

BUDGET NARRATIVE - SFY21

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.									
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>		<u>Amount Requested</u>			
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					\$	-	Total:	\$	-

*revise this formula as needed to include each position listed

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 (54.0 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						\$	-	
<i>Title of Trip & Destination such as CDC Conference: San Diego, CA</i>					<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>
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 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						\$	-	

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

In-State Travel

Origin & Destination

	<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					-
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: (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					-

*Revise as needed to include costs of multiple trips.

Justification:

Who will travel and why

If traveling 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.

Office supplies: \$ Amount x # of FTE staff x # of months	\$	-
Occupancy	\$	-
Communications	\$	-
Rent: \$ per month x 12 months x # of FTE	\$	-
Utilities: \$ per quarter x 4 quarters	\$	-
State Phone Line: \$ per month x 12 months x # of FTE	\$	-
Voice Mail: \$ per month x 12 months x # of FTE	\$	-
Conference Calls: \$ per month x 12 months	\$	-
Long Distance: \$ per month x 12 months	\$	-
Email: \$ per month x 12 months x # of FTE	\$	-

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: \$ -

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 other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment	\$	-
--------------------	----	---

Contractual **Total: \$ 200,000.00**

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.

*Revise this formula as needed to include each Contractor listed

Name of Contractor/Subrecipient: Southern Nevada Health District \$ 200,000.00

Method of Selection: Interlocal Agreement per Clark County Procurement

Period of Performance: October, 2020 - September 30, 2021

Scope of Work: Children aged zero to three, who have been brought to the attention of Child Welfare but do not meet the requirement of an investigation, will receive home visit with screening and monitoring to mitigate concerns of abuse or neglect. Contractor shall coordinate with CCDFS to provide screenings, and/or education from a public health worker regarding physical, mental or emotional challenges or delays in development milestones. Contractor will coordinate with CCDFS and make appropriate medical/community referrals to address all identified concerns. Southern Nevada Health District shall act as liaison between identified families and CCDFS, providing CCDFS with updates on infant/family stability in the current situation. These support services are intended to allow infants/toddlers to remain safely in the care of their parents without Child Welfare involvement.

*Sole Source Justification: Not applicable as both Southern Nevada health District and CCDFS are Governmental Agencies where an Interlocal Agreement is appropriate and does not require a formal procurement process.

Method of Accountability:

Agency shall provide monthly status of referred cases for CCDFS review. Contract compliance monitored by Clark County Purchasing Department.

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

Other **Total: \$ -**

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. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.

Printing Services: \$ amount/month x 12 months	\$ -
Copier/Printer Lease: \$ amount/month x 12 months	\$ -
Property and Contents Insurance per year	\$ -
Car insurance: \$ per month x 12 months	\$ -
Postage: \$ per month x 12 months	\$ -
Audit	\$ -

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 deliverables.

TOTAL DIRECT CHARGES **\$ 200,000.00**

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 operation of the organization and the conduct of activities it performs. Subrecipients without a negotiated indirect rate with their cognizant federal agency may use a 10% de minimis rate of "modified total direct costs" (MTDC). The de minimis rate is only an option for subrecipients that have never received an approved federally-negotiated indirect cost rate. The MTDC base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards up to the first \$25,000 of each subaward.

Identify Indirect Expenses

Add more as necessary and adjust formula in F112
to reflect changes.

TOTAL BUDGET

Total:

\$

200,000.00