

**Department of Health and Human Services
Division of Child and Family Services
Request for Budget Modification SFY20**

Funding Source:

Child Welfare:

(Chafee) Chafee Independent Living (FAFFY) Transition from Foster Care (ETV) Educational Training Voucher
 (IVB-2) Title IV-B, Subpart 2 IVB-2 Caseworker (AI) Adoption Incentive
 (CJA) Children's Justice Act (CANS) Child Abuse and Neglect (CDR) Child Death Review

Victim Services:

(FVPSA) Family Violence and Prevention Services Act (VOCA) Victims of Crime Act (ML) Victims of Domestic Violence

In accordance with GIR-18 15:

All transfers between budget categories require a Budget Modification Request (BMR) form. Proposed expenditures must be consistent with approved goals for the current grant agreement. Approved BMRs must be received by the Grantee prior to implementation of request. Requests for budget modifications must be made prior to expenditure of funds for non-budgeted items. Failure to request modifications in advance of expenditures may result in not receiving reimbursement for the expenditures and/or corrective action.

Subrecipient Name:	Washoe County Sheriff's Office	Subaward #:	16575-18-059
Address:	911 Parr Blvd Reno NV 89512	Date of Request:	8/31/2019
Contact Person:	Laura Daniels	Telephone:	
Performance Period:	July 1, 2019 - December 31, 2019	Email Address:	ldaniels@washoecounty.us

This amendment reflects a change to :
 Scope of Work x Term x Budget

Please use the second tab of this form to write a detailed narrative that provides justification for the budget changes.

Only enter amounts in (A), (B) and (D)	(A) Original or Amended Budget	(B) Amount of Change (+/-)	(C) Percentage of Change	(D) YTD Expenditures	(E) Revised Budget
Personnel/Fringe	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Travel/Training	\$ 364.00	\$ (364.00)	-100.00%	\$ -	\$ -
Operating	\$ 50.00	\$ 200.00	400.00%	\$ -	\$ 250.00
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Contractual/Consultant	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Other Expenses	\$ 584.00	\$ 4,154.00	711.30%	\$ -	\$ 4,738.00
Indirect Expenses	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Total	\$ 998.00	\$ 3,990.00		\$ -	\$ 4,988.00
		(B) Enter amount to be changed in a category Total must equal 0	(C) Do not enter! Numbers will fill automatically	(D) Total cannot equal more than the revised budget	Total must equal (A)
Match	\$ 250.00	\$ 997.50			\$ 1,247.00

Subrecipient Authorized Fiscal Signature	Title	Date
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Division of Child and Family Services	
Grants and Projects Analyst II	Date
Deputy Administrator, Division of Child and Family Services	Date
Division of Child and Family Services Fiscal Authority	Date

Return to the Grant Administrator via email.

Justification for modifications must be complete and include an explanation of why funding has become available in certain categories,

COST CATEGORY	JUSTIFICATION	IDENTIFY GOAL AND OBJECTIVE FUNDING REDIRECT ALIGNS WITH
Personnel	6-month budget approval	
Travel/Training		
Operating		
Equipment		
Contractual/Consultant		
Other Expenses		
Indirect Expenses		

Federal Award Computation	
Total Obligated by this Action:	\$998
Cumulative Prior Awards this Budget Period:	
Total Federal Funds Awarded to Date:	
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Amount Required this Action:	\$250
Amount Required Prior Awards:	
Total Match Amount Required:	\$1,247
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period:	
10/01/2016 through 09/30/2020	
Federal Project Period:	
10/01/2016 through 09/30/2020	
FOR AGENCY USE ONLY	
Source of Funds:	US Department of Justice, Office of Justice Programs, Office for Victims of Crime, Victim Assistance Formula
% Funds:	10%
CFDA:	16.575
FAIN:	2017-VA-GX-0085
Federal Grant #:	2017-VA-GX-0085
Federal Grant Award Date by Federal Agency:	9/28/2017

Federal Award Computation	
Total Obligated by this Action:	\$3,990
Cumulative Prior Awards this Budget Period:	
Total Federal Funds Awarded to Date:	
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Amount Required this Action:	\$998
Amount Required Prior Awards:	
Total Match Amount Required:	\$1,247
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period:	
10/01/2017 through 09/30/2021	
Federal Project Period:	
10/01/2017 through 09/30/2021	
FOR AGENCY USE ONLY	
Source of Funds:	US Department of Justice, Office of Justice Programs, Office for Victims of Crime, Victim Assistance Formula
% Funds:	90%
CFDA:	16.575
FAIN:	2018-V2-GX-0076
Federal Grant #:	2018-V2-GX-0076
Federal Grant Award Date by Federal Agency:	08/09/20018

Total Personnel Costs		Including Fringe	Total:			
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
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).						\$ -
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).						\$ -
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).						\$ -
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:						\$ -

Travel/Training

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.

Total: \$

-

Justification:

Out-of-State Travel

Child Abuse & Family Violence Summit Portland OR

Cost

of Trips

of Days

of Staff

\$ -

Justification:

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

\$

-

<u>In-State Travel</u> <u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	<u>\$</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.					

<u>Operating</u>	<u>Total:</u>	<u>\$</u>	<u>250.00</u>
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: Journals, coloring books, crayons books for Victim Family Room	300	1 \$	150.00
Office Supplies (paper, pens, clip boards, etc.)	200	1 \$	100.00
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
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: \$ -
 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 \$ -

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/Sub recipient: \$ -
 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/Sub recipients here with justification or delete this row. \$ -

Other Total: \$ 4,738.00
 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.

Hotel Rooms for victims - emergent (estimated)	1054	1	\$	1,053.00
Gas gift cards & direct purchases (estimated)	500	1	\$	500.00
gift cards & direct purchase for food, clothing, hygiene products (estimated)	3670	1	\$	3,020.00
Folded business cards with Victim Advocate phone #; Domestic Violence Detective phone #; TPO information, and Stalking and Harassing information .	55	3	\$	165.00

This is an estimate as we can not state how many victims we will serve. When victims come in or we get called out we may need to feed the victim and children (if applicable) as well as clothes and set up temporary housing.
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TOTAL DIRECT CHARGES **\$ 4,988.00**

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: \$ 4,988.00



State of Nevada
 Department of Health and Human Services
Division of Child & Family Services
 (hereinafter referred to as the Department)

Agency Ref. #: 16575-18-059
 Budget Account: 3145
 Category: 20
 GL: _____
 Job Number: 1657518

NOTICE OF SUBAWARD

Program Name: VOCA Victim Assistance DCFS Grants Management Unit Jean Booht/JBooth@dcfs.nv.gov	Subrecipient's Name: Washoe County Sheriff's Office Laura Daniels ldaniels@washocounty.us
Address: 4126 Technology Way, 3rd Floor Carson City, NV 89706-2009	Address: 911 Parr Blvd Reno, NV 89512
Subaward Period: July 1, 2019 through August 31, 2019	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>609738455</u>

Purpose of Award: Provide services and advocacy to victims in Washoe County

Region(s) to be served: Statewide Specific county or counties: Washoe

Approved Budget Categories:	
1. Personnel	\$0.00
2. Travel/Training	\$364.00
3. Operating	\$50.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Other	\$584.00
TOTAL DIRECT COSTS	\$998.00
7. Indirect Costs	\$0.00
TOTAL APPROVED BUDGET	\$998.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 998.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 0.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	250.00
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period:	October 1, 2016 through September 30, 2020
Federal Project Period:	October 1, 2016 through September 30, 2020

FOR AGENCY USE, ONLY

Source of Funds: U.S. Department of Justice Office of Justice Programs Office for Victims of Crime	% Funds: 100	CFDA: 16.575	FAIN: 2017-VA-GX-0085	Federal Grant #: 2017-VA-GX-0085	Federal Grant Award Date by Federal Agency: 09/28/2017
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Agency Approved Indirect Rate: 0.00% **Subrecipient Approved Indirect Rate:** N/A

Terms and Conditions:
 In accepting these grant funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- Subrecipient must comply with all applicable Federal regulations.
- Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.
- This award is funded at 10% of the total award amount for SFY20 due to availability of funding. The additional 90% will be issued as funding becomes accessible. Section B&C of the incorporated documents are inclusive of the total award amount.

Incorporated Documents:	Section E: Audit Information Request;
Section A: Grant Conditions and Assurances;	Section F: Current/Former State Employee Disclaimer;
Section B: Description of Services, Scope of Work and Deliverables;	Section G: DHHS Confidentiality Addendum; and
Section C: Budget and Financial Reporting Requirements;	Section H: Matching Funds Agreement
Section D: Request for Reimbursement;	Appendix A: Victims of Crime Act (VOCA) Assurance

Authorized Subrecipient Official's Name and Title	Signature	Date
Sheriff		7/1/19
Jean Booht Grants & Project Analyst II		7-10-19
For Ross E. Armstrong Administrator, Division of Child & Family Services		7/10/19