

Applicant Name: CLARK COUNTY DEPT OF FAMILY SERVICES

Form 1

## 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.								
				Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
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								
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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.								
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 <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.							
Out-of-State Travel						\$	-
Title of Trip & Destination such as CDC Conference: San Diego, CA					Cost	# of Trips	# of Days
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**

<b><u>Origin &amp; Destination</u></b>	<b><u>Cost</u></b>	<b><u># of Trips</u></b>	<b><u># of Days</u></b>	<b><u># of Staff</u></b>	\$ -	*Revise as needed to include costs of multiple trips.
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					\$ -	

**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><u>Operating</u></b>	<b>Total:</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.		
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	\$	-
<b><u>Justification:</u></b>		
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><u>Equipment</u></b>	<b>Total:</b>	<b>\$ -</b>
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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: \$ 2,478,568.00**

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.

Name of Contractor/Subrecipient: Baldacci Consulting Group

\$ 210,077.00

Method of Selection: Sole Source

Period of Performance: December 1, 2020 - June 30, 2021

Scope of Work: In collaboration with Clark County DFS, contractor shall provide professional expertise in the needs of service, legislative conformity, financial feasibility and implementation of the Clark County Families First Plan.

\*Sole Source Justification: Baldacci Consulting Group has unique specific knowledge of DFS procedures, policies and financial structure as they are the current consultant responsible for supporting IVE administrative claiming.

Method of Accountability:

Define - Clark County management will meet bi-weekly with contractor for collaboration and to monitor the development of the plan. Clark County Purchasing monitors all contracts for compliance.

Name of Contractor/Subrecipient: Various-TBD

\$ 2,268,491.00

Method of Selection: Per Clark County Purchasing Guidelines

Period of Performance: 10/1/21-9/30/25

Scope of Work: Scopes of Work will vary dependent upon the final developed plan and contingent on Federal and State approval. Possible Services related to building the needed infrastructure would include evaluation, start up, training, fidelity monitoring, etc. Budget Modification Request will be submitted as more specific needs are determined.

\*Sole Source Justification: N/A

Method of Accountability:

Define - Clark County management will oversee contracts to ensure scopes of work are met. Clark County Purchasing monitors all contracts for 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

\$

-

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

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	\$	2,478,568.00
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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:	\$	2,478,568.00

**Applicant Name: CLARK COUNTY DEPT OF FAMILY SERVICES**

**PROPOSED BUDGET SUMMARY - SFY21**

(Form Revised January 2020)

**A.**

**PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS**

<b>FUNDING SOURCES</b>	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding
PENDING OR SECURED						
ENTER TOTAL REQUEST	\$ 2,478,568.00	\$ -	\$ -	\$ -	\$ -	\$ -

**EXPENSE CATEGORY**

Personnel	\$ -					
Travel/Training	\$ -					
Operating	\$ -					
Equipment	\$ -					
Contractual/Consultant	\$ 2,478,568.00					
Other Expenses	\$ -					
Indirect	\$ -					

TOTAL EXPENSES	\$ 2,478,568.00	\$ -	\$ -	\$ -	\$ -	\$ -
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ -
Indirect % of Budget	10%


**B. Explain any items noted as pending:**

## Form 2



Other Funding	Match	TOTAL
\$ -	\$ -	\$ 2,478,568.00

	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ 2,478,568.00
	\$ -	\$ -
	\$ -	\$ -

\$ -	\$ -	\$ 2,478,568.00
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\$ -	\$ -	\$ -
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Total Agency Budget	\$ 2,478,568.00
Percent of Agency Budget	1