

Applicant Name: Clark County Department of Family Services

Form 1

BUDGET NARRATIVE - SFY21

Total Personnel Costs		Including Fringe	Total:	\$	125,052.00
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
New Position TBD					
Part Time Family Services Specialist					
Duties as necessary to complete Social Summaries	\$ 17,680.00	3%	100%	2	\$ 3,024.75
New Position TBD					
Part Time Family Services Specialist					
Duties as necessary to complete Social Summaries	\$ 17,680.00	3%	100%	2	\$ 3,024.75
Various Employees Overtime Pay					
Various Positions					
Workers will work Overtime to increase regular visitation with the youth on their caseload and/or to fill in for another worker's caseload, and document the case files.	\$ 119,002.49	0%	100%	12	\$ 119,002.49
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
*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		\$	156.17	Total:	\$ 125,052.00

*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 www.gsa.gov) 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

<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<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					\$ -
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					\$ -

*revise as needed to include costs of multiple trips.

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

<u>Origin & Destination</u>	<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.

Operating Total: \$ 7,500.00

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: \$50 X 150 X 1 mo	\$ 7,500.00
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.

Equipment Total: \$ -

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.

Contractual Total: \$ -

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: \$ -

Method of Selection: Explain, i.e. sole source or competitive bid

Period of Performance: July 1, 2018 - June 30, 2019

Scope of Work: Define Scope of Work

*Sole Source Justification: Define if sole source method, not needed for competitive bid

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

*Add additional Contractor/Subrecipients here with justification or delete this row. \$ -

*Revise this formula as needed to include each Contractor listed

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. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.				
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 budget piece to project deliverables.				

TOTAL DIRECT CHARGES	\$	132,552.00
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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 operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculate 10%. Applicants may override this formula only to request a lower indirect rate.				
Identify Indirect Expenses	\$	-		
Add more as necessary and adjust formula in F112	\$	-		
to reflect changes.	\$	-		
TOTAL BUDGET	Total:	\$	132,552.00	

Applicant Name: Clark County Department of Family Services

Form 2

PROPOSED BUDGET SUMMARY - SFY21

(Form Revised May 2018)

A.

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ 132,552.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,572.00	\$ 179,124.00

EXPENSE CATEGORY

Personnel	\$ 125,052.00							\$ 46,572.00	\$ 171,624.00
Travel/Training	\$ -							\$ -	\$ -
Operating	\$ 7,500.00							\$ -	\$ 7,500.00
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ -							\$ -	\$ -
Indirect	\$ -							\$ -	\$ -

TOTAL EXPENSES	\$ 132,552.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,572.00	\$ 179,124.00
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ -
Indirect % of Budget	10%

Total Agency Budget	\$ 179,124.00
Percent of Agency Budget	0.740001335

B. Explain any items noted as pending:

Applicant Name: Clark County Department of Family Services

Form 3

MATCH BUDGET NARRATIVE - SFY21

Total Personnel Costs		Including Fringe	Total:	\$	46,572.00
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
New Position					
Part Time Family Services Specialist					
Duties as necessary to complete Social Summaries	\$ -			9	\$ -
New Position					
Part Time Family Services Specialist					
Duties as necessary to complete Social Summaries	\$ -			9	\$ -
Various Employees Overtime Pay					
Various Positions					
Workers will work Overtime to increase regular visitation with the youth on their caseload and/or to fill in for another worker's caseload, and document the case files.	\$ 46,572.00	0%	100%	12	\$ 46,572.00
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
*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:		\$ 46,572.00

*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 www.gsa.gov) 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						\$	-
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>					<u>Cost</u>	<u># of Trips</u>	<u># of Days</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						\$	-
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						\$	-
<u>Origin & Destination</u>					<u>Cost</u>	<u># of Trips</u>	<u># of Days</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						\$	-
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.							

*revise as needed to include costs of multiple trips.

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<u>Operating</u>	Total: \$ -
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	\$ -
<u>Justification:</u> Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.	

<u>Equipment</u>	Total: \$ -
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	

<u>Contractual</u>	Total: \$ -
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	
Name of Contractor/Subrecipient:	\$ -
<u>Method of Selection:</u> Explain, i.e. sole source or competitive bid <u>Period of Performance:</u> July 1, 2018 - June 30, 2019 <u>Scope of Work:</u> Define Scope of Work <u>*Sole Source Justification:</u> Define if sole source method, not needed for competitive bid <u>Method of Accountability:</u> Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.	
*Add additional Contractor/Subrecipients here with justification or delete this row.	
	\$ -

*Revise this formula as needed to include each Contractor listed

<u>Other</u>	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	\$	46,572.00
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<u>Indirect</u>	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:	\$	46,572.00

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

SUBAWARD #: _____

PROGRAM: Title IVB-2 Caseworker Visits

SECTION B

Description of Services, Scope of Work and Deliverables

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Clark County Department of Family Services, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Clark County Department of Family Services

Goal 1: Increase and Document Caseworker Visits to family homes and children in the Out of Home Placement

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Maintain or exceed goal of 95% required standard of primary Caseworker Visits to youth in out of home placement and complete 20 Social Summaries in order to move youth forward in Permanency.	1. DFS Caseworkers will work overtime hours in excess of their regular shifts to visit with children and to complete paperwork for visits and/or Social Summary information made during or outside of their normal shifts. 2. DFS will hire two (2) PTH Family Services specialists to gather information and process Social Summaries and/or to assist Permanency Workers in attaining Objective.	6/30/19	1. Unity Reports documenting child in home contacts. 2. Unity Reports documenting child in home contacts and spreadsheets documenting number of social summaries completed.
2.	3.		