



WASHOE COUNTY

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CM/ACM _____
Finance GE
DA _____
Risk Mgt. DE
HR _____
Grants Mgt. GE

STAFF REPORT BOARD MEETING DATE: February 10, 2015

DATE: January 12, 2015
TO: Board of County Commissioners
FROM: Kevin Schiller, Interim Director, Department of Social Services
kschiller@washoecounty.us 775-785-8600
THROUGH: John Slaughter, County Manager
SUBJECT: Recommendation to authorize the Director of Social Services to accept Amendment #2 for year three funding for \$27,273 for the Federal Title IV-B Subpart 2 grant (\$6,818 match required) from the State of Nevada, Division of Child and Family Services to support overtime and employee travel costs to allow staff to comply with policy regarding caseworker visits retroactive to October 1, 2014 through September 30, 2015; and direct the Comptroller's Office to make the appropriate budget adjustments.
(All Commission Districts)

SUMMARY

The Department of Social Services has been awarded year three funding for \$27,273 for the Federal Title IV-B Subpart 2 grant (\$6,818 match required) from the State of Nevada, Division of Child and Family Services to support overtime costs to allow staff to comply with policy regarding caseworker visits.

The acceptance of this award is retroactive as the Department received the Notice of Sub-Grant Award in early January.

Strategic Objective supported by this item: Safe, secure and healthy communities

PREVIOUS ACTION

On December 17, 2013, the Board authorized to accept year two funding of the Federal Title IV-B Subpart 2 for \$27,273 (\$6,818 match required) from the State of Nevada, Division of Child and Family Services to support overtime costs to allow staff to comply with policy regarding caseworker visits.

On September 24, 2013, the Board authorized to accept year one funding of the Federal Title IV-B Subpart 2 for \$12,000 designated to increase primary caseworker visits from October 1, 2012 through September 30, 2013.

AGENDA ITEM # 7F1

BACKGROUND

Social workers are required to have a monthly face-to-face contact with each child in care, including those in out-of-state treatment facilities, on their caseload in their out-of-home placement. Workers are also required to have visits with children and their families once the child is reunified with the parents.

Additionally, based on the risk level assigned to each case and the services provided to each family, workers might be required to make up to four monthly face-to-face visits with children who remain in the home to monitor their safety. The goal of this grant is to assist with overtime costs and out-of-state travel expenses so that staff comply with policies regarding caseworker visits.

GRANT AWARD SUMMARY

Project/Program Name: *Federal Title IV-B Subpart 2 Grant*

Scope of Project: *Assist with overtime costs so that staff comply with policies regarding caseworker visits.*

Benefit to Washoe County Residents: *Caseworkers will comply with agency requirement to visit children monthly.*

On-Going Program Support: *Not applicable.*

Award Amount: *\$27,273.00*

Grant Period: *October 1, 2014 – September 30, 2015*

Funding Source: *Administration for Children and Families*

Pass through From: *State of Nevada Division of Child and Family Services*

CFDA Number: *93.556*

Grant ID Number: *#G-1411NVFPCV*

Match Amount and Type: *\$6,818.00 cash match*

Indirect Cost Rate (applicable to the award):

Grant's recoverable indirect cost rate:

Indirect costs are fully recoverable

Sponsor does not allow for indirect cost recovery

Sponsor has limited indirect cost recovery at ___ %

Sponsor requires indirect Cost Rate Approved by Cognizant Agency

Special Terms & Conditions: *None*

Sub-Awards and Contracts: *None*

FISCAL IMPACT

Should the board authorize acceptance of this grant award, the Department's FY15 adopted budget will be increased in both revenues and expenditures in the following accounts:

| | | |
|-----------|--------------------------------|-------------|
| IO# 11109 | 431100 – Federal Grant Revenue | \$27,273.00 |
| IO# 11109 | 701300 – Overtime | \$20,968.95 |
| IO# 11109 | 705230 – Medicare | \$ 304.05 |
| IO# 11109 | 711210 – Travel | \$ 6,000.00 |

RECOMMENDATION

Recommendation to authorize the Director of Social Services to accept Amendment #2 for year three funding for \$27,273 for the Federal Title IV-B Subpart 2 grant (\$6,818 match required) from the State of Nevada, Division of Child and Family Services to support overtime and employee travel costs to allow staff to comply with policy regarding caseworker visits retroactive to October 1, 2014 through September 30, 2015; and direct the Comptroller's Office to make the appropriate budget adjustments.

POSSIBLE MOTION

Should the Board approve Staff's recommendation, the possible motion would be to "move to authorize the Director of Social Services to accept Amendment #2 for year three funding for \$27,273 for the Federal Title IV-B Subpart 2 grant (\$6,818 match required) from the State of Nevada, Division of Child and Family Services to support overtime and employee travel costs to allow staff to comply with policy regarding caseworker visits retroactive to October 1, 2014 through September 30, 2015; and direct the Comptroller's Office to make the appropriate budget adjustments".

State of Nevada - Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706

Notice of Sub-Grant Award

| | | | |
|---------------------|--|----------------------------|----------------|
| DCFS Contact: | Dorothy Edwards | DCFS Contact Phone Number: | 775-684-7956 |
| Program: | Title IVB Supart II | CFDA Number: | 93.556 |
| State Award Number: | IVB-2-13-061 | Budget: | 3145 |
| | | Account: | 17 |
| Type of Action: | Amendment #2 - YEAR 3 Award Increase and Project Period Extension. | | |
| Legal Name: | Washoe County Department of Social Services | Vendor Number: | T40283400A |
| Project Name: | Case Worker Visitation | Mailing | PO Box 11130 |
| Contact Person: | Pam Fine | Address: | Reno, NV 89520 |
| Email Address: | pfine@washoecounty.us | Project | Same as above |
| Phone Number: | 775-785-5652 | Address: | |
| Fax Number: | 775-785-8648 | Tax ID: | 88-60000138 |

| | | |
|------------------------|--|-----------------------------|
| Project Period: | Oct 1, 2012 through Sept 30, 2015 | Federal Award Number |
| Year One: | Oct 1, 2012 through Sept 30, 2013 | G-1211NVFPCV |
| Year Two: | Oct 1, 2013 through Sept 30, 2014 | G-1311NVFPCV |
| Year Three: | Oct 1, 2014 through Sept 30, 2015 | G-1411NVFPCV |
| Year Four: | | |

Approved Categories and Budget by Year:

| Category | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | TOTAL |
|---------------------------|-----------------|-----------------|-----------------|------------|-----------------|
| Personnel | \$0 | \$27,273 | \$21,273 | \$0 | \$48,546 |
| Operating | \$12,000 | \$0 | \$0 | \$0 | \$12,000 |
| Travel | \$0 | \$0 | \$6,000 | \$0 | \$6,000 |
| Contractual | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other (Admin) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total State Share | \$12,000 | \$27,273 | \$27,273 | \$0 | \$66,546 |
| Match | \$0 | \$6,818 | \$6,818 | \$0 | \$13,637 |
| Total Program Cost | \$12,000 | \$34,091 | \$34,091 | \$0 | \$80,183 |

In accepting these grant funds, it is understood that:

1. Expenditures must comply with appropriate State and / or Federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Grantee agrees to provide an independent financial and compliance audit in accordance with State and Federal requirements.
4. Amendment #2 reflects an increase of \$27,273 to the State Share for Year 3. The Project Period will be extended until September 30, 2015.

| | | |
|---|-----------------------|-------|
| Washoe County Department of Social Services | Authorized Signature: | Date: |
| DCFS FPO Grants Management Unit | Authorized Signature: | Date: |
| DCFS Administration | Authorized Signature: | Date: |