

Welcome to the SFY 2016 Grantee Orientation



Nevada Department of Health and Human Services
Director's Office
Grants Management Unit
Presented by Laurie Olson, Unit Chief

What Guides Us?



Office of Management and Budget

- Administration of federal funds is set forth in the Code of Federal Regulations
- This information was formerly contained in a series of documents called the Office of Management and Budget (OMB) Circulars
- Training on the new OMB Uniform Guidance is in progress and knowledge gained may change the way we administer both federal and state grants

What Guides Us?



- Community Services Block Grant (CSBG) Act, 42 USC 9901
- Social Services Block Grant (SSBG) – Title XX Federal Social Security Act (*CFDA 93.667*)
- Community-Based Child Abuse Prevention (CBCAP) – Title II Federal Child Abuse Prevention Treatment Act (*CFDA 93.590*)

What Guides Us?



Nevada Revised Statutes and Nevada Administrative Code

- Fund for a Healthy Nevada = NRS 439.630
- Problem Gambling = NRS 458A and NAC 458A
- Children's Trust Fund = NRS 432
- Family Resource Centers = NRS 430A

What Guides Us?



STATE OF NEVADA State Administrative Manual



State Administrative Manual (SAM)

Revised September 16, 2014

Nevada Department of Administration
Director's Office
209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222

What Guides Us?



SFY16 Grant Instructions and Requirements

**State of Nevada
Department of Health and Human Services
Grants Management Unit**

Effective July 1, 2015 through June 30, 2016



What's In the GIRS?

Table of Contents

| | Page |
|---|------|
| <u>Administrative</u> | |
| GIR-16-1 GIRS Defined..... | 1 |
| GIR-16-2 Grantor and Grantee Defined | 1 |
| GIR-16-3 Grantor Authority | 2 |
| GIR-16-4 Confidentiality | 2 |
| GIR-16-5 Controlling Documents | 2 |
| GIR-16-6 Grantee Rights and Responsibilities | 2 |
| <u>Fiscal</u> | |
| GIR-16-7 Cost Sharing or Matching Requirements | 4 |
| GIR-16-8 Direct and Indirect Costs | 4 |
| GIR-16-9 Program Income Accounting Procedures | 5 |
| GIR-16-10 Allowability and Allocability of Costs | 5 |
| GIR-16-11 Allowability of Specific Costs | 7 |
| GIR-16-12 Disbursement of Funds | 8 |
| GIR-16-13 Travel Reimbursement | 10 |
| GIR-16-14 Budget Modifications | 12 |
| GIR-16-15 Leave | 12 |
| GIR-16-16 End of Grant Year Instructions | 13 |
| GIR-16-17 Procedures for Processing Carryover of Funds | 13 |
| <u>Equipment and Documents</u> | |
| GIR-16-18 Equipment and Inventory Requirements | 13 |
| GIR-16-19 Special Requirements for Gift Cards, Vouchers, and Other Like Items | 14 |
| GIR-16-20 Retention and Disposal of Project Documents | 15 |
| <u>Monitoring and Corrective Actions</u> | |
| GIR-16-21 Procedures for Fiscal Monitoring and Administrative Review | 15 |
| GIR-16-22 Procedures for Program Site Visits and Monitoring | 16 |
| GIR-16-23 Corrective Actions | 17 |

2-1-1 Requirement

GIR 16-6-13 – Grantee Rights and Responsibilities

Second quarter progress report will include a requirement for proof of submission or updates



Indirect Costs



GIR 16-8-2 –Indirect Costs

- Cost of doing business
- Necessary for general operation
- Costs that can be tracked directly back to grant are not indirect
- Don't list indirect costs in budget
- Don't list on Request for Funds
- But you still may be asked for records
- *Does not apply to CSBG grants since*

their indirect is represented in the Administration budget

Travel Reminders

GIR 16-13 – Travel Reimbursement

- Travel by least expensive means
- *Choose courtesy shuttle instead of taxi*
- *Book coach class instead of business*
- *You pay for optional charges like early-bird check-in and excess baggage*



- Travel claim forms required
For any travel that includes charges other than local mileage

(Note that a separate webinar is available to walk grantees through the travel reimbursement process. It will be posted on the GMU website.)

Equipment and Inventory



GIR 16-18

Grantees must inventory equipment purchased with grant funds that meet the following criteria

- Has an anticipated useful life extending beyond one year
- Is not consumed in use
- Is not attached permanently as a non-movable fixture
- Had a purchase price of \$1,000 or more, or is a computer, computer accessories, or software

Changing Your Budget



GIR 16-14

- Line item changes within a budget category should be approved in writing by your grant manager **BEFORE** you make a purchase that you expect to charge to the grant
- Moving money between budget categories requires submission of a Budget Modification Request
- *CSBG agencies must submit a Budget Adjustment Form if moving money between categories within a single program and a Budget Modification Request if moving money between programs*
- Justification for line item changes and modifications is required

Stay on Track

✓ Request funds and track your spending monthly!

✓ Be proactive! Request budget changes before you spend money differently than what is in your approved budget!



End of Year Requirements



GIR 16-16-5

- Total negative balance on final Request for Funds (RFF) may be **\$2,000**
- *CSBG agencies with multiple programs are allowed a total negative balance of \$2,000 for each program*
 - Final draw cannot exceed grant amount
- Negative balance not allowed on other RFFs or in the indirect category

Spend Your Funds by June 30th

GIR 16-17 – Procedures for ... Carryover Funds

**There is no
carryover
except for
CSBG.**



Requests for Funds

GIR 16-12 – Disbursement of Funds



Pay close attention.

**This is how you submit requests for reimbursement
of your expenses.**

NEW RFF Template for FY16

You will receive a separate RFF Template for each grant.

New Information

- Separation of grantee and grantor signatures
- Checklist at bottom of form

Notify the GMU

- If information is incorrect or incomplete
- If changes to your staff occur

Other Reminders

- Use the grant-specific RFF template
- Budget column amounts will be prefilled
- Follow the RFF workbook tabs (by month)
- Check the month and report number
- DO NOT change the formulas in the cells
- Fee-for-service and CSBG grantees, and grantees that request advances, will receive a somewhat different RFF template

| | | | | | | |
|---|---------------|---|---------------|---|------------------|--|
| | | | | BUD / CAT | GIFTS ID # | |
| Program Name: | | | | Program Contact: | | |
| Funding Source: | | | | Email: | | |
| Grantee: | | | | Fiscal Contact or Preparer: | | |
| Tax ID #: | | | | Email: | | |
| Vendor #: | | | | Address: | | |
| Report Period: From: | July 1, 2015 | | | City, State, Zip: | | |
| To: | July 31, 2015 | | | Phone: | | |
| Report Number: | 1 | | | GMU Grant Mgr: | | |
| Category | Budget | Current Expenses | Past Expenses | Total Expended | Budget Remaining | |
| Personnel & Benefits | | | | \$ - | \$ - | |
| Contractual/Consult. | | | | \$ - | \$ - | |
| Staff Travel/Per Diem | | | | \$ - | \$ - | |
| Equipment | | | | \$ - | \$ - | |
| Supplies | | | | \$ - | \$ - | |
| Occupancy | | | | \$ - | \$ - | |
| Communications | | | | \$ - | \$ - | |
| Public Information | | | | \$ - | \$ - | |
| Other Expenses | | | | \$ - | \$ - | |
| Indirect % (manually calculate on current expenses) | 8.00% | | | \$ - | \$ - | |
| Totals | | \$ - | \$ - | \$ - | \$ - | |
| CURRENT AMOUNT REQUESTED | | | | \$ - | | |
| CERTIFICATION | | | | | | |
| I, a duly authorized signatory for the applicant, certify that the data reported above is correct and all spending is in accordance with the approved grant award; and that the amount of the request is not in excess either of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I request \$ - in funds. | | | | | | |
| Grantee-Authorized Fiscal Signature | | | Title | | Date | |
| Carson City Office: 4126 Technology Way Room 100, Carson City, NV 89706-2009 Tel (775) 684-4000 Fax (775) 684-4010 Las Vegas Office: 1860 East Sahara, Las Vegas NV 89104 Tel (702) 486-3530 Fax (702) 486-3533 | | | | | | |
| OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICES - OFFICE USE ONLY | | | | | | |
| Authorized Program Signature | | | Title | | Date | |
| Fiscal | | | Title | | Date | |
| <input type="checkbox"/> Report Number/Unduplicated RFF <input type="checkbox"/> Prior Balances Match Contract Log <input type="checkbox"/> Math Accurate/RFF & Trans Match <input type="checkbox"/> Travel Claim/Backup Doc Attached <input type="checkbox"/> No Negative Balances | | <input type="checkbox"/> Expenses Categorized per Budget <input type="checkbox"/> Expenses Allowable/Reasonable <input type="checkbox"/> Signed and Dated | | <input type="checkbox"/> RFF Log <input type="checkbox"/> Contract Log <input type="checkbox"/> To Fiscal | | |



Filling Out the RFF

- Transfer the category totals from your Transaction List to the corresponding category in the “Current Expenses” column on the RFF
- Calculate the Indirect amount by multiplying the Current Expenses total by the Indirect percentage included in your budget (double check your math)
- Enter this amount in the “Current Expenses” column next to “Indirect %”
- ***Your request total will calculate automatically***
- ***All other columns and rows will calculate automatically***
- Check your “Budget Remaining” totals to make sure you have not overspent in any category



Transaction List



All “current expense” category totals entered on the RFF come from the transaction list.

Each expense on the transaction list must include:

- Check/payment date
- Transaction identification number (check number, EFT, auto pay, etc.)
- Payee name
- Brief description of expense
- Amount of expenditure
- Amount of check (if different)

Sample Transaction List

Ima Sample's Respite and Meal Program

| Budget Category | Date Paid | Check or Transaction Number | Paid To | For | Amount of Check or Transaction | Amount Charged to Grant | Category Total |
|------------------------|-----------|-----------------------------|----------------------------------|------------------------------------|--------------------------------|-------------------------|------------------|
| Personnel | 7/31/15 | EFT | Ima Sample - Program Director | Salary/Fringe for July | 5,921.00 | 1,480.25 | |
| Personnel | 7/31/15 | EFT | Justin Case - Intake Specialist | Salary/Fringe for July | 3,986.67 | 3,986.67 | |
| Personnel | 7/31/15 | EFT | Ura Peach - Case Manager | Salary/Fringe for July | 5,072.42 | 5,072.42 | 10,539.34 |
| Contract | 7/31/15 | 328 | Scarlett O'Hara - Respite Worker | 20 hours contract work in July | 379.60 | 360.00 | |
| Contract | 7/31/15 | 328 | Scarlett O'Hara - Respite Worker | 35 miles @ 0.56 | 379.60 | 19.60 | |
| Contract | 7/31/15 | 331 | Melanie Wilkes - Respite Worker | 17 hours contract work in July | 319.44 | 306.00 | |
| Contract | 7/31/15 | 331 | Melanie Wilkes - Respite Worker | 24 miles @ 0.56 | 319.44 | 13.44 | 699.04 |
| Staff Travel | 7/31/15 | 327 | Justin Case - Intake Specialist | 113 miles @ .56 | 63.28 | 63.28 | 63.28 |
| Equipment | 7/10/15 | 316 | Office Depot | Laptop computer w/software | 1,294.61 | 1,197.46 | 1,197.46 |
| Supplies | 7/10/15 | 316 | Office Depot | General office supplies | 1,294.61 | 97.15 | |
| Supplies | 7/5/15 | 315 | Costco | Food for in-home meal preparation | 155.16 | 155.16 | |
| Supplies | 7/15/15 | 317 | Costco | Food for in-home meal preparation | 101.24 | 101.24 | |
| Supplies | 7/25/15 | 323 | Smith's Food and Drug | Food for in-home meal preparation | 76.79 | 76.79 | 430.34 |
| Occupancy | 7/1/15 | 314 | Green Acres Management | Monthly rent | 1,125.00 | 1,125.00 | |
| Occupancy | 7/15/15 | 318 | Captain Nemo Water Supply | Water and sewer | 133.00 | 75.00 | |
| Occupancy | 7/15/15 | 319 | Buzz Lightyear Electric Co. | Electricity | 151.00 | 151.00 | |
| Occupancy | 7/15/15 | 320 | Lightning McQueen Gas Co. | Natural Gas | 66.00 | 66.00 | |
| Occupancy | 7/15/15 | 321 | Wilbur's Garbage Management | Trash Collection | 75.00 | 75.00 | |
| Occupancy | 7/21/15 | 322 | Charlotte's Janitorial Service | Janitorial | 606.67 | 606.67 | 2,098.67 |
| Communications | 7/26/15 | 324 | Big Global Conglomerate | Land line and cell phone service | 275.00 | 233.75 | 233.75 |
| Public Information | 7/27/15 | 325 | Your Community News | Advertisement | 55.00 | 55.00 | |
| Public Information | 7/27/15 | 326 | Help Your Neighbor Inc. | Community Health Fair Registration | 25.00 | 25.00 | 80.00 |
| Other Expenses | | | | | | | 0.00 |
| Total Direct | | | | | | | 15,341.88 |
| 8% Indirect | | | | | | | 1,227.35 |
| Total Requested | | | | | | | 16,569.23 |



Transaction List



- If you have a bookkeeping software that will generate a transaction list similar to the sample on the prior slide, you may submit it as back-up.
- If your software cannot generate a transaction list that includes the required information AND sorts it by budget category, then you will need to create a separate spreadsheet or use our template.

RFF Submission



Before submitting your Request for Funds:

- Check that amounts are calculated correctly and past expenses as calculated on the RFF match up with total expenses from your previous RFF
- Confirm all expenses are allowable within your approved budget
- Check your backup to make sure it is for the correct month
- Make sure all travel expenses and backup are included for the entire trip
- Sign and date the document on the TOP LINE ONLY (*above the yellow bar marked "office use only"*)



RFF Submission

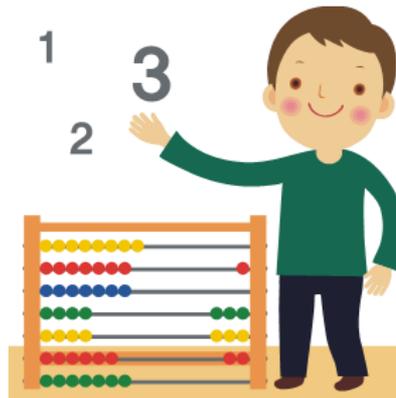
- Scan and email your RFF and backup to your Grant Manager within the allotted timeframe. Email is preferred, but you may also send via fax or mail.
- **Submit only one RFF at a time. Be sure the prior month's request has been approved before sending in the next month's.**

Reminders:

- ***A request submitted without errors will be processed quickly!***
- Your RFF will be returned if incomplete
- Your RFF will be returned if the calculations are incorrect
- Your RFF will not be processed without required backup
- Errors and incomplete RFFs result in delayed payments

Program Reports

- Depending on the type of grant you have, program reports may be due monthly, quarterly and/or annually
- You will report on the agreed upon outputs and outcomes in your Notice of Grant Award
- Your grant manager or another member of the GMU staff will provide you with the necessary tools before the first report is due



Program Monitoring

GIR 16-22

- Grant managers periodically conduct site visits to better understand program challenges and achievements and to provide technical assistance
- Monitoring should be done at least once every three years
- Advance notice is usually provided but grant managers may visit without notice



Coordination and Development

- In SFY16, the GMU has made a commitment to bring similar grantees together periodically
- Something similar already occurs for CSBG agencies and agencies that provide Differential Response services
- The purpose is to share information, coordinate efforts and develop the most effective programs possible
- Your grant manager will contact you about this in the fall



SFY16 Grantee Orientation

Thanks for your participation!

Questions? Contact your Grant Manager.

For RFF questions, you may also contact:

| | | |
|----------------------------|--|--------------|
| Connie Ronning, Auditor II | cjronning@dhhs.nv.gov | 775-684-4017 |
| Gloria Sulhoff, AAllI: | gsulhoff@dhhs.nv.gov | 702-486-3530 |
| Laura Adair, AAll: | ladair@dhhs.nv.gov | 775-684-3474 |