fees				0.0%		0
Instructional Materials				0.0%		0
Participant Transportation Costs				0.0%		0
Employer OJT Incentives				0.0%		0
Other				0.0%		0
Other				0.0%		0
Other				0.0%		0
Total - Direct Participant Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Indirect Costs / Operational Expenditures						
Equipment Rental				0.0%		0
Insurance (Liability / Property)				0.0%		0
Office Supplies				0.0%		0
Postage and Delivery				0.0%		0
Printing and Reproduction				0.0%		0
Rent				0.0%		0
Salaries						
Fringe Benefits						
Telephone				0.0%		0
Travel				0.0%		0
Training/Seminars				0.0%		0
Utilities				0.0%		0
Total - Operational Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Special Budget Items						
Equipment Purchase				0.0%		0
other				0.0%		0
other				0.0%		0
Total - Special Budget Items	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Total Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>

Report Approvals:

Signature, approving official for Recipient Organization

**Southern Nevada Workforce Investment Board
Service Provider Budget Form**

Rev: 12/05

Instructions for completing the Service Provider Budget Form:

Complete a separate Budget Form for each contract awarded by SNWIB.

The first two (2) columns should be completed as part of the response to an RFP or as the original contract budget, to be approved by the SNWIB. Column 1 shows budgeted revenues and expenditures using WIA funds awarded under contract with SNWIB. Column 2 is the budgeted amounts from other sources, if applicable.

Column three (3) is calculated - do not enter data. Check for correct calculation.

Budgeted expenditures for direct participant services are listed in the next section. The descriptions under this heading may be edited, and rows may be inserted as necessary to budget additional items within this category for a specific contract.

Personnel Costs are to be listed in the "Personnel" category, with each key person budgeted as a separate line item.

Indirect / Operational Costs are listed in a separate category. You are to be as specific as possible. You may add or remove lines as needed.

When budgeting items to any category that are allocated among several contracts, you are responsible for providing allocation worksheets to support the expenditures charged to this contract.

Columns are added for three (3) budget amendments. More may be added as necessary. All amendments must be approved in advance by an authorized official of the SNWIB.

Do not enter data in the "Current Budget" column - it is a calculated column.

All amounts entered should correspond to the books of account for the contract in the same reporting period. Backup documentation should be kept on file for the required period to support the report.

**Southern Nevada Workforce Investment Board
Service Provider Budget Form**

Rev: 12/05

Service Provider / Subrecipient:
Contract ID:
Contract Start Date:
Contract End Date:

	<u>Original Approved Contract Budget</u>			<u>Budget Amendments Approved by SNWIB</u>			<u>Current Budget</u>
	<u>SNWIB Contract</u>	<u>Recipient Match</u>	<u>Total Original Budget</u>	<u>Budget Amendment 1</u>	<u>Budget Amendment 2</u>	<u>Budget Amendment 3</u>	
Budgeted Revenue							
SNWIB Contract #			0				0
Recipient Matching Funds							
Cash Matching funds	0		0				0
In-Kind Matching funds	0		0				0
Matching Funds (other non-Federal Source)	0		0				0
Program Income / other revenue	0		0				0
Total Budgeted Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Direct Participant Services							
Salaries (list key personnel separately)			0				0
Fringe Benefits (list key personnel separately)			0				0
Training Fees			0				0
Instructional Materials			0				0
Participant Transportation Costs			0				0
Employer OJT Incentives			0				0
Other			0				0
Other			0				0
Other			0				0
Total - Direct Participant Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Indirect Costs / Operational Expenditures							
Equipment Rental			0				0
Insurance (Liability / Property)			0				0
Office Supplies			0				0
Postage and Delivery			0				0
Printing and Reproduction			0				0
Rent			0				0
Salaries (list key personnel separately)			0				0
Fringe Benefits (list key personnel separately)			0				0
Telephone			0				0
Travel			0				0
Training/Seminars			0				0
Utilities			0				0
Total - Operational Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Special Budget Items							
Equipment Purchase			0				0
other			0				0
other			0				0
Total - Special Budget Items	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Budgeted Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Informational Items							
Unbudgeted Revenues	0	0	0	0	0	0	0
Total Budget In Balance (0)	0	0	0	0	0	0	0

Budget Approvals:

Signature, approving official for Recipient Organization

Signature, approving official for Southern Nevada Workforce Investment Board

**Southern Nevada Workforce Investment Board
Service Provider Closeout Budget**

Rev: 12/05

Service Provider / Subrecipient:
Contract ID:
Contract Start Date:
Contract End Date:

Report Period End Date:
Report Prepared By:
Report Submission Date:

	<u>Current Budget</u>	<u>Current Period Revenues / Expenditures</u>	<u>Year to Date Revenues / Expenditures</u>	<u>PCT of Budget Expended - Year to Date</u>	<u>Projected Closeout Costs</u>	<u>Unobligated Balance of Contract</u>
Revenue						
SNWIB Contract #						
Recipient Matching Funds				0.0%		0
Cash Matching funds				0.0%		0
In-Kind Matching funds				0.0%		0
Matching Funds (other non-Federal Source)				0.0%		0
Program Income / other revenue				0.0%		0
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Direct Participant Services						
Salaries				0.0%		0
Fringe Benefits				0.0%		0
Training Fees				0.0%		0
Instructional Materials				0.0%		0
Participant Transportation Costs				0.0%		0
Employer OJT incentives				0.0%		0
Other				0.0%		0
Other				0.0%		0
Other				0.0%		0
Total - Direct Participant Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Indirect Costs / Operational Expenditures						
Equipment Rental				0.0%		0
Insurance (Liability / Property)				0.0%		0
Office Supplies				0.0%		0
Postage and Delivery				0.0%		0
Printing and Reproduction				0.0%		0
Rent				0.0%		0
Salaries				0.0%		0
Fringe Benefits				0.0%		0
Telephone				0.0%		0
Travel				0.0%		0
Training/Seminars				0.0%		0
Utilities				0.0%		0
Total - Operational Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Special Budget Items						
Equipment Purchase				0.0%		0
other				0.0%		0
other				0.0%		0
Total - Special Budget Items	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>
Total Expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0</u>

Closeout Budget Approvals:

Signature, approving official for Recipient Organization

Signature, approving official for SNWIB