

Organization Information

Program Area

Confirm the program area that your proposal addresses.

Problem Gambling-Treatment

Project Title

The Problem Gambling Center - Intensive Outpatient Program (IOP) - For Problem Gamblers & Their Family and/or Concerned Others.

Describe your project in one or two sentences.

The Problem Gambling Center provides an outpatient program demonstrated to effectively treat individuals with gambling problems. PGC is requesting funding from the revolving account for the prevention and treatment of problem gambling to assist in delivering our program of group and individual therapies to Nevadans and their families.

Organization Name

International Problem Gambling Center

Legal Name

International Problem Gambling Center

Also Known As

The Problem Gambling Center

Address

2680 S. Jones Blvd., Suite 1

City

Las Vegas

State

NV

Postal Code

89146

Phone

7023633633

Extension

Fax

7023635244

E-mail Address

lori.flores.pgc@gmail.com

WWW Address

http://www.gamblingproblems.com

Tax ID

201861496

Organization Type

(e.g., state agency, university, private non-profit organization)

Non-profit

Organization Primary Contact

First Name

Lori

Last Name

Flores

Title

Clinic Manager

E-mail

lori.flores.pgc@gmail.com

Office Phone

7023633633

Extension

Mobile Phone

7024936866

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First Name

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7024936866

Executive Summary

Provide an overview of the proposed program or project.

A study commissioned by the State of Nevada reported that 3.5 percent of Nevada residents can be categorized as pathological gamblers while another 2.9 percent can be categorized as problem gamblers (Volberg, 2002). In combination, 6.4 percent of Nevada residents can be classified as problem gamblers, more than twice the United States prevalence rate.

Recognizing the personal impact and public cost of problem gambling the 2005 Nevada Legislature established a fund to purchase treatment for problem gamblers, the Revolving Account for the Prevention and Treatment of Problem Gambling. The Nevada Department of Health and Human Services (DHHS) and the Advisory Committee on Problem Gambling (ACPG) are responsible for the management of the fund. The current plan to procure gambling treatment for problem gamblers is described in the Five Year Strategic Plan for Problem Gambling Treatment Services within the State of Nevada, 2012-2016.

The Problem Gambling Center, Las Vegas (PGC-LV) is committed to providing effective gambling treatment. Since it was founded by Dr. Robert Custer and directed by Dr. Robert Hunter in 1986, as a hospital based, inpatient program, the Problem Gambling Center has helped thousands of problem gamblers turn their lives around.

The Problem Gambling Center has evolved into a community based, comprehensive outpatient gambling treatment program. A full array of services are offered, including crisis services, assessment, individual counseling, group counseling, and continuing care services. Services are provided by a diverse, experienced treatment team including the PGC Director/ clinical psychologist/ Two Certified Problem Gambling Supervisors (CPGS), One Certified Problem Gambling Counselor (CPGC)/Licensed Drug and Alcohol Counselor/Supervisor/Marriage and Family Therapy Intern/ and three Certified Problem Gambling Counselor Interns (CPG-I), one of whom is eligible to take the certification exam and is listed as (PPGC)

The primary treatment model at PGC is an abstinence based six week Intensive Outpatient Program (IOP). Attendance is required in group four days weekly, three hours daily for six weeks. A group is offered at 10:00 am and 5:30 pm, Monday through Thursday. Individual counseling is initiated following the first week in group therapy. Attendance at two Gamblers Anonymous meetings a week is required. The intensive 6 week program is followed by a one year of aftercare program of 1 1/2 hours per week for one year. An alumni program is offered which includes service commitments and outreach activities for any interested program graduates.

The IOP model involves primarily Cognitive Behavior Therapy based treatment with three primary services intertwined. One part of treatment is psycho-educational

didactic material, including neurological and psychological findings. Pragmatic therapy on using the program and combating urges. The third primary modality is more traditional 'feelings therapy'.

The PGC is requesting funding to assist in the support of the addition of a family group. Previously successful and eliminated in the budget cutbacks, the lack of a family focused program has been a noticeable gap in the treatment services needed to support the problem gambler, their family and significant other persons.

Funding Request

For Current Nevada Problem Gambling Treatment Grantees

Funding for treatment will be allocated based on a formula developed by the DHHS Grants Management Unit along with the Problem Gambling contracted technical expert. (See Appendix B of the RFA.)

For New Applicants

New applicants should formulate their funding request on actual or projected activity at their treatment facility. Funding requests must be based on the codes and reimbursement rates on Pages 32 and 33 of the Nevada Problem Gambling Treatment Strategic Plan and the benefit limits in Section IV (A) (9a) on Page 16. Provide a detailed justification for the funding request. Cite any applicable historical data, research or other supporting information.

not applicable

List other grants/funds received through the State of Nevada, Department of Health and Human Services. List the granting agency (e.g., Grants Management Unit, Substance Abuse Prevention and Treatment Agency, Medicaid, etc.) and the amount to be awarded in SFY16. (If funding for SFY16 is unknown, list the amount received in SFY15.)

PGC does not currently receive funding from any other state sources.

List any other sources of income or financial support, or any collaborative projects your organization is engaged in, that will help sustain the organization if State funding is no longer available.

In addition to state monies, PGC has been fortunate enough to receive some monies from the private sector. These private sector dollars, primarily casino industry driven, have allowed us to supplement treatment not provided by state funds. Donors include: IGT, AGEM, The Sands Corporation and a handful of others as listed on our website. In the difficult times for our recent economy, we have lost some of our most important prior donors. It is our hope that we will maintain our current private sector benefactors through FY16 & FY17, though obviously we have absolutely no guarantee of this and can exert no control over charitable contributions.

The following is a list of private sector donors:

Konami Gaming
Station Casinos
Cannery Resorts
IGT
AGEM
Venetian
Sands Family Program
Rational Services Ltd.
Dotty's
GTECH

Services Proposed

Refer to the Nevada Problem Gambling Treatment Strategic Plan for details about provider standards and expectations. Note that only those treatment services with a code and rate on Pages 32-33 of the Strategic Plan are eligible for reimbursement with these funds. Then answer the following questions.

Describe the services you will provide (e.g., residential treatment, outpatient, individual therapy, group therapy, psycho-educational groups, and outreach).

Assessment:

A face-to-face, structured, interview with the individual is completed by PGC within the fifth client contact following enrollment into the PGC treatment program. Using standardized tools, pertinent information is collected regarding the individual's past history and present situation. This information is used by PGC to determine the existence of problem gambling, assign a diagnosis, identify the co-existence of other disorders, determine the level of risk of harm to self or others, and makes recommendations for the type and intensity of treatment. Emergent needs are promptly referred to PGC Director, Dr. Robert Hunter, for immediate evaluation and action, including referral for appropriate services.

Orientation:

Verified receipt by the signature of the client, and makes available to others, written program orientation information which includes:

- The PGC program and philosophy
- A description of treatment services
- Information on Client's rights and responsibilities, including confidentiality, while receiving services and following discharge
- Information on the rules governing client's behavior and those infractions that may result in discharge or other actions

- Information on emergency services

Individual Counseling:

Individual counseling with a CPGC or CPGC-I that addresses the problems of the individual as they relate directly or indirectly to problem gambling behavior.

Group Therapy:

The CPGC or CPGC-I seek to help individual group members to understand and remediate their significant emotional and psychological problems, focusing on intrapersonal and interpersonal dynamics

Psycho educational Group:

The CPGC or CPGC-I provides clients with specific information that focuses on educating clients about their disorders and ways of coping.

Continuing Care Group:

CPGC or CPGC-I service provided to clients who have completed problem gambling treatment within the past 12 months and are utilized to facilitate continued recovery.

Crisis Services:

Emergency response services are available at all times by telephone and to walk-in requests during office hours.

Describe your treatment models and methods. Include details about how you develop a treatment plan. How do your models and methods correspond with the treatment guidelines in the Strategic Plan?

Incoming clients at PGC are initially given a comprehensive diagnostic clinical interview including, the South Oaks Gambling Screen, The DSMV Criteria and the 20 questions of GA, administered by licensed staff. In the absence of any unique or emergent issue, for example, suicidal ideation, the client is provided immediate orientation to the IOP and is slotted into the next available group. Within the first week, the client's family is encouraged to attend at least one group session and the client is also introduced to their individual therapist and therapy schedule. Treatment plans and goals always include the complete cessation of gambling, the attendance at 12 step meeting to assist with this, and the development of increased positive connection with people and activities unrelated to gambling. Financial issues, including restitution planning are addressed as needed, and amplified by referral to non-profit Financial Guidance Center as indicated. Our connection to the Financial Guidance Center, historically know as Consumer Credit Counseling Service is enhanced by the fact that they share a parking lot with this agency. Overall, treatment goals and methods are addressed and adjusted at out

weekly clinical staff meetings, attended by all staff and involving all clients. Our long history strongly suggests this to be the most desirable treatment model, but individuals not appropriate for this model get custom treatment plans as needed.

Nevada supports Recovery-Oriented Systems of Care (http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Guiding_Principles_Whitepaper.pdf). Describe how your services fit in a ROSC. Describe specific recovery support services and care coordination elements within your proposed program.

The Problem Gambling Center is a recovery-oriented system of care for problem gamblers. The treatment provided by the center is provided by licensed counselors, who stay updated on current research and training. Some of the staff at the center are in recovery themselves and are an integral part in the decision making of the program, using their experience to determine the best treatment for the clients. The staff meets weekly to discuss the progress of each client and work together to determine if any changes should occur. The clients are directly involved in the development and progression through their treatment at the center. The clients work with their individual counselor to develop their treatment plan and goals for their recovery and also develop their own personal continuing recovery plan for after they finish the IOP at the center. Aftercare is provided at the center and is facilitated by a counselor. It is a way for alumni to connect with others that have been through the program and work on their continued recovery. The center encourages the participation of family and friends in the client's recovery. This is done through the psycho-educational lectures, groups specifically directed for the treatment of the family members, and individual therapy, with a licensed counselor, for family members.

Describe measures to assure screening, assessment, and treatment or referral for possible co-occurring substance use disorders, mental health disorders, or physical health issues.

Incoming clients receive a full clinical and diagnostic interview with co-existent conditions identified and documented. Interview includes questions specific to substance abuse, mental health concerns, physical health issues, medications, and prior treatment history. Identified co-existent conditions during assessment are noted and discussed with the client in the development of the individual treatment plan. Objectives and goals are developed with the client to guide action to address the issue. Progress on the issue is monitored for progress and completion with the individual counselor. In the event a client needs assistance for a co-occurring problem, or has pre-morbid issues requiring attention, a determination is made by our licensed psychologist, as to the most appropriate treatment is best suited and what referral is most indicated. Our history and close association with other treatment providers in Southern Nevada allow us to be able to match clients to 'best fit' treatment or combination of treatments on an individual basis.

All counselors currently interact with all clients in IOP each week, providing a weekly opportunity to observe and note any apparent co-existing condition among

IOP clients. The PGC counselors are well positioned to identify alcohol and substance abuse issues as well as mental health issues. These type of emerging, co-existing conditions that may not have been identified in the assessment process are identified in the weekly client review. These newly identified issues are documented in weekly review notes and the client's counselor raises the identified concerns with the client for inclusion in their treatment plan.

If you plan to provide multiple levels of care, estimate the percentage of your clients whose primary course of problem gambling treatment will consist of ASAM Level I outpatient care, ASAM Level II intensive outpatient care, and ASAM Level III residential treatment. For residential treatment applicants, estimate the percentage of your clients who will receive a combination of inpatient and outpatient treatment at your facility. For more information on ASAM levels of care see: <http://www.asam.org/publications/patient-placement-criteria> Historically, 90% of all clients enrolled in PGC problem gambler treatment services, following completion of assessment and review by the PGC Director, are determined to require ASAM Level II, Intensive Outpatient Care. Addition of the Problem Gambler Family Group may shift the historical split between ASAM Level I and ASAM Level II split. As PGC now has an enhanced Problem Gambler Family Group our enrollment in the Family Group meets the predicted level of ASAM Level I would be 20% and ASAM Level II would be 80%.

Residential Treatment Providers Only

The Nevada Problem Gambling Treatment Strategic Plan includes the possibility of designating only one residential treatment facility in the state. If only one residential treatment program is selected through this Request for Applications, and your organization is that program, how will you market your services, how will you facilitate transportation to and from your program, and what measures will you take to facilitate a smooth step-down transition from residential treatment to the client's local treatment or support resources?

Not Applicable

Outputs and Performance Standards

The Nevada Problem Gambling Treatment Strategic Plan describes five performance standards that relate to access, retention, successful completion, client satisfaction and long-term outcome (refer to Page 14 of the Plan). Review these standards and indicate if you believe your agency is capable of meeting the benchmarks described in each performance standard. Provide any data or information that supports your ability to meet these standards. If you cannot meet one or more of these standards, please indicate which are not expected to be achievable and provide alternate target benchmarks.

The Problem Gambling Center is capable of exceeding all five performance standards described in the Nevada Problem Gambling Treatment Strategic Plan.

Access: The Problem gambling Center offers "same day" orientation appointments for all clients needing to be admitted for immediate treatment. We also offer crisis services 24 hours a day/seven days a week.

Retention: PGC has a detailed retention process overseen clinically and administratively. If a client misses more than two days of scheduled services, they are contacted by a clinician and counseled back into the program. Our current drop/out rates are less than 20%

Successful Completion: Successful program completion at PGC includes 30 days of gambling abstinence, completion of individual treatment goals, and a continued recovery plan. During the last 6 month reporting period, 82% of all clients who entered treatment successfully completed all program requirements.

Client Satisfaction: 98% of clients who completed our program and submitted satisfaction surveys stating that they would recommend our services to others.

Long Term-Outcome:

The Problem Gambling Center contacts clients six months after program completion, unless the client remains active in aftercare and alumni activities and we are aware of their status. We do not currently have a mechanism for longer term outcome evaluation, but, are excited that Nevada Department of Health and Human Services has allowed UNLV outcome experts to look at the longer view and are excited to see those results.

Award recipients will be measured on the five performance standards described above and in their ability to meet enrollment goals. To better standardize enrollment goals across all problem gambling treatment grantees, the Department will determine grantee treatment enrollment goals by dividing grant award amounts by the average, system-wide cost per client during SFY14 (\$1,128 for outpatient clients and \$2,466 for residential treatment clients). Additionally, grantees will be expected to enroll at least one family member for every problem gambler enrollment. If you believe the proposed program cannot meet one or more of the five performance standards or the standardized goal formula is too low for your proposed program, please explain.

The Problem Gambling Center is capable of exceeding all five performance standards described in the Nevada Problem Gambling Treatment Strategic Plan. We require our clients to bring in a family member or concerned other for enrollment and provide a treatment plan for them as well as the problem gambler. We understand we meet the system wide cost per client but are concerned that if the cap is dropped that we will have some major concerns of the cost per client. The average cost for a patient to come through our program is \$2051.00. The cost for an assessment is \$125. The six week program that most of our clients attend is a total of 24 days (12 units per day at the rate of \$72) which totals \$1728. We encourage our clients to do at least 3 individual sessions (4 units x 3 at the rate of \$66) which totals \$198. We understand the average is looked at based on all clients who assess and this drops the rate down for those that don't complete program, but It's important for us to make sure the state understands the cost of our program. Our clinic is dedicated to providing IOP because of our treatment philosophy and stats regarding success rates. Were it not for our current additional community (non state funds) support we would be unable to provide our desired

level of care.

Population to be Served

What geographical area will you serve? Indicate whether statewide, Clark County Urban, Washoe County Urban, Rural or a combination.

Seventy percent of the Nevada resident population live in Clark County. With around 6 percent of Nevada residents being problem gamblers and Clark County having a population of 2 million, approximately 120,000 problem gamblers reside in Clark County. Problem and pathological gamblers residing in Clark County are the target population for PGC in 2016 and 2017 but we will see anyone statewide that is in need of our services.

Geographical Area Served

Choose Up to 5

Statewide

Urban-Clark County

Urban-Clark County-Las Vegas North

Urban-Clark County-Las Vegas East

Urban-Clark County-Las Vegas South

If you are not specifically serving a rural area, describe the steps you would take to ensure participation and access by rural residents.

Clients from rural areas have participated in treatment programs at our facility in the past. We plan to continue to offer flexible planning to accommodate residents in remote parts of Clark County or neighboring counties. Telephone crisis services are available to persons throughout Nevada.

Do you plan to target any special populations (e.g., senior citizens, traditionally under-served ethnic populations, persons with disabilities, youth)? If so, describe the populations and specific efforts and resources/partners that suggest those efforts will be successful. What led you to target your services in this manner?

During FY14 42% of all clients admitted for treatment were 55 years or older. The problem gambling center will continue to provide education and outreach opportunities at senior centers and senior focused community events. We are also proactively doing outreach through social media and UNLV for young compulsive gamblers. We are tracking the changes in electronic forms of gambling design based on video games and intended capture of gamblers in their 20's. We anticipate a very real possibility that this may be a rapidly expanding treatment population.

Identify the special population you plan to target. If none of the choices in the drop-down menu match exactly, choose "other."

Choose Up to 3

General

Low Income

Homeless

Organization and Staff

Provide an overview of your organization. How long have you been in business? How has the organization grown through the years? Is there a business plan in place?

In 1986, the treatment of problem gambling was in its infancy. Dr. Robert Custer, the universally acknowledged founding father of problem gambling treatment, came to Las Vegas with the idea of creating a world class treatment facility to help those with gambling problems in the gambling capital of the world. Upon his arrival, he selected Dr. Robert Hunter to co-design and direct what became the nation's largest problem gambling inpatient treatment center. Over the years the program, run by Charter Hospital, treated thousands of problem gamblers and served as a model for other treatment programs around the world. Eventually the program evolved into an outpatient program which proved to be even more successful than the inpatient program.

In 1998 Charter Hospital closed its doors and Dr. Hunter opened the Problem Gambling Center (PGC). The center was incorporated as a non-profit agency in recognition of the fact that problem gamblers are unique in medical annals- they have usually depleted the financial resources they need to get help. PGC has vowed, from day one, never to turn anyone away because of a lack of funds. With the help of our dedicated staff, thousands of residents have quietly but determinedly turned their lives around. Problem gambling is so often an "invisible" affliction; therefore, these are people who may be your child's teacher, your local banker, your neighborhood police officer or your family physician.

Provide a list of key staff members including the executive director, program manager, fiscal manager and program staff. For counselors, indicate whether they are Certified Problem Gambling Counselors or Certified Problem Gambling Counselor Interns. For all staff, indicate the length of time they have worked in the problem gambling field and for the organization.

Dr. Robert E. Hunter, Ph.D.

Licensed Clinical Psychologist, Founder/Clinical Director, Nationally Certified Problem Gambling Counselor/Supervisor. Dr. Hunter has worked in the problem gambling field for over 30 years.

Lori Flores, Clinic Manager. Lori is a graduate of the Intensive Outpatient Program and has been in recovery for over 7.5 years. Hire date September 2009.

Inez Staten, M.A. Nevada Problem Gambling Counselor, Licensed Alcohol and Drug & Gambling Counselor/Supervisor, Licensed Marriage and Family Therapist Intern. Hire date July 2004.

Sydney Smith, MS., LPC, NCGC, Nevada Problem Gambling Counselor, Licensed Alcohol and Drug Counselor, Licensed Professional Counselor. Clinical Director of Family Services. Hire date September 2014.

Brenda Joy Rose, B.S. of Human Service Counseling. Provisional Nevada Problem Gambling Counselor. Certified Alcohol and Drug Counselor Intern. Brenda is a PGC

graduate and in recovery from problem gambling for 11.5 years. Hire date July 2014.

Gordon Greco, B.A. of Science & Human Services. Nevada Problem Gambling Counselor Intern. NCGC. Gordon worked in the gaming field for 35 years prior to working at PGC. Gordon is a PGC graduate and in recovery from problem gambling for 9 years. Hire date July 2006.

Stephanie Hernandez, B.A. Criminal Justice. Nevada Certified Problem Gambling Counselor Intern (CPGCI) since 2012. Stephanie was a Volunteer from 2011-2012 and is working here part time currently.

Aaron Lyons, B.A. Administration, Internship application submitted March 2015. Hire date Aug 2013.

To what extent will you use Certified Problem Counselor Interns in the provision of service to State subsidized clients?

The Problem Gambling Center utilizes a combination of Counselors and Interns to provide problem gambling treatment services at the PGC. Assignment of specific staff to specific services is primarily dependent on the availability of each counselor, the skills and experience of the counselor in providing that service, and the request of clients for individual counselor services.

PGC currently has two CPGC-S, one CPGC, one PPGC, two CPGCI, (PPGC is qualified to take exam and is soon expected to be a CPGC.) We also have an employee who just submitted their Internship application to the state board March 2015 and we are waiting on acceptance.

If you will use Certified Problem Gambling Counselor Interns, how will you ensure appropriate supervision?

All CPGC-I receive more than the minimum required two hours per month supervision from a CPGC-S. Dr. Robert Hunter, PGC Director is a CPGC-S. Inez Staten, M.A. is a CPGC-S. They provide the necessary supervision to interns at PGC. Dr. Hunter chairs the weekly client treatment review with the other PGC counselors and routinely observes each counselor in providing treatment services to problem gamblers.

Dr. Hunter and Inez Staten have completed the ten hours of gambling specific education within the past two years including two hours on supervising gambling treatment specific education. Counseling staff requiring clinical supervision are required to participate in weekly clinical staff meetings facilitated by Clinical Supervisor, Dr. Hunter. During these meetings clinicians compare treatment notes, discuss problematic cases, and share treatment successes. Dr. Hunter also spends time with each clinician providing guidance and reviewing case notes. In addition, our licensed counselor, Inez Staten, provides the same services and is equally assessable to interns.

Support of NV Problem Gambling Treatment Strategic Plan
The Nevada Problem Gambling Treatment Strategic Plan includes several goals related to the treatment system (refer to Pages 8-9) and goals related to workforce development (refer to Pages 10-11). The following questions relate to your organization's ability and commitment to help Nevada reach these goals.

What steps would you take to support the goal of increasing problem gambling treatment utilization by at least 10%?

PGC will continue the TV advertisement currently providing information about problem gambling treatment and location and contact information. Web page will continue to provide similar information to TV advertisement. Initiate outreach activities, that were reduced due to budget reductions, to organizational and community events to increase awareness of problem gambling awareness. Participation at local health fairs are planned and extension of social media areas is underway.

How would your organization address and support the goal of implementing innovative treatment strategies and emerging interventions such as distance treatment and the use of new technologies to support recovery?

PGC maintains Facebook and Twitter accounts in an effort to provide a positive place for support and recovery. This social media platform encourages awareness and supports hope in recovery. Clients are encouraged to follow us and participate in simple exercises. The Problem Gambling Center also communicates with clients regularly through our secure website via email.

Our website, www.gamblingproblems.com has self-assessment tools for potential clients as well as their family members. These tools give the client a chance to gauge their gambling behaviors and look for indicators of possible problematic behaviors. In addition, PGC has filmed a six part psychological education film series to be used in future educational settings. We have also converted many of our projects into power point presentations.

How would your organization address and support the goal of transforming Nevada's system into a Recovery Oriented System of Care?

The Problem gambling center is part of the larger Nevada system by connecting with and providing information to others outside of the center. The center is able to reach people through its TV commercials, pamphlets, and website banners/pop-ups that provide information about problem gambling and the help that the center provides. The center also connects with people through its outreach to senior centers, health fairs, and Shade Tree. The center has provided consultation and information to other healthcare providers and also makes appropriate client referrals to other healthcare providers. Through internships and providing statistical information to UNLV, the center is able to expand the understanding of problem gambling. The connection with UNLV has also allowed for a better

understanding through the outcome of the clients. The center uses an exit interview to rate the IOP and UNLV is using follow-up calls to clients and families to measure the outcome of the program. Through this collaboration and working with other potential groups, it would lead to determining the best treatment and care that could be provided to clients and others in recovery.

How would your organization address the need for educational and professional development opportunities to support workforce development?

The Problem Gambling Center utilizes its partnership with UNLV as an intern training site. Our staff members have submitted proposals for providing lectures at the Nevada State Conference on Problem Gambling and for the National Conference on Problem Gambling. Multiple times throughout the year we invite members from the community to participate in psychological education classes. We are currently training two volunteers whom will eventually become licensed counselors. The Problem Gambling Center understands the need for new problem gambling specific trained counselors in the state of Nevada and we welcome anyone interested in broadening their understanding of treatment to receive training at our center.

Additional Information

Provide any additional information about your organization, services, staff or plans that you deem important to this application.

Thank you for the opportunity to respond to State of Nevada SFY16-17 Problem Gambling Request for Applications (RFA). We are confident that you will find our Application to be fully responsive to your grant requirements. However, should you have any additional questions, please do not hesitate to contact the authorized signature on this document.

Management Checklist

Confirm that the organization already follows each of the practices listed below, or will implement these practices by the start of the SFY16 grant year. Note that items will be verified during program or fiscal monitoring visits, which may include a random sampling of transactions.

ANSWER "YES" OR "NO."

Yes

The organization has written personnel policies covering at a minimum: job descriptions, leave policies, recruitment and selection, evaluation, travel, salary ranges, fringe benefits, grievance procedures, disciplinary procedures, termination procedures, conflict of interest, sexual harassment, substance abuse, lobbying, confidentiality, and equal employment policies.

The organization has an accounting manual covering all of the following: separation of duties, accounts payable, accounts receivable, internal control, purchasing, check signing policies, payroll, cash receipts, procurements, property management, time sheets, travel, conflict of interest, nepotism.

Procedures are in place to minimize elapsed time between receipt and expenditure of funds and for determining allowability and allocability of costs.

Accounting records are supported by source documents.

Records are adequate to identify the source and use of funds.

The organization has a process for reconciling project expenses with revenues.

Fiscal and program records are retained for at least 3 years after the end of the grant period.

Attachments

Title	File Name
Letter and Schedule of Findings for OMB-133 Audit or Financial Statement/Status Report if OMB-133 not required	Financial Statement 2014 Grant Attachment.pdf
Board of Directors List (if applicable)	Executive Board of Directors 2014.docx