

BUDGET NARRATIVE - SFY23

<b>Total Personnel Costs</b>					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									
Length of time in Position									
*Insert details to describe position duties as it relates to the funding (specific program objectives).			100%				\$	-	
Name of Employee (if known, otherwise state new position).									
Title of position & Position Control Number									
Length of time in Position									
*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									
Length of time in Position									
*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									
Length of time in Position									
*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.									
<b>Total Fringe Cost</b>					<b>\$</b>	<b>-</b>	<b>Total:</b>	<b>\$</b>	<b>-</b>

\*revise this formula as needed to include each position listed

<b>Travel/Training</b>					Total:	\$	-	
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to <a href="http://www.gsa.gov">www.gsa.gov</a> ) 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.								
<b>Out-of-State Travel</b>							\$	-
<i>Title of Trip &amp; 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							\$	-

\*revise as needed to include costs of multiple trips.

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:**

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**

<i>Origin &amp; Destination</i>	<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.

<b>Operating</b>	<b>Total:</b>	<b>\$</b>	<b>-</b>
<b>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.</b>			
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.

<b>Equipment</b>	<b>Total:</b>	<b>\$</b>	<b>-</b>
<p>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.</p>			
Describe equipment	\$		-

<b>Contractual</b>	<b>Total:</b>	<b>\$</b>	<b>261,300.00</b>
<p>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.</p>			
<p><u>Name of Contractor/Subrecipient:</u> Southern NV Health District</p> <p><u>Method of Selection:</u> Quotation process per Clark County Purchasing Directives</p> <p><u>Period of Performance:</u> Date of Award through 10/1/22-9/30/23</p> <p><u>Scope of Work:</u> Agency shall be contracted to provide outreach and/or prevention services on a voluntary basis as indicated in CARA Plans of Care for infants referred to CCDFS as perinatal substance exposed. Contractor(s) shall accept referrals from CCDFS, provide outreach to clients advising of available services, provide preventative services or referrals to services such as parental development, assistance with applications for housing, food, medical assistance, and substance abuse counseling/treatment. Contractor may also accept referrals and provide designated services as identified in CCDFS Case Plans CARA Plan of Care.</p> <p><u>*Sole Source Justification:</u> Contractor(s) shall be selected per Clark County Purchasing Directives</p> <p><u>Method of Accountability:</u> Define - Contractor(s) shall submit monthly progress reports documenting referrals and types of services provided. CCDFS program management shall review reports and meet to review barriers to services. Clark County Purchasing is responsible for Contract Compliance</p>	\$		150,000.00
<p><u>Name of Contractor/Subrecipient:</u> Foundation for Positively Kids</p> <p><u>Method of Selection:</u> Quotation process per Clark County Purchasing Directives</p> <p><u>Period of Performance:</u> Date of Award through 10/1/22-9/30/23</p> <p><u>Scope of Work:</u> Agency shall be contracted to provide outreach and/or prevention services on a voluntary basis as indicated in CARA Plans of Care for infants referred to CCDFS as perinatal substance exposed, focusing on in-home baby wellness.</p> <p><u>*Sole Source Justification:</u> Contractor(s) shall be selected per Clark County Purchasing Directives</p> <p><u>Method of Accountability:</u> Define - Contractor(s) shall submit monthly progress reports documenting referrals and types of services provided. CCDFS program management shall review reports and meet to review barriers to services. Clark County Purchasing is responsible for Contract Compliance</p>	\$		36,300.00
<p><u>Name of Contractor/Subrecipient:</u> Roseman University</p> <p><u>Method of Selection:</u> Quotation process per Clark County Purchasing Directives</p> <p><u>Period of Performance:</u> Date of Award through 10/1/22-9/30/23</p> <p><u>Scope of Work:</u> One or more local agencies shall be contracted to provide outreach and/or prevention services on a voluntary basis as indicated in CARA Plans of Care for infants referred to CCDFS as perinatal substance exposed. Contractor shall provide case management and support for personalized care plans for pregnant and postpartum women diagnosed with opioid/stimulant disorder. Contractor may also accept referrals and provide designated services as identified in CCDFS Case Plans CARA Plan of Care.</p> <p><u>*Sole Source Justification:</u> Contractor(s) shall be selected per Clark County Purchasing Directives</p> <p><u>Method of Accountability:</u></p>	\$		35,000.00

\*Revise this formula as needed to include each Contractor listed

Define - Contractor(s) shall submit monthly progress reports documenting referrals and types of services provided. CCDFS program management shall review reports and meet to review barriers to services. Clark County Purchasing is responsible for Contract Compliance

Method of Accountability:

Define - Contractor(s) shall submit monthly progress reports documenting referrals and types of services provided. CCDFS program management shall review reports and meet

Name of Contractor/Subrecipient: Triple P \$ 40,000.00

Method of Selection: Quotation process per Clark County Purchasing Directives

Period of Performance: Date of Award through 10/1/22-9/30/23

Scope of Work: Provide virtual Triple P Training for up to 20 DFS staff.

\*Sole Source Justification: Contractor(s) shall be selected per Clark County Purchasing Directives

Method of Accountability:

Define - DFS Training Team oversees training attendance, certifications. Clark County Purchasing is responsible for Contract Compliance

**\*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.

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*

**TOTAL DIRECT CHARGES** **\$ 261,300.00**

**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

Identify Indirect Expenses	\$ -
Add more as necessary and adjust formula in F112	\$ -
to reflect changes.	\$ -

**TOTAL BUDGET** **Total:** \$ 261,300.00