Applicant Name: CLARK COUNTY DEPARTMENT OF FAMILY SERVICES 7/1/21-6/30/22

BUDGET NARRATIVE

(Form Revised June 2019)

Total Personnel Costs			including fringe	Total:		\$67,596
ist staff, positions, percent of time to	be spent on the p	project, rate	of pay, fringe ra	te, and total c	ost to this grant.	
Name of Employe: NEW POSITION PTH CUSTOMER SERVICE ASSISTAN PID TBD Approx \$12/Hr x 780 Hrs Answer phones, conduct brief intakes, re records, prepares correspondence and c	gisters participants		<u>% of Time</u> 100.000% s, reminds parent	<u>Months</u> 9 s of classes, m	Percent of Months worked Annual 75.00%	Amou Requeste \$9,510
Name of Employe: NEW POSITION PTH CUSTOMER SERVICE ASSISTAN PID TBD Approx \$12/Hr x 250 Hrs		<u>Fringe</u> <u>Rate</u> 2.650%	<u>% of Time</u> 100.000%	<u>Months</u> 3	Percent of Months worked Annual 25.00%	<u>Amour</u> <u>Requeste</u> \$3,172
Answer phones, conduct brief intakes, re records, prepares correspondence and c			s, reminds parent	s of classes, fr	nanages and maintai	ns attendance
<u>Name of Employe: NEW POSITION</u> <u>PTH MANAGEMENT ASSISTANT, PID</u> <u>TBD</u>	Annual Salary \$17,510.00	<u>Fringe</u> <u>Rate</u> 2.650%	<u>% of Time</u> 100.000%	<u>Months</u> 9	Percent of Annual 75.00%	<u>Amour</u> <u>Requeste</u> \$13,48
Approx \$17 x 780 Hrs Support the programmatic functions of p represents program at meetings and eve					sses, prepare class s	chedules,
<u>Name of Employe: NEW POSITION</u> <u>PTH MANAGEMENT ASSISTANT, PID</u> <u>TBD</u> <u>Approx \$17 x 250 Hrs</u> Support the programmatic functions of p	<u>Annual Salary</u> \$17,510.00	<u>Fringe</u> <u>Rate</u> 2.650%	<u>% of Time</u> 100.000% emails and links	<u>Months</u> 3 s for virtual clas	Percent of <u>Annual</u> 25.00%	<u>Amour</u> <u>Requeste</u> \$4,494 chedules.
represents program at meetings and eve					,	,
Name of Employe: NEW POSITION PTH FACILITATION/MEDIATION SPECIALIST, PID TBD Approx \$25/Hr x 735 Hrs	<u>Annual Salary</u> \$24,500.00	Fringe Rate 2.650%	<u>% of Time</u> 100.000%	<u>Months</u> 9	Percent of Annual 75.00%	<u>Amour</u> <u>Requeste</u> \$18,862
Teach 6 weekly evidence-based parent e	education programs		n will be accredite	ed in multiple T		
Name of Employe: NEW POSITION PTH FACILITATION/MEDIATION SPECIALIST, PID TBD Approx \$25/Hr x 245 Hrs	<u>Annual Salary</u> \$24,500.00	<u>Fringe</u> <u>Rate</u> 2.650%	<u>% of Time</u> 100.000%	Months 3	Percent of Annual 25.00%	<u>Amou</u> <u>Requeste</u> \$6,287
Teach 6 weekly evidence-based parent e	education programs	. This perso	n will be accredite	ed in multiple T	riple P programs.	
		Fringe			Percent of	Amou

	Fringe			Percent of	<u>Amount</u>
Annual Salary	Rate	<u>% of Time</u>	Months	<u>Annual</u>	Requested

Name of Employe: NEW POSITION PTH FACILITATION/MEDIATION SPECIALIST, PID TBD Approx \$22/Hr x 140 Hrs During 9 Months	\$4,107.00	2.650%	100.000%	9	75.00%	\$3,162
Teach parenting programs one or two times <u>Name of Employe: NEW POSITION</u> <u>PTH FACILITATION/MEDIATION</u> <u>SPECIALIST, PID TBD</u> <u>Approx \$20/Hr x 210 Hrs</u>	s per week <u>Annual Salary</u> \$5,600.00	Fringe Rate 2.650%	<u>% of Time</u> 100.000%	<u>Months</u> 9	Percent of Annual 75.00%	<u>Amount</u> <u>Requested</u> \$4,311
Name of Employe: NEW POSITION PTH FACILITATION/MEDIATION SPECIALIST, PID TBD Approx \$20/Hr x 70 Hrs	<mark>s per week</mark> <u>Annual Salary</u> \$5,600.00	<u>Fringe</u> <u>Rate</u> 2.650%	<u>% of Time</u> 100.000%	<u>Months</u> 3	Percent of Annual 25.00%	<u>Amount</u> <u>Requested</u> \$1,437
Teach parenting programs one or two times <u>Name of Employe: NEW POSITION</u> <u>PTH FACILITATION/MEDIATION</u> <u>SPECIALIST, PID TBD</u> <u>Approx \$20/Hr x 140 Hrs During 9 Months</u>	s per week <u>Annual Salary</u> \$3,733.00	<u>Fringe</u> <u>Rate</u> 2.650%	<u>% of Time</u> 100.000%	<u>Months</u> 9	<u>Percent of</u> <u>Annual</u> 75.00%	<u>Amount</u> <u>Requested</u> \$2,874

Teach parenting programs one or two times per week

*Insert new row for each position funded or delete this row.

	Fringe Cost	\$1,745		Total	Salary Cost:	\$65,850
Total Bu	dgeted FTE	10.00000				
- ravel				Total:		\$0
dentify staff who will travel, the purpose, f	requency an	d projected c	osts. Utilize GS	SA rates for per dien	n and lodging (g	jo to
Dut-of-State Travel						\$0
Fitle of Trip & Destination such as CDC		<u># of Trips</u>	<u># of days</u>	# of Staff		
Conference: San Diego, CA	Cost					
Airfare: cost per trip (origin & designation)	0001					
# of trips x # of staff	\$0	0		0	\$0	
					·	
Baggage fee: \$ amount per person x # of						
rips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for						
rea x # of trips x # of staff	\$0	0	0	0	\$0	
.odging: \$ per day + \$ tax = total \$ x # of						
rips x # of nights x # of staff	\$0	0	0	0	\$0	
Ground Transportation: \$ per r/trip x # of	^				\$ 2	
rips x # of staff	\$0	0	0	0	\$0	
Aileage: (rate per mile x # of miles per	\$0,000	~		0	\$ 0	
/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days	^				\$ 2	
# 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.

Cost # of Trips

Baggage fac: S amount per person x # of type X # of staft S0 0 S0 Per Dem: S per day per (SA rate for an area X # of type X # of staft S0 0 0 S0 Per Dem: S per day per (SA rate for an area X # of type X # of staft S0 0 0 S0 Wite sex of onghts x # of staft S0 0 0 S0 S0 Miteage: (rate per mile x # of miles per riving) x # of type x # of staft S0 0 0 S0 Miteage: (rate per mile x # of miles per riving) x # of type x # of staft S0.000 0 0 S0 Parking S per day x = 0 traits S0.000 0 0 S0 S0 S0 Justification: Total: S50 S0 0 0 S0 S0 Justification: Total: S500 S0	Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
area x of unips x if of staff S x of trips x if of staff S x of trips x if of nights x if of staff S x of trips x if of nights	trips x # of staff	\$0	0		0	\$0
S0 0 0 \$0 Mileage: (rate per mile x# of miles per r/tip) x# of tips x # of staff \$0.00 0 \$0 Mileage: (rate per mile x# of miles per r/tip) x# of tips x # of staff \$0.000 0 \$0 Parking: S per day x # of tips x # of staff \$0.000 0 \$0 S0 0 0 0 \$0 Parking: S per day x # of tips x # of staff \$0.000 0 \$0 Departing: Total: \$500 Departing: S0 0 0 \$0 S0.3000 Classes-Bill for Actual Expenses \$500.00 \$0.00 \$0 S0.3000 Classes-Bill for Actual Expenses \$500.00 \$0.00 \$0 S0.3000 Classes-Bill for Actual Expenses \$0.00 \$0.00 Communications \$0.00 \$0.00 \$0 S0.3000 Classes-Bill for Actual Expenses \$0.00 \$0.00 Communications \$0.00 \$0.00 \$0 S0.3000 Classes-Bill for Actual Expenses \$0.00 \$0.00 Communications \$0.00 \$0.00 \$0 S0.00 S0.00 \$0.00 \$0.00 Communications \$0.00 \$0.00 \$0.00 Social Experiment \$0.00 \$0.00	area x # of trips x # of staff Lodging: \$ per day + \$ tax = total \$ x # of	\$0	0	0	0	\$0
Motor Pool: (S car/day + ## miles/day x S \$0.00 0 \$0 Site per mile) x # trips x # days \$0.00 0 0 \$0 Mileage: (rate per mile) x # of miles per tripp x # of tanff \$0.000 0 0 \$0 Parking: S per day x # of trips x # of days \$0 0 0 \$0 \$0 Justification: Operating Total: \$500 \$500 \$500 Justification: Operating Total: \$500 \$500 \$500 Justification: Operating Total: \$500 \$500 \$500 Sa3/60 Classes-Bill for Actual Expenses \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 Communications \$20.00 So.00 \$50.00 \$50.00 \$50.00 \$50.00 Communications \$50.00 So.00 \$50.00 \$50.00 \$50.00 \$50.00 Contractual \$1.300.000 Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other \$50.000 Method of Accountability: So0 \$50.000 \$50.000 \$50.000 \$50.000 \$50.00	trips x # of nights x # of staff	\$0	0	0	0	\$0
Mileage: (rate per mile x # of miles per tritip) x # of tstaff \$0.000 0 \$0 Parking: \$ per day x # of trips x # of days x # of staff \$0 0 \$0 Justification: Operating: Total: \$500 Justification: Solo 0 \$0 Parenting Class materials Average \$8.33%0 Classes-Bill for Actual Expenses \$500.00 Rent: \$ per/mo. x12 months x # of FTE \$0.00 Communications \$0.00 Justification: Frowthere items. Include cleals how budget tems. Include cleals how budget temperature to justify purchase of meals, snacks, large expense or unusual budget items. Include cleals how budget temperature to justify purchase of meals, snacks, large expense or unusual budget items. Include cleals how budget temperature explosion So List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer- Describe equipment \$0 Contractual \$ 1,300,000 \$ Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other Method of Accountability. \$00000 Name of Contractor: So Solo \$00000 Name of Contractor: Solo source \$00000 Total \$00000 \$00000 Method of Accountability. <td< td=""><td></td><td>00.02</td><td>0</td><td>0</td><td></td><td>02</td></td<>		00.02	0	0		02
rhip) X of trips X of of staff		0.00	Ū			ΨΟ
Parking: \$ per day x # of trips x # of days x # of staff \$0 0 0 0 \$0 Justification: <u>Operating</u> Total: \$500 List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are Parenting Class materials Average \$3.33760 Classes-Bill for Actual Expenses \$3.33760 Classes-Bill for Actual Expenses \$3.33760 Classes-Bill for Actual Expenses \$0.00 Justification: Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget Equipment for Actual Expenses \$0.00 Communications \$0 List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer- bescribe equipment \$0.00 Contractual \$1,300,000 Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other Method of Accountability: Method of Deforman; 71/121-6/30/22 Scope of Work: Provide In Home Navigation/Case Management/Info Sessions/Home Studies to stabalize placement and facilitate the. * Sole Source Justification; Extension of existing contract to provide for In Home Services Budget Personnel Travel Mileage - Per Diem Operating Equipment Other: Contracted hourly rate \$55/Hr %500,000.00 Indirect		\$0,000	0		0	\$0
Justification:	Parking: \$ per day x # of trips x # of days			0		
Operating Total: \$500 List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are Parenting Class materials Average \$8.33/60 Classes-Bill for Actual Expenses \$500.00 Rent: \$ per/mo. x 12 months x # of FTE \$0.00 \$0.00 Communications \$0.00 Justification: Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget \$0 Equipment Total: \$0 List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer- bescribe equipment \$0 Contractual \$ 1,300,000 Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other Method of Accountability: \$00000 Name of Contractor: Foster Kinship Total Method of Selection: Sole Source \$00000 Period of Parlormance: 7/12/1-6/30/22 \$20000 Scoup of Work: Provide In Home Navigation/Case Management/Info Sessions/Home Studies to stabalize placement and facilitate the * Sole Source Justification: Extension of existing contract to provide for In Home Services Budget Personnel \$500,000.00 \$500,000.00		Ф О	0	0	0	Ф О
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are Parenting Class materials Average \$8.33/60 Classes-Bill for Actual Expenses \$500.00 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 Equipment Total \$0.00 Contractual \$100 Contractual				т	otal:	\$500
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other Method of Accountability: Solo000 Name of Contractor: Foster Kinship Total Method of Selection: Sole Source Period of Performance: 7/1/21-6/30/22 Scope of Work: Provide In Home Navigation/Case Management/Info Sessions/Home Studies to stabalize placement and facilitate the. * Sole Source Justification: Extension of existing contract to provide for In Home Services Budget Personnel Travel Mileage - Per Diem Operating Equipment Other: Contracted hourly rate \$55/Hr \$500,000.00 Indirect Total Budget \$500,000.00	 \$8.33/60 Classes-Bill for Actual Expenses Rent: \$ per/mo. x 12 months x # of FTE Communications Justification: Provide narrative to justify purchas Equipment List Equipment purchase or lease costing \$ Describe equipment 			\$0.00 \$0.00 large expense or unusu T ustify these expenditu	otal:	\$0 computers or computer-
Method of Accountability:	Contractual					\$ 1,300,000
Name of Contractor: Foster Kinship Total Method of Selection: Sole Source Period of Performance: 7/1/21-6/30/22 Scope of Work: Provide In Home Navigation/Case Management/Info Sessions/Home Studies to stabalize placement and facilitate the * Sole Source Justification: Extension of existing contract to provide for In Home Services Budget Personnel Travel Mileage - Per Diem Operating Equipment Other: Contracted hourly rate \$55/Hr \$500,000.00 Indirect	Method of Accountability: Method of Accountability:	employees o	of the or	ganization. Include c	osts of labor, trav	
Indirect Total Budget \$500,000.00	Method of Selection: Sole Source Period of Performance: 7/1/21-6/30/22 Scope of Work: Provide In Home Navigation/C * Sole Source Justification: Extension of existin Budget Personnel Travel Mileage - Per Diem Operating			Sessions/Home Studi	es to stabalize plac	
Total Budget \$500,000.00	-			\$500,000.00		
				\$500,000.00		

Method of Accountability:

Name of Contractor: TBD Method of Selection: TBD Period of Performance: 7/1/21-6/30/22 Scope of Work: CCDFS will seek to engage one or more local personal services to prevent removal and/or stabilize the house day care, etc.		
<u>* Sole Source Justification:</u> TBD		
Budget Personnel Travel Mileage - Per Diem Operating Equipment Other - TBD Contracted Rates Indirect	\$500,000.00	
Total Budget	\$500,000.00	
Method of Accountability: CCDFS Program staff shall maintain	referral/completion of services records.	Clark County Purchasing Monitors
Name of Contractor: Sport Social Method of Selection: Sole Source/Quote Period of Performance: 7/1/21-6/30/22 Scope of Work:CCDFS will contract to provide In Home prosoc	Total	\$ 300,000
<u>* Sole Source Justification:</u> Quote will be obtained per Clark C providing the Sport Social Program Budget		
Personnel		
Travel Mileage - Per Diem		
Operating		
Equipment		
Indirect		
Total Budget	\$300,000.00	
	· · ·	
Method of Accountability: Contractor shall submit monthly Prog and review monthly reports. Clark County Purchasing monitors		aff shall maintain referral information
Training List all cost associated with Training, including justification of e	xpenditures.	\$0
Describe training	\$0.00	
Other	Total:	\$1,857,089

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as EMERGENCY ASSISTANCE:

<u>Other</u>

CLARK COUNTY EMERGENCY SHELTER - CHILD HAVEN RATE \$40, PAID PLACEMENT AT ACTUAL NEGOTIATED RATE BASED ON LEVEL OF CARE - Estimated 30,000 days at average of \$40	\$1,200,000
CLARK COUNTY EMERGENCY ASSISTANCE TO MAINTAIN PLACEMENT OF YOUTH WITH PARENT/RELATIVE-ACTUAL	
EXPENSES	\$657,089
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0

Justification: The rate of \$40.00 per day is Clark County DFS published rate of pay for emergency shelter homes. The rate is a flat fee

\$0

TOTAL DIRECT CHARGES		\$3,225,185
Indirect Charges Indirect Methodology: Explain how indirect is calculated (e.g. 11% of all direct	Indirect Rate: ect expenses per Federally approv	0.000% \$0 ved indirect agreement). If
TOTAL BUDGET	Total:	\$3,225,185