

PROPOSED BUDGET SUMMARY

(Form Revised May 2019)

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

FUNDING SOURCES	Funding Source	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$735,000									\$735,000

EXPENSE CATEGORY

Personnel	\$0									\$0
Travel	\$0									\$0
Operating	\$0									\$0
Equipment	\$0									\$0
Contractual/Consultant	\$700,000									\$700,000
Training	\$0									\$0
Other Expenses	\$0									\$0
Indirect	\$35,000									\$35,000

TOTAL EXPENSE	\$735,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$735,000
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$35,000
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Total Agency Budget	\$735,000
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

BUDGET NARRATIVE
(Form Revised July 2022)

USE FORMULAS FOR ALL TOTALS

Total Personnel Costs	including fringe	Total:	\$ -
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

<u>Name of Employee (if known, otherwise state new position), Title of position & Position Control Number</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
	\$0.00	0.000%	25.000%	12	100.00%	\$0

*Insert details to describe position duties as it relates to the funding (specific program objectives)

<u>Name of Employee (if known, otherwise state new position), Title of position & Position Control Number</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
	\$0.00	0.000%	25.000%	12	100.00%	\$0

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	\$0.00	0.000%	25.000%	12	100.00%	\$0

*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	\$0	Total Salary Cost:	\$0
Total Budgeted FTE	1.00000		

Travel	Total:	\$0
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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 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. This fund does NOT cover conferences.

<u>Out-of-State Travel</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0

\$0

Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification:

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

In-State Travel

\$0

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification:

Who will travel and why

Operating **Total: \$0**

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.

	<u>Monthly Expense</u>	<u>FTE</u>	<u>Number of Months</u>	<u>Total</u>
Office supplies \$ amount x # of FTE staff x # of mo.				\$0.00
Rent: \$ per/mo. x 12 months x # of FTE				\$0.00
Communications				\$0.00

Justification: Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.

Equipment **Total: \$0**

List Equipment purchase or lease costing \$10,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$10,000 should be listed under Supplies.

	<u>Quantity</u>	<u>Cost per each</u>	<u>Total</u>
Describe equipment			\$0.00

Justification: Provide narrative to justify purchase. Include details how budget item supports deliverables of the project.

Contractual **Total: \$700,000**

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

Name of Contractor or Subrecipient: WC Health	Total	\$700,000
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Method of Selection: Sole source

Period of Performance: October 1, 2025 - September 30, 2025

Scope of Work: Define scope of work

WC Health will manage the transitional housing program for NCS-SUD including all staffing and supportive services for clients. This includes all treatment services, workforce development, and housing search to help clients exit the program to self-sufficiency.

* **Sole Source Justification:** WC Health is providing light touch case management to clients in the NCS program. This grant will allow them to expand their services to include on-site behavioral health and substance use disorder treatment.

Budget	
Personnel	\$255,110.00
Meidcations, Psych/Medical/Behavioral Services	\$306,890.00
Supportive Services and Program Supplies	\$138,000.00
Total Budget	\$700,000.00

Method of Accountability:

Define - *The provider will be required to submit monthly invoices and performance measures. These will be tracked and evaluated through a continuous improvement process.* CCSS will monitor the program, conduct audits, and ensure program fidelity

Training Total: \$0

List all cost associated with Training, including justification of expenditures.

	<u>Registration Costs</u>	<u>FTE</u>	<u>Total</u>
Describe training			

Justification: *Provide narrative to justify purchase. Include details how budget item supports deliverables of the project.*

Other Total: \$0

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.

	<u>Monthly Expense</u>	<u>FTE</u>	<u>Number of Months</u>	<u>Total</u>
Printing Services: \$ amount/mo. x 12 months	\$0			\$0
Postage: \$ per mo. x 12 months	\$0			\$0
State Phone Line: \$ per mo. x 12 months x # of FTE	\$0			\$0

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

TOTAL DIRECT CHARGES \$700,000

Administrative Expenses Rate: 5.000% \$35,000

Methodology: No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as all grantees or recipients of funds from the Resilient Fund of Nevada under NRS 433.732 through NRS 433.744.

TOTAL BUDGET Total: \$735,000