

Application Form: Section A

Please complete each item. Add extra rows if more space is needed to provide complete responses.

A. Applicant Organization

Name	CLARK COUNTY DEPARTMENT OF FAMILY SERVICES		
Mailing Address	121 S MARTIN LUTHER KING BOULEVARD		
Physical Address	121 S MARTIN LUTHER KINK BOULEVARD		
City & State	LAS VEGAS, NV	Zip	89106
Federal Tax ID #	88-6000028		
DUNS #	08-378-2953		

B. Organization Type For-Profit 501(c)(3) Nonprofit

C. Service Categories and Geographic Area of Service. Indicate the appropriate service category/categories and service area(s).

Program Categories	Request	Match	Total
ADOPTION INCENTIVE	\$ 204,074.00	\$0.00	\$ 204,074.00

Briefly describe proposed services: Two (2) Legal Secretary I/II (C24) and one (1) Legal Office Specialist (C23) positions will be continued to assist DA with Termination of Parental Rights to free DFS children for Adoption. DFS will maintain contracts with local agencies to perform Home Studies/Social Summaries necessary for the Adoption Process. The grant will also fund DFS Foster/Foster to Adopt recruitment campaign to provide needed homes for DFS youth.

D. Program Point of Contact

Name	Judy Tudor
Title	Assistant Director
Phone	702-455-1328
Email	Judy.Tudor@ClarkCountyNV.gov

E. Fiscal Officer

Name & Title	Debbie Watson
Phone & Email	702-455-0848

F. Current Funding List. List all revenue for the agency/organization.

Funding Source	Pending/Secured	Time Period	Amount (\$)
Federal plus Grant Federal Pass Through	Federal	2019-2020	\$59,070,962
State plus Grant State Funding	State	2019-2020	\$52,091,778
Local	Local	2019-2020	\$70,344,675

G. Funding Request. List funding requested for the project award period.

	SFY 2020 Request
IVB Caseworker Visit	
Personnel	\$150,392.00
Contractual	\$35,682.00
Other	\$18,000.00

H. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meet all requirements of Adoption Incentive legislation governing the grant as indicated by DCFS; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; and that this agency agrees to 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 Notice of Subaward and accompanying documents.

Name (type/print)
Assistant Director

Title
Judy Tudor

Signature
Judy Tudor

Phone
702-455-5484

Email
Judy.Tudor@clarkcountynv.gov

Date
4-20-21