

SUBAWARD APPLICATION - COMPETITIVE

This form is to be used for all competitive funding opportunities under ADSD. A separate application is needed for each service proposed by the applicant.

A complete application for funding consists of three files:

ADSD Subaward Application – Competitive (PDF),

ADSD Subaward Budget Template (Excel),

ADSD Work Plan Template (Word), if applicable or requested by ADSD in the funding opportunity.

A. Applicant Organization Information

Funding Opportunity Number: 03-015-21-LX-25		New Applicant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Organization Name: Clark County Public Guardian			
Mailing Address			
Street Address: 515 Shadow Lane			
City: Las Vegas		State: NV	Zip Code: 89106
Physical Address (if different than mailing address)			
Street Address: SAME AS MAILING			
City:		State:	Zip Code:
Employer Identification Number:		Unique Entity ID (UEI) Number: HCE3VJ1H7	
Registered with NV Controller: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		State Vendor Number: T80952408	
Organization Type: <input checked="" type="checkbox"/> Public Agency <input type="checkbox"/> 501 (C) 3 Non-Profit <input type="checkbox"/> For-Profit			
Authorized Organizational Representative			
Name: Karen Kelly		Title: Clark County Public Guardian	
Email Address: kellyk@clarkcountynv.gov		Phone Number: 702-455-4332	
Additional Authorized Signer(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list below)			
Name/Title/Email Address:		Leona Byrd/PGCM Supervisor/Leona.Byrd@clarkcountynv.gov	
Name/Title/Email Address:		Vanessa Miller/Assistant Public Guardian/Vanessa.Miller@clarkcountynv.gov	
Fiscal Officer			
Name: Lisa Francis			
Title: Management Analyst			
Email Address: lfrancis@clarkcountynv.gov			

B. Project Information

Project Title: Representative Payee +60 Program	
Service Category: In-Home Services - Othe0	Proposed Service:
Same Physical Address as section A? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, use address below	
Street Address:	

City:	State:	Zip Code:
Project Director		
Name: Leona Byrd	Title: PGCM Supervisor	
Email Address: leona.byrd@clarkcountynv.gov	Phone Number: 702-455-4332	
Area(s) to be Served by Project: ALL		

C. Applicant Certifications

- ADSD [General Service Specifications](#) provide program standards for all funded programs, our organization has read and agrees to comply with these standards.
- Our organization has read and agrees to the [Service-Specific Specifications](#) of the proposed service (if applicable).
- The [Grant Instructions and Requirements](#) are statements of DHHS policy that ensure fiscal compliance with statutes, regulations, and/or rules. Our organization has read and agrees to comply with these standards.
- Funding will be dispersed on a Reimbursement basis. Requests for Reimbursement will be submitted in accordance with the [ADSD Reporting Schedule](#).
- Our organization will submit Requests for Reimbursement on a(n) **select one** basis. This method cannot be changed in the middle of the budget period.
- Our organizational information in Section A matches the information on file with the State of Nevada Controllers Office. *Note: if you have not registered with the Controller's office or need to verify your registration visit: <https://controller.nv.gov>.*
- All subrecipients must notify their assigned Program Coordinator(s) of any significant changes within the organization and/or program. This includes but is not limited to: Organizational/Project address, changes in the Authorized Organizational Representative or authorized signers, changes in key personnel, and/or any budget modifications.
- If funded, applicants agree to submit any requested application revisions by the deadline given by ADSD in the Award Notification email. Failure to submit requested application revisions by the deadline may delay the project period and/or void the funding approval.

Certification by Authorized Official

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 agency will comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the assurances.

Name (printed): Karen Kelly	Title: Clark County Public Guardian
Email: kellyk@clarkcountynv.gov	Phone: 702-455-4332

Signature:

Date:

General Provisions and Assurances

This section is applicable to all subrecipients who receive funding from the ADSD under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. Subrecipients will adhere to all applicable federal and state laws/regulations as noted on the final Notice of Subaward.
2. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
3. GSA - General Services Administration for guidelines for travel
4. NV DHHS Grant Instructions and Requirements (GIRS)
5. State Licensure and Certification. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
6. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
7. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the subrecipient, its officers, employees, and agents.
8. The subrecipient shall provide proof of workers' compensation insurance, upon request, as required by Chapters 616A through 616D inclusive Nevada Revised Statutes.
9. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed; The subrecipient will report within 24 hours the occurrence of an incident, following DHHS/ADSD policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
10. Per NRS 179A.325, background checks are required for individuals who serve children, older adults, and people with disabilities.
11. Application to Nevada 211. The applicant is required to submit proof of registration with the Nevada 211 service. If applicant is applying for a new service, applicant will be required to submit an application for the new service if funded.
12. The subrecipient agrees to fully cooperate with all DHHS/ADSD sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
13. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
14. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the

scope of work. The DHHS/ADSD may reallocate funds to other programs to ensure that gaps in service are addressed.

15. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by ADSD staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, ADSD will provide a written notice identifying the reduction of funds and the necessary steps.
16. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Compliance with Notice of Funding Opportunity

Applicant agrees to the following requirements of compliance with submission of an application.

- A. If the applicant has not met performance measures of previous DHHS/ADSD subgrants, ADSD reserves the right to not make additional awards.
- B. Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
- C. ADSD reserves the right to make funding recommendations and subgrant awards in a manner that ensures geographic coverage for services throughout Nevada.
- D. ADSD will not evaluate proposals that do not meet technical requirements of the NOFO.

Applicant Acknowledgment and Agreement:

Name (printed): Karen Kelly	Title: Clark County Public Guardian
Email: kellyk@clarkcountynv.gov	Phone: 702-455-4332
Signature:	Date:

Project Narrative

**See Notice of Funding Opportunity (NOFO) for specific guidance and page limits*

Challenges and Need

Often times client funds do not come in until the 3rd of the month and their rent is also due on the same date. To prevent late fees, the case manager delivers these checks. Our office is looking into using a wire transfer to make these rent payments.

Clients are having difficulty cashing a physical check from our office. The office has been working with a credit card company to provide pre-paid cards when appropriate.

Proposed Intervention

Initial assessment of client is completed within ten (10) days of receipt of a referral unless a wait list is in effect. Upon approval onto the program, contact is made every three months with the client. Maintain targeting efforts by educating the public through community engagements. Surveys mailed to the client following six (6) months of service and every six (6) months thereafter.

A trusting relationship is established with the client. Supportive services are arranged if/when necessary, such as counseling, senior companions, medical assistance, homemaking, in home support, personal shopping, and life skills training. Eligibility criteria are met by realizing the full benefit of the client's Social Security, Veteran's Administration and retirement pensions. Prevent financial exploitation, homelessness, and stop evictions. Promote and protect all benefits available to the client. Ensure the client is satisfied with the program. Increase program effectiveness by responding to the client's concerns.

The "at risk" senior population is financially protected by preventing financial exploitation, homelessness, stopping evictions, and reducing admission into hospitals, therefore, reducing the cost of care which is paid for by the tax payer. Seniors are informed of additional services available in the community. Promote independent living, financial security and a better quality of life by reducing/delaying institutionalized care. Continued success and cost savings to the community allowing the senior population to thrive independently with support systems such as financial management and day to day in home support. Seniors as well as community agencies have a referral resource for financial management, and to our knowledge, there are no other similar services offered in the community free of charge. The program meets the needs of all seniors in the community requiring services.

Organizational Capacity & Partnerships

The program is on track to meet its FY2024 Targeting Plan objectives, however, the program will not increase the projected target areas. The Clark County Public Guardian will maintain the number of clients served on the program due to the fact that the County's contribution of General Fund resources is static as a result of budget constraints. The program will continue to serve the target population with existing resources and personnel in FY25.

Cost-Effectiveness & Sustainability

The Clark County General Fund provides the additional funding source for the program.

Outcomes and Evaluation

Surveys are mailed to the client following six (6) months of service and then every six (6) months thereafter. The feedback from clients are used to ensure the program is meeting established goals.

ADSD Work Plan

Goal 1 (Outreach): Eligibility for additional financial resources

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 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
1.2			
1.3			
Projected Output	Expected Outcomes		
Number of Events:			
Number of People Reached:			

Goal 2 (Service Delivery): Eligibility for additional programs

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 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
1.2			
1.3			
Projected Output	Expected Outcomes		
Number of Unduplicated Clients:			
Number of Units:			
% Underserved Populations:			

Goal 3 (Other):

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1			
1.2			
1.3			
Projected Output		Expected Outcomes	
Number of Events:			
Number of People Reached:			

Applicant Name:	Type of Service:
Type of Subaward (Fixed-Fee or Categorical), if known:	

**ADSD Subaward Application
PROPOSED BUDGET NARRATIVE**

Personnel Costs		Fringe Only: \$41,002.20	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
B.	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.	% of Time	Months
A.	Estate Case Manager - Chanh Khammany (610594), 40 hrs/wk X 52 wks X 44.06	\$94,972.80	43.17%
B.	Fringe Benefits: Group Insurance, Medicare, PERS and Industrial Duties: 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 applications. Serves as advocate for client rights. Interprets agency rules, procedures and policies to 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.	100.000%	12.00
A.	Financial Office Specialist AP - Debra Buzzelli (642267), 10 hrs/wk X 52 wks X \$25.91	\$53,892.80	\$0.00

Applicant Name:	Type of Service:	
<p>B. <i>Fringe Benefits: Group Insurance, Medicare, Medicaid, PERS and Industrial Duties: Accounts Payable: Performs difficult or complex accounting or financial office support work and assists with special projects as assigned. Reviews and reconciles varied reports and journals and budget. Audits and verifies various information, including source data as well as manual and computer-produced reports. Provides information to the public or to County or departmental staff that requires the use of judgment and the explanation of policies, rules or procedures.</i></p> <p><i>Enters and retrieves data from a computer system and produces reports; operates standard office equipment. Uses a computer to develop and manage databases and/or spreadsheet files and to develop special report formats. 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. Performs a variety of general office support work such as organizing and maintaining various files, typing correspondence, reports, forms, and specialized documents, and proofreading and checking materials for accuracy, completeness and compliance with departmental policies and regulations.</i></p>		
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00
B.		\$0.00
A.		\$0.00

Applicant Name:		Type of Service:	
B.			

Applicant Name:	Type of Service:	
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Travel		Total:
<p>Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem, lodging and mileage (www.gsa.gov) unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification. Any increases/decreases made to GSA.gov rates within the subaward period will be automatically applied during the reimbursement process.</p>		
Out-of-State Travel		
<i>Enter Title of Trip & Destination here, such as "CDC Conference: San Diego, CA"</i>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	Cost	Trip total: # 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 r/trip x # of trips x # of staff		
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff		
Parking: \$ per day x # of trips x # of days x # of staff		
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		
<i>Enter Origin & Destination Here*</i>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	Cost	Trip total: # 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		
Motor Pool: (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days		
Mileage (see below for general mileage): (rate per mile x # of miles per r/trip) x # of trips x # of staff		
Parking: \$ per day x # of trips x # of days x # of staff		
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.		
General/Other Mileage: Complete the following section for mileage expenses related to general program operation and not specific, planned trips. Enter the total general mileage expense in the Cost column. If more than one staff is traveling, provide a calculation for each staff member's mileage and the reason for travel.		
General Mileage (rate per mile x # of miles):	Cost	General Mileage Total:
Calculation(s) and Reason(s):		
If requesting funds for other types of travel related to program operations and not specific, planned trips, complete the following section.		
Include justification for these expenses.		
Enter Description(s) Below:		Other Travel Total:
		Amount:
		\$0.00
		\$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.		

Applicant Name:		Type of Service:
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Operating	Total:
<p>Include specific facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/Internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.</p>	
Enter Description(s) Below:	Amount:
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
Justification: <i>(Enter below, expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.</i>	\$0.00

Equipment	Total:
<p>List equipment to 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. Equipment costing less than \$5,000 should be listed under Operating. Justify these items.</p>	
Enter Description(s) Below:	Amount:
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

Contractual	Total:
<p>Explain the need and/or purpose for the contractual or consultant service. Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Only include costs for which there is a <i>written agreement or contract</i>. 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. Expand rows as needed.</p>	
Enter Name of Contractor, Subrecipient here:	
Method of Selection: _____ <i>(explain here, i.e. sole source or competitive bid)</i>	
Period of Performance:	\$0.00

Applicant Name:	Type of Service:
<p>Scope of Work: (Define scope of work. What will be the specific services/tasks that will be completed and specific deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).)</p>	
<p>Sole Source Justification: (Define if sole source method, not needed for competitive bid.)</p>	
<p>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.)</p>	
<p>Other Justification: (Other information that will help justify the use of this contractor.)</p>	
<p>Cost Calculation: (Explain costs included in this contractor request.)</p>	

Applicant Name:	Type of Service:
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Other	Total:	\$0.00
Identify and justify other direct expenditures that cannot be identified within another category, such as dues, other insurance, printing and promotional costs, etc. Requested funding must be for this specific proposed program. Include calculations for all items and a description if needed. If cost allocating an expense across multiple programs and sources, provide an explanation and calculation for the portion included here.		
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Justification: (Enter below, expand row as needed) Provide narrative to justify these expenditures and how each budget item supports the project.		

TOTAL DIRECT PROJECT COSTS **\$135,975.00**

Administrative Expenses or Federal Indirect Cost Rate (FICR)	Total:	\$0.00
Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed below, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Indirect/administrative expenses do not apply to fixed-fee subawards or portions of subawards. Indirect expenses must be applied using the agency's Federal Indirect Cost Rate (FICR) or Modified Total Direct Costs (MTDC) which excludes capital expenditures and items such as pass-through funds, major subcontract(s) etc. over the first \$25,000 in that category, as applicable. Reference the Grant Instructions and Requirements GIR-20-12.		
Choose ONE type of rate according to funding source and provide calculation or explanations:		
1. Independent Living Grant (ILG)/FHN State Funds: 8%		
2. Federal/Other State Funding: 10% de minimis (Modified Total Direct Costs - MTDC)		
3. Federal Indirect Cost Rate (FICR): Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.		
FICR Calculation:		RATE:
Other Explanations:		

TOTAL BUDGET REQUEST **\$135,975.00**