

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services

Section C
Budget and Financial Reporting Requirements

Washoe County Human Service Agency- Child Care Licensing

Form 2

PROPOSED BUDGET SUMMARY - SFY19

(Form Revised May 2018)

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

FUNDING SOURCES	DWSS	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
PENDING OR SECURED										
ENTER TOTAL REQUEST	\$324,907	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 324,907

EXPENSE CATEGORY

Personnel	\$ 279,435									\$ 279,435
Travel/Per Diem & Training	\$0									\$ -
Supplies/Operating	\$5,000									\$ 5,000
Equipment	\$0									\$ -
Contractual/Consultant	\$ 25,000									\$ 25,000
Other Expenses	\$0									\$ -
Indirect	\$15,472									\$ 15,472

TOTAL EXPENSE	\$ 324,907	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 324,907
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$15,472
Indirect % of Budget	5.00%

Total Agency Budget	\$ 57,147,702
Percent of Agency Budget	1%

B. Explain any items noted as pending:

C. Program Income Calculation:

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BUDGET NARRATIVE-SFY2019

Total Personnel Costs including fringe **Total:** \$ **279,435**

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>Amount Requested</u>
<u>New - Human Services Coordinator, TBD</u>	\$81,765	54%	100%	9	\$94,514

Under limited supervision, incumbent trains, supervises, and evaluates the performance of three or more Human Services Case Worker III surveyors. Incumbents address issues that have been escalated by subordinates and surveyed facilities; review and interpret laws, regulations, policies and procedures; prepare summary or detailed reports of surveys and actions taken by subordinates; and participate in the development of laws, regulations, policies and procedures as required.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>New - Human Services Case Worker III, TBD</u>	\$77,691	59%	100%	9	\$92,461

Under general supervision, incumbents perform the duties including regulating and monitoring child care facilities in accordance with NRS 432A, providing child care consultation and training to child care facility operators, and investigating complaints concerning licensed and unlicensed facilities from citizens and public agencies.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>New - Human Services Case Worker III, TBD</u>	\$77,691	59%	100%	9	\$92,461

Under general supervision, incumbents perform the duties including regulating and monitoring child care facilities in accordance with NRS 432A, providing child care consultation and training to child care facility operators, and investigating complaints concerning licensed and unlicensed facilities from citizens and public agencies.

Total Fringe Cost	\$101,574	Total:	\$	279,435
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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 (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

No Out-of-State Travel Requested

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

Justification: Not applicable

If traveling to more than 1 out-of-state destination, copy section above, revise formula in cell F26 and complete for each trip

In-State Travel

No In-State Travel Requested

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

Justification: Not Applicable

Supplies/Operating **Total:** \$5,000

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 3 staff @ \$25 per mo. x 12 months	\$900.00
Licenses and Permits 3 staff @ \$100 per year for Licensing	\$300
Network and Data Lines 3 staff @ \$25.55 per month	\$920
Telephone Land Lines 3 staff @ \$30 per month	\$1,080
Cellular Phone 3 staff @ \$50 per month	\$1,800

Justification: General Operating Costs. The aforementioned itemization demonstrates the basic operating and or functioning needs of the program. Basic office supplies include pens, paper, sticky notes, ink, staples, paperclips, etc.

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Equipment	Total:	\$0
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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

No Equipment Requested

Contractual	\$	25,000
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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: To Be Determined

Method of Selection: Competitive Bid

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

Scope of Work:

Contractor will be responsible for doing a child care provider market study that includes estimating market demand, gathering information about the highest need areas for child care in Washoe County, and proposing a strategy to increase the number of licensed child care facilities. This will help WCHSA build and increase the capacity of licensed child care businesses in Washoe County. Over the past six years, Washoe County has experienced a 21% reduction in the number of licensed day cares (from 291 in FY2013 to 230 FY2018). A 10% increase is projected over the next six years in Washoe County's 0 - 9 years of age cohorts. WCHSA would like to proactively plan ahead to ensure that the community can meet this need.

* Sole Source Justification: Not Applicable

Method of Accountability: The work of the Contractor will be monitored by the New Coordinator Position. Quarterly progress reports will be required with a final

Budget:	\$25,000
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Personnel: List staff, positions, percent of time to be spent on the

project, rate of pay, fringe rate, and total cost to this grant.	\$0
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Executive Director: Annual Salary amount x % of FTE	\$0	
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Fringe @ what percent (currently set @ 20% in formula)	\$0	
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Travel: how much and where	\$0
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Instate Mileage: (amount of miles x rate)	\$0	
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Airfare:	\$0	
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Per diem: GSA amount allowed	\$0	
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Parking: Amount	\$0	
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Hotel: \$ amount + tax	\$0	
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Operating	\$0
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Office Rent \$ amount per mo. x # of months	\$0	
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Ready Talk Conference System	\$0	
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Media: who and how much	\$0	
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Telephone \$ amount x 12 months	\$0	
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Contractual	\$25,000
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Who and what will they do	\$25,000	
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Supplies	\$0
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Office Supplies \$ per mo. x 12 months	\$0	
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Computer	\$0	
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Indirect: 5% Direct Costs (This federal approved rate is cap at 5%)	\$0
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Justification:

Define - why do you need this funding: To be determined- once vendor is selected, a budget modification will be completed.

If more than once Contractor/Consultant, copy section above (rows 66-94), revise formula in cell F64 and complete for entity.

Construction	Total:	\$0
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No Construction Costs Requested

Use as needed, otherwise leave blank with \$0 cost.

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 project or program may be included here, but require special justification.

No Other Costs Requested

Justification: *Not Applicable*

TOTAL DIRECT CHARGES	\$	309,435
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Indirect Charges	\$	15,472
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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 5% of Direct Expenses. Note that the formula will automatically calculate 5%.

TOTAL BUDGET	Total:	\$324,907
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