

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
IVB Caseworker Visit	\$132,552.00	\$46,572.00	\$179,124.00

Briefly describe proposed services: Two (2) Part Time Family Service Specialist positions will be continued to perform Visits and Documentation as needed to complete Social Summaries. The grant will also fund Overtime for Permanency Workers to perform required Caseworker Visitations, and to provide small operational supplies.

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.

IVB Caseworker Visit	SFY 2020 Request
Personnel	\$171,624.00
Operating	\$ 7,500.00

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 IVB Caseworker Visit 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)

Judy Tudor

Title

Assistant Director

Signature



Phone

702-455-5484

Email

Judy.Tudor@clarkcountynv.gov

Date

4-20-21