

TO BE COMPLETED BY ADSD ONLY

Application Number:	<input type="text"/>	Date & Time Received:	<input type="text"/>	<input type="checkbox"/> By Mail Received	<input type="text"/>	Revision #:	<input type="text"/>
				<input type="checkbox"/> In-Person By:			
				<input type="checkbox"/> Email			

Nevada Aging and Disability Services Division (ADSD)
Non-Competitive Subaward Application - Social Services and Supports
Second-Year, Fiscal Year 2022
 Reporting/Budget Period: July 1, 2021 - June 30, 2022

APPLICANT INFORMATION

1. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Currently Funded ADSD Subaward FY21 Subaward #: <input type="text" value="03-015-LX-21"/>	2. AMOUNT REQUESTED: <input type="text" value="\$135,975.00"/>	3. TYPE OF ORGANIZATION: <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Governmental
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4. APPLICANT INFORMATION

SUBRECIPIENT	PROGRAM
Name: Clark County Public Guardian	Name: Representative Payee +60 Program
Address: 515 Shadow Lane	Address: 515 Shadow Lane
City, State: Las Vegas, NV	City, State: Las Vegas, NV
ZIP Code: 89106	ZIP Code: 89106
County: Clark	County: Clark
Subrecipient Contact Information	Program Director Contact Information
First & Last Name: Karen Kelly	First & Last Name: Desiree DuCharme
Title: Clark County Public Guardian	Title: PG Case Manager Supervisor
E-Mail: KellyK@ClarkCountyNV.gov	E-Mail: DAD@ClarkCountyNV.gov
Phone Number: 702-455-4332	Phone Number: 702-455-4332
Fax Number: 702-455-4772	Fax Number: 702-455-4772
PAYMENT ADDRESS (specific to program & the vendor #):	EMPLOYER IDENTIFICATION NUMBER (EIN):
State Vendor #: T80952408	<input type="text" value="88-6000028"/>
<input type="checkbox"/> Check box and skip if same as Subrecipient Address	DATA UNIVERSAL NUMBERING SYSTEM (DUNS)
Address: <input type="text"/>	<input type="text" value="083782953"/>
City, State: <input type="text"/>	
ZIP Code: <input type="text"/>	

5. SOURCE FOR FUNDING: <input type="text" value="To Be Determined by ADSD:"/>	6. TYPE OF SUBAWARD: Choose one subaward type from this drop down menu: <input type="text" value="Categorical"/>
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7. TYPE OF CATEGORY/SERVICE: Choose one category/service from this drop down menu: <input type="text" value="In-Home Services - Other, Specify:"/> <i>If the chosen category includes "specify," use the box below to specify the proposed service.</i> <input type="text" value="Representative Payee"/>	8. AREAS TO BE SERVED BY PROJECT: <i>(List city, town, county or statewide service areas)</i> <input type="text" value="Clark County, NV"/>
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9. PRIORITY POPULATIONS: <i>(e.g., age 60 and older, rural, minority, frail, homeless, etc.)</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clark Co. residents over 60 unable to manage finances <input checked="" type="checkbox"/> Seniors (60+) with disabilities or drug/alcohol addiction <input checked="" type="checkbox"/> Minority or homeless seniors (60+) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	10. SUMMARIZE SERVICES to be provided if funds are awarded (ADSD-Funded): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Representative Payee Services <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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11. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH REGULATIONS IF THE ASSISTANCE IS AWARDED.

Authorized Representative (Print or Type)

First Name: <input type="text" value="Karen"/>	Last Name: <input type="text" value="Kelly"/>
Title: <input type="text" value="Clark County Public Guardian"/>	

Signature of Authorized Representative

Date

Applicant Name: Clark County Public Guardian	Subaward & Service Type: Categorical; In-Home Services; Other - Representative Payee
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PROPOSED BUDGET NARRATIVE - FY22
Social Services and Supports

Personnel Costs						
Fringe Only: \$41,824.18				Total: \$135,975.00		
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.						
A.	Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
B.	<i>Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc. -AND- Describe position duties as they relate to the funding and program objectives. Expand rows as needed.</i>					
A.	Estate Case Manager - Chanh Khammany (610594), 40 hrs/wk X 52 wks X 40.79	\$94,353.00	44.42%	99.79%	12.00	\$135,975.00
B.	health insurance, Medicare, FICA, worker's compensation, retirement, etc. Case management Perform various professional level functions to protect, preserve and manage income for the client in accordance with legal regulations and in the best interests of the client. Arranges for payment of claims against the client or estate. Conducts interviews on referrals submitted by external agents or agencies; determines propriety of office involvement; determines, contacts and interviews any involved parties; maintains liaison with federal, state, city, county and other agencies. Uses facilities of other governmental agencies, as necessary and available. Manages assets of clients with emphasis on balancing income against expenditures to meet all criteria or participation from outside income and service providers; visits and interviews clients to identify needs; assists clients in the preparation of applications for government assistance with working knowledge of federal, state, county and city clients and agencies. Maintains comprehensive case records and statistics. Interprets and explains program to individuals, as well as groups of citizens; make presentations to community groups. Attends and participates in meetings. Prepares a variety of reports, correspondence and other written materials. Contributes to the efficiency and effectiveness of the unit's service to its customers by offering suggestions and directing or participating as an active member of a work team. Uses a variety of standard office equipment, including a computer, in the course of the work; drives a County or personal motor vehicle to attend meetings and visit clients.					
A.						

Applicant Name:	Clark County Public Guardian	Subaward & Service Type:	Categorical; In-Home Services, Other - Representative Payee
B.			

Applicant Name: Clark County Public Guardian	Subaward & Service Type: Categorical: In-Home Services, Other - Representative Payee
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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 (58 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.				
Enter Title of Trip & Destination here, such as "CDC Conference: San Diego, CA"	Cost	# of Trips	# of days	Trip total: # of Staff
Airfare: cost per trip (origin & designation) x # of trips x # of staff				\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff				\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff				\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff				\$0.00
Ground Transportation: \$ per r/trip x # of trips x # of staff				\$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff				\$0.00
Parking: \$ per day x # of trips x # of days x # of staff				\$0.00

Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

***If traveling to more than 1 out-of-state destination, copy section above and insert here.**

In-State Travel				Trip total:
Enter Origin & Destination Here*				
Airfare: cost per trip (origin & designation) x # of trips x # of staff	Cost	# of Trips	# of days	# of Staff
Baggage fee: \$ amount per person x # of trips x # of staff				\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff				\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff				\$0.00
Motor Pool: (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days				\$0.00
Mileage (see below for general mileage): (rate per mile x # of miles per r/trip) x # of trips x # of staff				\$0.00
Parking: \$ per day x # of trips x # of days x # of staff				\$0.00

Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

***If traveling to more than 1 in-state destination, copy section above and insert here.**

If requesting general mileage for operational purposes and not specific trips, complete the following section with the total general mileage expense in the cost column. If more than one staff is traveling, provide a calculation of each staff member's mileage and the reason for general travel.

General Mileage: (rate per mile x # of miles)	Cost	General Mileage Total:
Calculation(s) and Reason(s):		\$0.00

Applicant Name: Clark County Public Guardian	Type of Service: Categorical, In-Home Services, Other - Representative Payee
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PROPOSED BUDGET SUMMARY - FY22
Social Services and Supports

PATTERN BOXES ARE FORMULA DRIVEN: Enter info in orange cells.

A. FUNDING SOURCES	ADSD Funds	MATCH *	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	TOTAL
PENDING OR SECURED	Pending	Secured					
ENTER TOTAL FUNDING	\$135,975.00	\$20,396.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156,371.00

EXPENSE CATEGORY

Personnel	\$135,975.00	\$20,396.00					\$156,371.00
Travel/Training	\$0.00						\$0.00
Operating	\$0.00						\$0.00
Equipment	\$0.00						\$0.00
Contractual/Consultant	\$0.00						\$0.00
Other Expenses	\$0.00						\$0.00
Indirect	\$0.00						\$0.00

TOTAL EXPENSE	\$135,975.00	\$20,396.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156,371.00
These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Indirect Cost	\$0.00
Indirect % of Budget	0.00%

Total Program Budget	\$156,371.00
ADSD Percent of Program Budget	87%

B. Comments regarding budget summary, if applicable.

Any remaining funds needed to cover grant expenses are paid by the County General Fund.

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.

Clark County General Fund - Secured

D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.

Clark County does not allow program income or voluntary contributions.

Projected Output Measures

Agency/Organization Name: Clark County Public Guardian

Type of Subaward and Service: Categorical; In-Home Services, Other - Representative Payee

Unit of Service definition as shown in the ADSD Service Specification* that will be used for your project:
If no Service Specification exists, enter proposed Unit of Service definition for ADSD consideration.

Unit of Service definition (a):

Unit of Service definition (b, if applicable):

Note: Shaded areas are calculated fields that will automatically complete when all application data is entered.

		ADSD Funding
1.	Funds Requested from ADSD	\$135,975.00
2.	Number of Unduplicated Consumers	96
	Cost per Consumer (ADSD)	\$1,416.41
3.	Number of Units of Service (a)	4,474
	Number of Units of Service (b, if applicable)	0
	Cost per Unit of Service	\$30.39
4.	Number of Estimated Consumers by County:	
	Lander _____	
	Lincoln _____	
	Lyon _____	
	Mineral _____	
	Nye _____	
	Pershing _____	
	Storey _____	
	Washoe _____	
	White Pine _____	
	Carson City _____	
	Churchill _____	
	Clark _____	
	Douglas _____	
	Elko _____	
	Esmeralda _____	
	Eureka _____	
	Humboldt _____	
	Total Number of Consumers	0
5.	Number of Estimated Volunteers by County (for this specific service):	
	Lander _____	
	Lincoln _____	
	Lyon _____	
	Mineral _____	
	Nye _____	
	Pershing _____	
	Storey _____	
	Washoe _____	
	White Pine _____	
	Carson City _____	
	Churchill _____	
	Clark _____	
	Douglas _____	
	Elko _____	
	Esmeralda _____	
	Eureka _____	
	Humboldt _____	
	Total Number of Volunteers	0
ADULT DAY CARE - Complete # 6 and 7 below		
6.	Fixed-Fee Rate per Hour	N/A
	Number of Hours to be Provided	
	Funds Attributed to Hours	-
7.	Fixed-Fee Rate per Day	N/A
	Number of Days to be Provided	
	Funds Attributed to Days	-
8.	Total Funding Attributed Based on Units	-
NEVADA CARE CONNECTION - Complete # 9 - 12 below		
9.	Number of Caregivers	
10.	Number of Resource & Service Navigation Clients	
11.	Number of Case Management Clients	
12.	Number of Outreach and Education Events	

**Nevada Aging and Disability Services Division (ADSD)
Non-Competitive Subaward Application
Second-Year Funding, Fiscal Year 2022**

Agency/Organization Name: Clark County Public Guardian

Type of Service: Representative Payee

APPLICANT QUESTIONNAIRE AND NARRATIVE

Provide a detailed answer to each of the following questions, or choose N/A, as applicable:

1. Provide an update on the program's targeting activities, progress towards meeting Targeting Plan objectives outlined in its FY21 subaward application and its plan to meet the objectives in FY22.

The Representative Payee Program operates under the leadership of the Clark County Public Guardian's Office located at 515 Shadow Lane, Las Vegas, Nevada, 89106. Services are available to urban and rural communities of Clark County, Nevada.

The Representative Payee Program was developed to address the needs of seniors, age sixty (60) and over who are incapable of managing their own funds and have no other suitable individual to act on their behalf. The program has successfully targeted the low income and minority populations who require assistance with money management and are at risk for financial exploitation. Many of the seniors referred to the program suffer from physical and/or mental disabilities such as mild dementia, forgetfulness, hearing loss, blindness, arthritis, or other debilitating diseases. Additionally, seniors, who have problems with drugs, gambling, or alcohol addiction, have also benefited from the program.

The Representative Payee Program is unique in the service it provides. Service plans are developed utilizing the client's monthly income to meet their daily needs. Assessments are conducted to determine the services needed which include: money management, payment distribution, individualized case planning, monitoring of ongoing needs, utilization of any program benefits for the client, and the completion of a cooperative service plan/monthly budget for those seniors living independently or in group home/assisted living facilities.

The Clark County Public Guardian receives referrals from Aging Disability Services Division, Senior Housing, Nevada State Welfare and many other community organizations. Likewise, the Clark County Public Guardian works in conjunction with community service organizations for the needs of the individuals served.

The Representative Payee Program is on target to meet the goals outlined above.

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2. Is there a waiting list for this service? Yes No

If yes: How many people are on the waiting list? **31**

**Nevada Aging and Disability Services Division (ADSD)
Non-Competitive Subaward Application
Second-Year Funding, Fiscal Year 2022**

How many have been assessed as eligible? **31**

What is the average time spent on the waitlist? **189**

Would additional funding alleviate the waitlist? Yes No, explain: **Program is at capacity.**

a. If yes, how much funding and what expenses would the funds cover?

Is the program operating at capacity? Yes No

3. What are the agency's days and hours of operation? **Monday - Thursday, 7:30 am - 5:30 pm**

Service hours, if different: *N/A – Same as agency*

4. Is the agency closed on days other than state and/or federally recognized holidays, when ADSD-funded services are not available to clients? If yes, list the tentative dates in FY22 and explain the reason for the closure. *N/A – No other closures*

5. Have there been, or does the sponsor anticipate, any significant changes in the program (e.g., loss of personnel, sponsorship changes, service population changes, influx or decrease of resources, etc.)?

Yes No

If yes, describe the changes and explain how they will affect FY22 program funding and/or services:

6. Explain how the program is or is not on track to meet its FY21 Projected Output Measures of unduplicated clients and units of service. If the projections were over- or under-estimated, explain the deviations.

The Representative Payee program is on track to meet its FY21 projected output measures of unduplicated clients and units of service. The program is on track to expend all funds, including the County match funds.

7. Does the program anticipate expending its entire ADSD FY21 subaward for this service?

Yes No – Explanation Required:

8. Funding will be disbursed as monthly or quarterly reimbursements. Advance funding may be approved on a temporary basis only, with a documented hardship, and will not be approved to provide a cushion of funding. Please choose one of the following:

I agree to these terms and will submit reimbursements.

**Nevada Aging and Disability Services Division (ADSD)
Non-Competitive Subaward Application
Second-Year Funding, Fiscal Year 2022**

I agree to these terms but would like to document a hardship to be considered for temporary advance funding. Please explain the hardship and number of months for which you may need advance funding (do not request the entire fiscal year):

9. What percentage of the total cost of providing this service would the ADSD requested amount represent? 59% Comments:

10. Does the agency agree to give service priority to eligible individuals referred by ADSD who are at risk of institutional placement or have been a victim of abuse?

Yes No – Explanation Required:

11. Funded agencies must agree to work collaboratively with all other agencies that provide comparable services or have a similar goal or focus. No agency is to be intentionally excluded from meetings. Does your agency agree to these terms?

Yes No – Explanation Required:

12. Provide a thorough justification for the level of funding requested from ADSD in this application. If an increase or decrease was requested, address the reason for the request.

The program successfully provides financial management to seniors in Clark County, Nevada, allowing them to remain independent in the community rather than being institutionalized, resulting in savings to Medicare, Medicaid and County welfare systems.

To our knowledge there is no other free representative payee program for seniors over the age of sixty (60), in Clark County.

The cost effectiveness and success of the Clark County Representative Payee Program is well established and we would appreciate the opportunity to provide the same outstanding service with continued funding for employees performing the duties required of the Representative Payee over sixty (60) program.

**Nevada Aging and Disability Services Division (ADSD)
 Non-Competitive Subaward Application
 Second-Year Funding, Fiscal Year 2022**

GOALS AND OBJECTIVES

Goal 1: Eligibility for additional financial resources				
<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Financial Referral Assistance	Provide financial information for Rep Payee clients to establish benefits they are qualified for (examples: VA benefits, taxi coupons, energy assistance, Meals on Wheels, Housing Authority, and Housing Choice Voucher program, etc.). CM provides financial information to assist with child support modification and student loan discharge applications.	Ongoing	Chanh Khammany - Estate Case Manager II	
2.				
3.				
Goal 2: Eligibility for additional programs				
<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Referral Assistance	Any client if eligible, the CM will provide financial information to assist with: Aging, CCSS, Jewish Family Services for homemaker and other services.	Ongoing	Chanh Khammany - Estate Case Manager II	
2.				
3.				

**Nevada Aging and Disability Services Division (ADSD)
Non-Competitive Subaward Application
Second-Year Funding, Fiscal Year 2022**

Goal 3: Quality Improvement and Effectiveness

<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Meet or exceed Projected Output Measures as submitted in the approved subaward application	Complete data entry and/or submit other required reporting. Conduct outreach to reach target populations. Develop partnerships.	10th of following month	Lisa Francis - Management Analyst II	
2. Quality Improvement	Administer and Analyze Surveys, Implement Improvements a. Satisfaction, client feedback b. Performance Indicators c.	6 months after being on program and every 6 months thereafter	Chanh Khammany - Case Manager II Desiree DuCharme - Supervisor	
3.				



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Subrecipient Questionnaire

This questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. Please complete the following questionnaire and submit all related documents as necessary.

SECTION A: GENERAL INFORMATION

Project Title:	Representative Payee
Point of Contact for matters concerning this project:	Name: Lisa Francis Address: <small>515 Shadow Lane</small> Las Vegas, NV 89106 Phone: 702-455-4061 Fax: 702-455-4717 Email: lfrancis@ClarkCountyNV.gov URL: https://www.clarkcountynv.gov/public-guardian/Pages/default.aspx DUNS #: 083782953 EIN: 88-60000028 Reg. in SAM? Yes <input type="radio"/> No <input checked="" type="radio"/> Number of Employees: 2 Exp. Date of Current SAM Registration: <u>On going</u>

SECTION B. SUBRECIPIENT ELIGIBILITY

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?

Yes No

If yes, please skip the rest of the questionnaire, sign and return the questionnaire with the Project Evaluation Packet.

SECTION C. SUBRECIPIENT ORGANIZATION INFORMATION (please fill out the information below, as appropriate)

University Government Entity Foundation
 Non-Profit Org For-Profit Org Other _____

2. Fiscal year dates (month and year):

July 1, 2021 - June 30, 2022

3. Name of designated federal cognizant agency, if applicable:

4. Negotiated Indirect Cost Rate:

Yes No URL: _____

If yes, please provide a copy of your current agreement or the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2 CFR 200.414; or, the maximum allowable percentage of administrative expenses according to the funding source.

5. Fringe Benefit rate:

Yes No URL: _____

If yes, please provide a copy of your current fringe benefit rate memorandum or provide the URL.

6. Has organization received in the past the same or similar Federal subawards to the current subaward? (2 CFR 200.331)

Yes No

If yes, subrecipient hereby agrees to provide further documentation upon request.

7. Does organization have on-going direct Federal awards? (2 CFR 200.331)

Yes No

If yes, is the awarding agency currently monitoring subrecipient activity?

Yes No

If yes, please describe:

8. Please certify policies and/or procedures exist that address the following:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Pay Rates and Benefits | <input checked="" type="checkbox"/> Conflict of Interest | <input checked="" type="checkbox"/> Purchasing |
| <input checked="" type="checkbox"/> Time and Attendance | <input checked="" type="checkbox"/> Travel | <input checked="" type="checkbox"/> Equipment & Inventory |
| <input checked="" type="checkbox"/> Leave | | |

By signing this document, subrecipient certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by the State's policies and/or procedures.

9. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?

Yes No N/A

10. Has any new system been recently put in place or has there been any change to the existing system (e.g., accounting, information, management, etc.)? (2 CFR 200.331)

Yes

No

If yes, please explain:

11. Does organization have any new personnel (e.g., key personnel, financial management, grants management, IT management, or other staff serving in grants administration role)? (2 CFR 200.331)

Yes

No

If yes, please explain:

12. Has organization in the preceding fiscal year expended any federal funds in either direct or indirect Federal awards?

Yes

No

If yes, please indicate the expenditure amount:

13. Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.

Yes

No

14. Does organization adhere to Subpart E Cost Principles of 2 CFR 200 under the proposed subaward?

Yes

No

N/A

15. Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?

Yes

No

16. Does the financial system provide for the control and accountability of project funds, property, and other assets?

Yes

No

17. Are duties separated so that no one individual has complete authority over an entire financial transaction?

Yes

No

If no, please explain below:

18. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

Yes

No

If no, please explain below:

19. Are all disbursements properly documented with evidence of receipt of goods or performance?

Yes

No

If no, please explain below:

20. Are all bank accounts reconciled monthly?

Yes

No

If no, please explain below:

21. Are payroll charges checked against program budgets?

Yes

No

If no, please explain below:

22. What system does your organization use to control paid time, especially time charged to sponsored agreements?

SAP

23. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all sponsored agreements, grants and contracts?

Yes No

If no, please explain below:

24. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

Yes No

If no, please explain below:

25. Describe your organization's procedures to ensure that costs deemed unallowable, per Federal guidelines (2 CFR 200), are excluded from the amount charged to a grant?

The grant is monitored to ensure only payroll costs are charged and no other expenditures are applied to the grant.

26. Are there procedures to ensure procurement at competitive prices?

Yes No

If no, please explain below:

27. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

Yes

No

If no, please explain below:

28. How does the organization ensure that all cost transfers are legitimate and appropriate?

Quarterly reporting to the County.

Authorized Representative Approval

By signing below, the authorized representative certifies, to the best of subrecipient's knowledge, all information submitted on this form, or attached for submission is accurate and complete.

Signature

Date: _____

Printed Name & Title

For DHHS Use Only:

Risk Level Determination: _____ Lower _____ Medium _____ Higher

Notes: _____

Approved: _____ Date: _____