



State of Nevada
Department of Health and Human Services
Division of Child & Family Services
(hereinafter referred to as the Division)

Subaward # **93674-24-001**
Budget Account: **3146**
Category: **32**
GL: _____
Job Number: **9367424**

SUBAWARD AMENDMENT # 1

Grants Management Unit (GMU) Child Welfare Grants			
<input checked="" type="checkbox"/> (Chafee) Chafee Independent Living <input type="checkbox"/> (FAFFY) Transition from Foster Care <input type="checkbox"/> (ETV) Educational Training Voucher <input type="checkbox"/> (IVB-2) Title IVB-2, Caseworker Visitation <input type="checkbox"/> (IVB2-FF) Title IVB-2, Family First Transition Act <input type="checkbox"/> (AI) Adoption Incentive <input type="checkbox"/> (CJA) Children's Justice Act	<input type="checkbox"/> (CANS) Child Abuse and Neglect <input type="checkbox"/> (CDR) Child Death Review <input type="checkbox"/> (DR) Differential Response <input type="checkbox"/> (CTF) Children's Trust Fund <input type="checkbox"/> (CBCAP) Community Based Child Abuse <input type="checkbox"/> (ARPA) American Rescue Plan Act 2021		
Email to: DCFS Grants Management Unit <u>DCFSgrants@dcfs.nv.gov</u>	Subrecipient Name: Clark County Family Services		
Address: 4126 Technology Way, Suite 100 Carson City, Nevada 89706	Address: 121 S Martin Luther King Blvd Las Vegas, NV 89106 Contact Person: Alfonso Castaneda-Uzcanga <u>castanda@clarkcountynv.gov</u> or 702-455-4723		
Subaward Period: July 1, 2024-June 30, 2025	Amendment Effective Date: July 2025		
This amendment reflects a change to: <input type="checkbox"/> Scope of Work <input checked="" type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: To provide accurate reimbursement under appropriate categories.			
Reference GIR-22-19- SUBAWARD AMENDMENTS			
Required Changes: Extend award period through 09-30-2025. CCFS is seeking to reclass the four Family Services Technicians positions to Family Services Specialist. Due to the increase of cost CCFS is seeking to fund the Supervisor position. Approval of Budget mod is a contingency for Supervisor position to be requested for County funding. No change to scope of work.			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$663,147.00	\$10,884.04	\$674,031.04
2. Travel/Training	\$0.00	\$0.00	\$0.00
3. Operating	\$1,500.00	(\$1,500.00)	\$0.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$60,000.00	\$0.00	\$60,000.00
6. Other	\$160,000.00	(\$9,384.04)	\$150,615.96
TOTAL DIRECT COSTS	\$884,647.00	\$0.00	\$884,647.00
7. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$884,647.00	\$0.00	\$884,647.00
MATCH			
Incorporated Documents: Exhibit A: Original Notice of Subaward and all previous amendments			

By signing this Amendment, the Authorized Subrecipient Official or their designee, Grants and Projects Analyst II, and Division of Child and Family Services Administrator acknowledge the above as the new standard of practice for the above referenced Subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subaward and all of its Attachments.

Authorized Subrecipient Official	Signature	Date
Stacie Dastrup – Deputy Director		3/5/25
Grants and Projects Analyst II		3-6-25
Deputy Administrator, Division of Child and Family Services		3/7/25

Applicant Name:

BUDGET NARRATIVE - SFY25

Form 1

Total Personnel Costs

List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

Including Fringe Total: \$ 674,031.04

*revise this formula as needed to include each position listed

Annual Salary Fringe Rate % of Time Months Amount Requested

Employee: Vacant

Title: Family Services Specialist (FSS) PID# 10141473

Length of time in Position :

Duties: Assist youth with developing and implementing transitional living plan and provide referrals as necessary. Case management. May attend court hearings or other meetings where upper level staff may be required for youth advocacy. May be assigned to more youth determined to need a higher level of assistance. Will participate in the YVLife Set Program for youth ages 17 and older. Position assists in the completion of all Goals & Objectives in the Scope of Work.

\$ 72,196.80	40%	100%	12	\$ 101,075.52
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Employee: Gardener, Ashley

Title: Family Services Specialist (FSS) PID#10144047

length of time in this position March 2024

Duties: Assist youth with developing and implementing transitional living plan and provide referrals as necessary. Case management. May attend court hearings or other meetings where upper level staff may be required for youth advocacy. May be assigned to more youth determined to need a higher level of assistance. Will participate in the YVLife Set Program for youth ages 17 and older. Position assists in the completion of all Goals & Objectives in the Scope of Work.

\$ 80,655.74	40%	100%	12	\$ 112,918.04
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Employee: Vacant

Title: Family Services Specialist (FSS) PID# 10009127 Reclass 1 of 4

length of time in position:

Duties: Assist youth with developing and implementing transitional living plan and provide referrals as necessary. Case management. May attend court hearings or other meetings where upper level staff may be required for youth advocacy. May be assigned to more youth determined to need a higher level of assistance. Will participate in the YVLife Set Program for youth ages 17 and older. Position assists in the completion of all Goals & Objectives in the Scope of Work.

\$ 72,196.80	40%	100%	12	\$ 101,075.52
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Employee: Vacant

Title: Family Services Specialist (FSS) PID#10009406 Reclass 2 of 4

length of time in position:

Duties: Assist youth with developing and implementing transitional living plan and provide referrals as necessary. Case management. May attend court hearings or other meetings where upper level staff may be required for youth advocacy. May be assigned to more youth determined to need a higher level of assistance. Will participate in the YVLife Set Program for youth ages 17 and older. Position assists in the completion of all Goals & Objectives in the Scope of Work.

\$ 72,196.80	40%	100%	12	\$ 101,075.52
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Employee: Vacant

Title: Family Services Specialist (FSS) PID# 10009910 TBD ReClass 3 of 4

length of time in positioned

Duties: Assist youth with developing and implementing transitional living plan and provide referrals as necessary. Case management. May attend court hearings or other meetings where upper level staff may be required for youth advocacy. May be assigned to more youth determined to need a higher level of assistance. Will participate in the YVLife Set Program for youth ages 17 and older. Position assists in the completion of all Goals & Objectives in the Scope of Work.

\$ 72,196.80	40%	100%	12	\$ 101,075.52
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Employee: Vacant

Title: Family Services Specialist (FSS) PID# 10042544 ReClass 4 of 4

Length of time in position:

Duties: Office/Clerical duties to include completion and processing of forms, record retention, update of files, and maintaining data for grant reporting requirements. Position maintains data on all Goals and Objectives in the Scope of Work.

\$ 72,196.80	40%	100%	12	\$ 101,075.52
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Employee: Vanessa Benavides-Sanchez

Title of position: Family Services Supervisor & PID# 10148434

Length of time in Position: 04/2012

Program supervisor. Supervise Independent Living staff, Plan events and workshops for IL youth.

\$ -	40%	100%	12	\$ -
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NOTE: CCFS plans on funding this position after JULY 2025

Employee: Vacant

Office Specialist (OS) PID# 10009097

Length of time in position:

Duties: Office/Clerical duties to include completion and processing of forms, record retention, update of files, and maintaining data for grant reporting requirements. Position maintains data on all Goals and Objectives in the Scope of Work.

\$ 39,811.00	40%	100%	12	\$ 55,735.40
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*Insert new row for each position funded or delete this row.

Total Fringe Cost \$ 90,019.74

Total: \$ 674,031.04

Travel/Training

Total: \$ -

Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (67.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel						
<u>Title of Trip & Destination such as CDC Conference, San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		<div>\$ -</div>
<u>Airfare: Cost per trip (origin & destination) x # of trips x # of staff</u>						<div>\$ -</div>

*Revise as needed to include costs of multiple trips.

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

If travelling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

In-State Travel						
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		<div>\$ -</div>
<u>Airfare: cost per trip (origin & designation) x # of trips x # of staff</u>						<div>\$ -</div>

*Revise as needed to include costs of multiple trips.

Justification:

Who will travel and why

If travelling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating	Total:	\$ -
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.		
FAAYT(Former and Adoptive Youth Together Teen Group) Events/Supplies/Snacks/Food, etc.	\$ -	

Justification:

Under FAAYT, youth shall elect how to spend the funding to offer opportunities to all Foster and Foster/Adopt youth eligible for IL and/or Step. Small amounts of food may be

Equipment	Total:	\$ -
List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All		
Describe equipment	\$ -	

*Revise this formula as needed to include each Contractor listed

Contractual	Total:	\$ 60,000.00
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.		

Name of Contractor/Subrecipient: Shining Star

Method of Selection: Quote per Clark County Purchasing Guidelines

Period of Performance: July 1, 2024 - June 30, 2025

\$ 35,000.00

Scope of Work: Contractor will provide referred IL Youth Independent Living Classes. Contractor works with youth to devise a plan for successful transition and provides classes to benefit youth to achieve goals.

*Sole Source Justification: Quote - Competitive bid not required per Clark County Purchasing Guidelines for amount of contract

Method of Accountability: Contractor shall maintain case files & provide monthly progress reports, sign in sheets and youth surveys to be sent monthly for management review. Fiscal staff verifies invoices for accuracy. All contracts are monitored by Clark County Purchasing Department.

Define - IL management shall monitor the FAAYT program through monthly review of contractor reports. IL management shall also approve activities as requested. Clark County

Name of Contractor/Subrecipient: Children Advocacy Alliance

Method of Selection: Sole Source- Continuation of program with current vendor

Period of Performance: July 1, 2024 - June 30, 2025

Scope of Work: Contractor, under CCFS guidance, shall operate the FAAYT youth, including meeting organization, preparation and facilitation. Contractor shall also provide recruitment efforts to engage youth in participation.

*Sole Source Justification: N/A - Quote - Competitive bid not required per Clark County Purchasing Guidelines for amount of contract

Method of Accountability

Define - IL management shall monitor the FAAYT program through monthly review of contractor reports. IL management shall also approve activities as requested. Clark County Purchasing monitors all contracts for compliance.

Other	Total:	\$	150,615.96
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc.			
DIRECT TO YOUTH (14 to 20 in care)- Per CC IL Policy, this includes all items paid directly on behalf of IL youth to further the goals appropriate under Chafee objectives. Such items would include financial assistance for school fees/extracurricular activities, ID, Work Permits, driving lessons, fitness classes, IL participation and graduation incentives, bus passes, laptops, cell phones/prepaid cell phone service cards, work clothing, items of assistance to youth on IL agreements, etc.. This category would also include items deemed appropriate to assist youth who have transitioned to step Up such as move in items, beds, assistance and incentive to finish high school/GED, hygiene times, etc.,.	\$	115,615.96	
direct to youth Cell phones and service	\$	35,000.00	

Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie

TOTAL DIRECT CHARGES	\$	884,647.00
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Indirect	Total:	\$	-
Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general			
Identify Indirect Expenses		\$	-
Add more as necessary and adjust formula in F112		\$	-
to reflect changes.		\$	-
TOTAL BUDGET	Total:	\$	884,647.00

Applicant Name:

PROPOSED BUDGET SUMMARY - SFY25
(Form Revised January 2020)

A.

PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	GMU	State CW	Other Funding	Other Funding	Other Funding	Other Funding
PENDING OR SECURED		Secure				
ENTER TOTAL REQUEST	\$ 884,647.00	\$ 500,000.00	\$ -	\$ -	\$ -	\$ -

EXPENSE CATEGORY

Personnel	\$ 674,031.04	\$ 500,000.00				
Travel/Training	\$ -					
Operating	\$ -					
Equipment	\$ -					
Contractual/Consultant	\$ 60,000.00					
Other Expenses	\$ 150,615.96					
Indirect	\$ -					

TOTAL EXPENSES	\$ 884,647.00	\$ 500,000.00	\$ -	\$ -	\$ -	\$ -
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ -
Indirect % of Budget	10%

B. Explain any items noted as pending:

Applicant Name:

MATCH BUDGET NARRATIVE - SFY25

Form 3

Funding for Match Received From (State Funding Source):

*revise this formula as
needed to include each
position listed

Total Personnel Costs	Including Fringe	Total:	\$		
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.					
	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$
*Insert new row for each position funded or delete this row.					
Total Fringe Cost \$					\$

*revise as needed to
include costs of multiple
trips.

Travel/Training	Total:	\$		
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (\$7.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.				
Out-of-State Travel				
Title of Trip & Destination such as CDC Conference, San Diego, CA	Cost	# of Days	# of Trips	# of Staff
Airfare: Cost per trip (origin & destination) x # of trips x # of staff				\$
Baggage fee: \$ amount per person x # of trips x # of staff				\$
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff				\$
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff				\$
Ground Transportation: \$ per rtrip x # of trips x # of staff				\$
Mileage: (rate per mile x # of miles per rtrip) x # of trips x # of staff				\$
Parking: \$ per day x # of trips x # of days x # of staff				\$

Scope of Work: Define Scope of Work

*Sole Source Justification: Define if sole source method, not needed for competitive bid

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

*Add additional Contractor/Subrecipients here with justification or delete this row.

\$

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Other		Total:	\$	221,162.00
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc.				
Direct Costs - Direct assistance to or on behalf of youth		\$	221,162.00	
Paid by the Step Up Program		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie				
TOTAL DIRECT CHARGES			\$	221,162.00
TOTAL BUDGET		Total:	\$	221,162.00



State of Nevada
Department of Health and Human Services
Division of Child & Family Services
 (hereinafter referred to as the Department)

Agency Ref #: 93674-24-001
 Budget Account: 3145
 Category: 32
 GL: _____
 Job Number: 9367424

NOTICE OF SUBAWARD

Program Name: Charles Foster Care Program for Successful Transition to Adulthood DCFS Grants Management Unit DCFSGrants@dcfs.nv.gov	Subrecipient's Name: Clark County Department of Family Services Vicki Malone malonev@clarkcountynv.gov
Address: 4125 Technology Way, 3 rd Floor Carson City, NV 89705-2009	Address: 121 S Martin Luther King Blvd Las Vegas, NV 89109-4309
Subaward Period: July 1, 2024, through June 30, 2025	Subrecipient's: EIN: <u>88-6080028</u> Vendor #: <u>T61028920A</u> Unique Entity ID: <u>094MDGPTBJB4</u>

Purpose of Award: Clark County's Independent Living Program (ILP) assists youth in goal setting and planning for their transition out of foster care to attain self-sufficiency as adults. The primary target population is foster youth, ages 14 to 18.

Region(s) to be served: ☐ Statewide ☒ Specific County or counties: Clark

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$663,147.00	Total Obligated by this Action:	\$ 884,847.00
2. Travel/Training	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$1,500.00	Total Federal Funds Awarded to Date:	\$ 884,847.00
4. Equipment	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	\$60,000.00	Amount Required by this Action:	\$ 221,162.00
6. Other	\$160,000.00	Amount Required Prior Awards:	\$ 0.00
TOTAL DIRECT COSTS	\$884,847.00	Total Match Amount Required:	\$ 221,162.00
7. Indirect Costs	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$884,847.00	Federal Budget Period: October 1, 2023, through September 30, 2025	
		Federal Project Period: October 1, 2023, through September 30, 2025	

FOR AGENCY USE, ONLY

Source of Funds Administration for Children and Families John H. Chafee Foster Care Program for Successful Transition to Adulthood Title IV-E, Section 477 of the Social Security Act	% Funds: 100	CFDA: 93.574	FAIN: 2401NVCILP	Federal Grant #: 2401NVCILP	Federal Grant Award Date by Federal Agency: January 17 2024
Agency Approved Indirect Rate: 0.00%		Subrecipient Approved Indirect Rate: 0.00%			

Terms and Conditions:
 In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
4. Subrecipient must comply with all applicable Federal regulations.
5. Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Confidentiality Addendum Section H: Matching Funds Agreement
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Authorized Subrecipient Official's Name and Title LISA M. BETHUNE Deputy Director	Signature 	Date 8/14/24
Michael Guerra Grants and Projects Analyst II		8-14-24
For Marie McCade-Williams Administrator, Division of Child & Family Services		8/14/24