

**DEPARTMENT OF CORRECTIONS
Rapid City Adult Reentry Grant
Budget & Reimbursement Request Form**

Attachment 1

MONTH: _____

Recipient Organization: City of Rapid City
300 6th St
Rapid City SD 57701

Project Title: Rapid City Reentry Project
Budget Period: January 1, 2013 - December 31, 2013
Project Amount: \$80,856.00

	(#2)	(#3)	(#4)	(#5)	(#6)
Budget Category	Approved Budget	Previous Drawdowns	Current Balance	This Request	New Fund Balance
		Total of all previous funds received	Column #2 minus Column #3	Amount requested today	Column #4 minus Column #5
Salary	38,634.00				
Fringe Benefits	10,526.00				
Travel \$0.37/mile; state per diem rates	1,000.00				
Supplies (postage, supplies actual cost)	1,200.00				
Flexible Funds	25,000.00				
Other (phone)	720.00				
Admin (5% of total above)	3,776.00				
PROJECT TOTAL	80,856.00				

The undersigned certifies that the cost of services reimbursable to the Provider up to the date of this certificate are not less than the total payments received as claimed by the Provider under this subcontract (including the payment as claimed herewith) and the Provider to the best of his knowledge and belief has fully complied with the terms and conditions of the subcontract.

Project Director Signature

Date