

BUDGET NARRATIVE
(Form Revised June 2019)

Total Personnel Costs including fringe **Total:** **\$40,567**

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>Percent of Months worked Annual</u> | <u>Amount Requested</u> |
|--|----------------------|--------------------|------------------|---------------|--|-------------------------|
| Cristina Ramirez PTH Management Assistant #10005974 | \$18,720.00 | 2.650% | 100.000% | 12 | 100.00% | \$19,216 |

PTH Position will assist Program Manager of the Parenting Prevention Program. Examples of duties: Coordination of classes and staff, documentation of program requirements, staffing, review of assessments

| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>% of Time</u> | <u>Months</u> | <u>Percent of Months worked Annual</u> | <u>Amount Requested</u> |
|---|----------------------|--------------------|------------------|---------------|--|-------------------------|
| Vacant PTH Facilitation/Mediation Specialist, #10056999 | \$20,800.00 | 2.650% | 100.000% | 12 | 100.00% | \$21,351 |

Position will support the DFS Client Drug Court Treatment program attending Court, and acting as liaison between DFS and Court workers, disseminating treatment and psychoeducation information to parents and prospective parents regarding effects

| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>% of Time</u> | <u>Months</u> | <u>Percent of Months worked Annual</u> | <u>Amount Requested</u> |
|---|----------------------|--------------------|------------------|---------------|--|-------------------------|
| Name of Employee (if known, otherwise state new position). Title of position & Position Control Number | \$0.00 | 0.000% | 25.000% | 12 | 100.00% | \$0 |

***Insert details to describe position duties as it relates to the funding (specific program objectives)**

| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>% of Time</u> | <u>Months</u> | <u>Percent of Months worked Annual</u> | <u>Amount Requested</u> |
|---|----------------------|--------------------|------------------|---------------|--|-------------------------|
| Name of Employee (if known, otherwise state new position). Title of position & Position Control Number | \$0.00 | 0.000% | 25.000% | 12 | 100.00% | \$0 |

***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 | \$1,047 | Total Salary Cost: | \$39,520 |
| Total Budgeted FTE | 2.50000 | | |

Travel **Total:** **\$0**

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 (58.0 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

| <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 | \$0 | 0 | 0 | \$0 |
| Baggage fee: \$ amount per person x # of trips x # of staff | \$0 | 0 | 0 | \$0 |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | \$0 | 0 | 0 | \$0 |
| Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff | \$0 | 0 | 0 | \$0 |

\$0

| | | | | | |
|--|---------|---|---|---|-----|
| Ground Transportation: \$ per r/trip x # of trips x # of staff | \$0 | 0 | 0 | 0 | \$0 |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | \$0.000 | 0 | | 0 | \$0 |
| Parking: \$ per day x # of trips x # of days x # of staff | \$0 | 0 | 0 | 0 | \$0 |

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

In-State Travel

\$0

| <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 | \$0 | 0 | | 0 | \$0 |
| Baggage fee: \$ amount per person x # of trips x # of staff | \$0 | 0 | | 0 | \$0 |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | \$0 | 0 | 0 | 0 | \$0 |
| Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff | \$0 | 0 | 0 | 0 | \$0 |
| Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days | \$0.00 | 0 | 0 | | \$0 |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | \$0.000 | 0 | | 0 | \$0 |
| Parking: \$ per day x # of trips x # of days x # of staff | \$0 | 0 | 0 | 0 | \$0 |

Justification:

Who will travel and why

Operating Total: \$0

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 mo. \$0.00

Rent: \$ per/mo. x 12 months x # of FTE \$0.00

Communications \$0.00

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: \$0

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 \$0.00

Contractual \$195,164

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.

Various SAPTA Certified Providers for Assessment Total \$60,000

Method of Selection: Open Scope of Work

Period of Performance: July 1, 2021-June 30, 2022

Scope of Work: Define scope of work

Contracted providers shall conduct Substance Abuse Assessment for referred DFS clients with children in DFS custody or pending removal of children. Contracted providers shall submit report of assessment findings. Assessment for substance abuse is necessary

* Sole Source Justification: N/A

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| <u>Budget</u> | |
| Billed per Assessment | \$60,000.00 |
| Travel | \$0.00 |
| Total Budget | \$60,000.00 |

Method of Accountability:

Define - Referrals shall be submitted with monthly invoices and reviewed by Fiscal and Management staff for accuracy and compliance. Contract compliance is monitored by Clark County Purchasing Department for P&P compliance.

Various SAPTA Certified Providers for Drug Court **Total \$135,164**

Method of Selection: The eighth Judicial Court shall administer and select treatment providers for the Drug Court Program in accordance with their Purchasing Guidelines.

Period of Performance: 7/1/21-6/30/22

Scope of Work: Define scope of work

Contracted Providers shall perform substance abuse treatment per Drug Court Case plan and contract for services. Records, reports and invoices shall be maintained by provider and submitted to Eighth Judicial Court for review and approval. The Drug Court Program benefits DFS clients who need to receive treatment for substance abuse in order to regain and/or maintain custody of their children with an open DFS case.

* Sole Source Justification: N/A

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| <u>Budget</u> | |
| Fee for Service | \$135,164.00 |
| Travel | \$0.00 |
| Total Budget | \$135,164.00 |

Method of Accountability:

Define - Referrals shall be submitted with monthly invoices and reviewed by Fiscal and Management staff for accuracy and compliance. Contract compliance is monitored by Clark County Purchasing Department for P&P compliance.

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|-----------------|---------------|------------|
| Training | Total: | \$0 |
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List all cost associated with Training, including justification of expenditures.

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| Describe training | \$0.00 |
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| Other | Total: | \$0 |
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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

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| Printing Services: \$ amount/mo. x 12 | \$0 |
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| Copier/Printer Lease: \$ amount x 12 months | \$0 |
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| Property and Contents Insurance per year | \$0 |
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| Other Utilities: \$ per quarter | \$0 |
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| Postage: \$ per mo. x 12 months | \$0 |
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| State Phone Line: \$ per mo. x 12 months x # of FTE | \$0 |
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| Voice Mail: \$ per mo. x 12 months x # of FTE | \$0 |
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| Conference Calls: \$ per mo. x 12 months | \$0 |
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| Long Distance: \$ per mo. x 12 months | \$0 |
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| Email: \$ per mo. x 12 months x # of FTE | \$0 |
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Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships,

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| TOTAL DIRECT CHARGES | \$235,731 |
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| Indirect Charges | Indirect Rate: | 8.000% | \$0 |
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Indirect Methodology: CCDFS does not charge Indirect Costs

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| TOTAL BUDGET | Total: | \$235,731 |
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