

**Nevada Aging and Disability Services Division (ADSD)
Competitive Subaward Application
Older Adult Services and Supports – Fiscal Year 2023**

APPLICANT INFORMATION

1. Type of Application: <input type="checkbox"/> New Applicant or Services <input checked="" type="checkbox"/> Currently ADSD Funded	2. Total Requested Funding (from budget) \$135,975.00
3. Subrecipient Information	4. Program Information
Name: Clark County Public Guardian	Name: Representative Payee +60 Program
Address: 515 Shadow Lane	Address: 515 Shadow Lane
City, State, Zip: Las Vegas, NV 89106	City, State, Zip: Las Vegas, NV 89106
Subrecipient Contact Information	Program Director Contact Information
First and Last Name: Karen Kelly	First and Last Name: Desiree DuCharme
Title: Clark County Public Guardian	Title: PG Case Manager Supervisor
Email: KellyK@ClarkCountyNV.gov	Email: DAD@ClarkCountyNV.gov
Phone Number: 702-455-4332	Phone Number: 702-455-4332
Employer Identification Number (EIN): 88-6000028	Type of Subaward: <input checked="" type="checkbox"/> Categorical <input type="checkbox"/> Fixed-Fee
Data Universal Numbering System (DUNS): 083782953	Service Category: Ancillary Services
State Vendor Number: T80952408	Areas to Be Served by Project: Over 60 Payee

5. Project Summary/Abstract:

Over 60 Representative Payee Program

6. 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: Karen	Last Name: Kelly
Title: Clark County Public Guardian	

Signature of Authorized Representative	Date
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PROJECT NARRATIVE

A. 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 community through public speaking 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. Community awareness of services provided through ongoing training, public speaking, and guardianship training class. Reassure 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.

B. Target Population, Service Area and Targeting Plan

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.

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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.

C. Organizational Capacity and Partnerships

The program is on track to meet its FY2022 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 FY23.

D. Cost-Effectiveness and Sustainability

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

E. 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.

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ORGANIZATIONAL STANDARDS AND APPLICANT QUESTIONNAIRE

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

1. When was the agency incorporated? N/A
2. Does the agency have bylaws? Yes No N/A
(If so, ADSD may request a copy at a later date.)
3. Is the agency a:
 - Public agency** - Identify governing body: Local Government
 - Private, for-profit agency** - Identify headquarters/legal ownership: _____
 - Private, non-profit agency** – Does the agency have a Board of Directors that is active, responsible and holds regular meetings? Members must have no material conflicts of interest and must serve without compensation.
 Yes No, Explanation and plan of action: _____
4. What are the agency's days and hours of operation? Monday through Thursday, 7:30 am - 5:30 pm
Proposed service hours, if different: N/A – Same as agency
5. Is the agency closed on days other than state and/or federal holidays when services would not be available to clients? If yes, list the tentative dates in FY23 and explain the reason for the closure. N/A – No other office closures
6. If the agency is currently providing this service, please answer the following questions:
 N/A – Agency is not currently providing this service. (Skip to #7)
 - 6a. # of Clients Served in 2021*: 115; # of Units of Service in 2021*: 4390 hours
(Used Calendar Year -or- State Fiscal Year, July-June)*
 - 6b. What funding sources were used? Clark County General Fund
 - 6c. Does the agency have a waiting list for this program?
 Yes No
If yes: (1) How many people are on the waiting list? 21
(2) How many have been assessed as eligible? 2
(3) What is the average time spent on the waitlist? 268 days
(4) Would additional funding alleviate the waitlist?
 Yes No, explain: The program is at capacity
a. If yes, how much funding and what expenses would the funds cover?

(5) Is the program operating at capacity? Yes No

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6d. What is the suggested donation amount, by unit of service? \$ _____

Comments:

Not Established

7. 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.

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):

8. If the agency is not currently funded by ADSD, list three professional references below (name, address, phone number and business affiliation with your agency).

N/A: Current ADSD Grantee

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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 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 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.				

Goal 3: Quality Improvement and Effectiveness

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<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation 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, meal surveys b. Performance Indicators c.	6 months after being on program and every 6 months thereafter	Chanh Khammany - Case Manager II Desiree DuCharme - Supervisor	
3.				

Enter Applicant Name: Clark County Public Guardian

Enter Type of Service: Representative Payee Program

Travel/Training

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem, lodging and mileage (go to www.gsa.gov) 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.

Total:

\$0.00

Out-of-State Travel

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			
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

Enter Origin & Destination Here*

Cost	# of Trips	# of days	Trip total: # of Staff
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 # of trips x # of 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.*

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 mileage.

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

Enter Applicant Name: Clark County Public Guardian	Enter Type of Service: Representative Payee Program
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PROPOSED BUDGET SUMMARY, FY23 - Social Services and Supports

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

A. FUNDING SOURCES	ADSD Funds	MATCH *	[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.

Enter Applicant Name: Clark County Public Guardian	Enter Type of Service: Representative Payee Program
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PROJECTED OUTPUT MEASURES, FY23 - Social Services and Supports

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):	One (1) hour worked
Unit of Service definition (b, if applicable):	
Unit of Service definition (c, if applicable):	

	ADSD Funding																		
1. Funds Requested from ADSD	\$135,975.00																		
2. Number of Unduplicated Consumers	115																		
Cost per Consumer (ADSD)	\$1,182.39																		
3. Number of Units of Service (a)	4,390																		
Number of Units of Service (b, if applicable)																			
Number of Units of Service (c, if applicable)																			
Cost per Unit of Service	\$30.97																		
4. Number of Estimated Consumers by County:																			
<table style="width:100%; border: none;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">Lander _____</td> </tr> <tr> <td>Carson City _____</td> <td style="text-align: right;">Lincoln _____</td> </tr> <tr> <td>Churchill _____</td> <td style="text-align: right;">Lyon _____</td> </tr> <tr> <td>Clark <u>115</u></td> <td style="text-align: right;">Mineral _____</td> </tr> <tr> <td>Douglas _____</td> <td style="text-align: right;">Nye _____</td> </tr> <tr> <td>Elko _____</td> <td style="text-align: right;">Pershing _____</td> </tr> <tr> <td>Esmeralda _____</td> <td style="text-align: right;">Storey _____</td> </tr> <tr> <td>Eureka _____</td> <td style="text-align: right;">Washoe _____</td> </tr> <tr> <td>Humboldt _____</td> <td style="text-align: right;">White Pine _____</td> </tr> </table>		Lander _____	Carson City _____	Lincoln _____	Churchill _____	Lyon _____	Clark <u>115</u>	Mineral _____	Douglas _____	Nye _____	Elko _____	Pershing _____	Esmeralda _____	Storey _____	Eureka _____	Washoe _____	Humboldt _____	White Pine _____	Total Number of Consumers 115
	Lander _____																		
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Eureka _____	Washoe _____																		
Humboldt _____	White Pine _____																		
5. Number of Estimated Volunteers by County (for this specific service):																			
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	Lander _____																		
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Elko _____	Pershing _____																		
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Eureka _____	Washoe _____																		
Humboldt _____	White Pine _____																		
ADULT DAY CARE - Complete # 6 and 7 below																			
6. Fixed-Fee Rate per Hour	\$7.00																		
Number Units by Hours to be Provided	N/A																		
Funds Attributed to Hours	-																		
7. Fixed-Fee Rate per Day	\$42.00																		
Number Units by Days to be Provided	N/A																		
Funds Attributed to Days	-																		
8. Total Funding Attributed Based on Units	\$0.00																		
9. Difference from Requested ADSD funding	-\$135,975.00																		