

# FY 2027/2028 Outside Agency Grant (OAG)

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## | Annual Budget Detail

### IN-PERSON Pre-Application Training

Wednesday, August 19, 2026, 10:30 AM – 12:00 PM

500 S. Grand Central Pkwy, Las Vegas, NV 89155 Pueblo Room, 1<sup>st</sup> Floor

A solid green horizontal bar spanning the width of the slide at the bottom.



Welcome



# Introduction

## Pre-Award Team: Project Development Team

[SSPDT@ClarkCountyNV.gov](mailto:SSPDT@ClarkCountyNV.gov)

Apryl Kelly, Tracy Washington– Grants Coordinators

Brenda Herbstman – Senior Grants Coordinator

## Post-Award Team: Contract Compliance Team

[SSRAD@ClarkCountyNV.gov](mailto:SSRAD@ClarkCountyNV.gov)

Valiyah Dela Cruz, Holland Meyer, Eduardo Alvarez–  
Management Analysts

Mary Insco – Senior Management Analyst

Management Team: Natasha Nickles, Mary Duff,  
Alisha Barrett



# Helpful Links

- [CLICK HERE to join the PDT Contact List!](#)
- [https://www.clarkcountynv.gov/residents/assistance\\_programs/outside-agency-grant](https://www.clarkcountynv.gov/residents/assistance_programs/outside-agency-grant)



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## Reference Library

- [FY 2027/2028 OAG FAQs](#)
- [ZoomGrants Application Tips](#)
- [ZoomGrants Application Help](#)
- [Step-by-Step Applicant Instructions](#)



## Purpose

- Provide an overview of the FY 2027/ 2028 OAG application process.
- Review eligibility requirements and program priorities.
- Explain application forms, budget requirements, and timelines.
- Answer applicant questions and support successful submissions.

## What is the OAG Program?

Grants are awarded to programs that provide a substantial benefit in the following areas:

- Help disadvantaged citizens become more self-sufficient and gain personal independence;
- Foster community pride or social cohesion; and/or
- Strengthen the community's infrastructure.

## What is the OAG Program?

- OAG funds are intended to supplement services already provided by Clark County or to support programs that address the needs of Clark County residents.



## Eligible Applicants

Applicants must meet all solicitation and compliance requirements.

- Non-profit organizations
- Government Entities
- Public organizations

# Application Process

- Review the FY 2027/2028 OAG Application Instructions & Program Guide
- Attend Bidders' Conference (optional)
- Attend Office Hours Sessions (optional)
- Complete all required forms and attachments
- Submit application by documented deadline
- Applications will be evaluated & scored
- Award/Denial Letters mailed by June/July 2027



## Training Opportunities

# FY 2027/2028 Outside Agency Grant Pre-Application Training Schedule

- Annual Budget Detail session on  
Wednesday, August 19, 2026, 10:30 AM – 12:00 PM  
IN PERSON Pre-Application Training
- Workplan Form session on  
Wednesday, September 9, 2026, 10:30 AM – 12:00 PM  
ONLINE Pre-Application Training
- Document Preparation session on  
Wednesday, September 23, 2026, 2:00 PM – 3:30 PM  
IN PERSON Pre-Application Training



# Training Opportunities

## FY 2027/2028 OAG Bidder's Conference Schedule

Monday, October 5, 2026, 1:00 PM – 2:30 PM



# Training Opportunities

## FY 2027/2028 OAG Office Hours Schedule

- Wednesday, October 14, 2026, 10:30 AM – 12:00 PM
- Wednesday, October 21, 2026, 1:00 PM – 2:00 PM
- Wednesday, October 28, 2026, 10:30 AM – 12:00 PM

# Application Deadline

Application opens on...

**Thursday, October 1, 2026**

**9:00 AM PST**

and will close on...

**Thursday, October 29, 2026**

**5:00 PM PST**

If it's Nevada Day and if it's HALLOWEEN...

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# Community Initiative Track Application

- Agencies may submit a maximum of two (2) different program applications under the Community Initiative track.
- Applicants must request a minimum of \$10,000 for each project to be considered for funding. While there is no maximum request limit, historically no awards over \$75,000 have been made in the Community Initiative Track.



# Department Initiative Track Application

- To be eligible to apply for the Department Initiative Track the applicant must serve the targeted populations of Juvenile Justice Services, Family Services, and Social Services.
- It is encouraged for applicants to have an established relationship with the department they are proposing to serve.

# Department Initiative Track Application

- Agencies may submit a maximum of two (2) different program applications under the Department Initiative Track.
- Applicants must request a minimum of \$25,000 per project to be considered for funding.
- Applicants not selected for Department Initiative funding will be considered under Community Initiative Track.



# Funding Guidelines

*Clark County Social Services Funding Guidelines: Defining Allowable and Unallowable Costs* was created to provide clear guidance on allowable and unallowable costs, ensuring compliance with the most current version of the Clark County Social Services funding requirements.

- Updated guidance will be published and will take effect July 1 of each year thereafter.



# Risk Assessment Requirement

As part of the risk assessment process, review factors may include, but not limited to:

- Financial stability;
- Quality of management systems and internal controls;
- History of performance on prior federal, state, or local awards;
- Results of previous audits and monitoring reviews;
- Compliance with reporting requirements; and
- The organization's overall capacity to administer grant funds.



# Conflict of Interest Policy Requirement

Applicants must maintain a written Conflict of Interest Policy that promotes impartial decision-making and protects against actual, potential, or perceived conflicts of interest.

The policy must require the disclosure of financial or personal interests that could influence, or appear to influence, the performance of grant-funded activities or the administration of grant funds.



## Insurance Requirement

There may be specific insurance coverage that would be required if the project is selected for funding. Failure to maintain required insurance coverage may result in the suspension or termination of grant funding.

## Insurance Requirement

- Applicants may be required to meet insurance requirements before contract execution.
- Early coordination with Clark County Purchasing & Contracts Department is encouraged.
- Failure to meet requirements may delay contract processing.



# Application Scoring Rubric

## Workplan Format Scoring Rubric

- Program Description (0–10 points)
- Output Description (0–10 points)

## Annual Budget Scoring Rubric

- Budget Review (0–10 points)

## Evaluation & Selection Process

For agencies that previously received OAG funding, past performance may be considered during the review process.

This may include:

- Compliance with reporting requirements
- Timely grant management
- Achievement of project goals
- Overall community impact



## Evaluation & Selection Process

Department Initiative applications will be reviewed first. Applications not selected for Department Initiative funding may be moved to the Community Initiative Track for further consideration.

## Evaluation & Selection Process

All required attachments must be completed and uploaded at the time of application submission.

If an applicant did not upload the correct required document or a deficiency is identified in a required document, the agency will have 30 calendar days from the date of notification to correct the deficiency.





# CLARK COUNTY SOCIAL SERVICES

LEADING WITH COMPASSION. SERVING WITH PRIDE.

## FY 2027-2028 OUTSIDE AGENCY GRANT (OAG) COMMUNITY CONNECTION BINGO

Let's connect, collaborate, and build a stronger Clark County together!



**INSTRUCTIONS:** Mingle and meet other organizations. Find someone who matches each statement, have them sign their name in the box, and try to get BINGO!



*Get to know.  
Make connections.*



SERVES  
YOUTH



PROVIDES  
HOUSING  
SERVICES



OFFERS  
MENTAL HEALTH  
SERVICES



SERVES  
VETERANS



FIRST-TIME  
OAG  
APPLICANT



PROVIDES  
FOOD  
ASSISTANCE



SERVES  
SENIORS



PROVIDES  
EMPLOYMENT /  
WORKFORCE  
SERVICES



WORKS  
WITH  
FAMILIES



HAS  
VOLUNTEER  
OPPORTUNITIES



SERVES  
PEOPLE WITH  
DISABILITIES



OFFERS  
SUBSTANCE USE  
SERVICES



PROVIDES  
ARTS / CULTURAL  
PROGRAMS



GOVERNMENT  
OR PUBLIC  
AGENCY



HAS OPERATED  
10+ YEARS



SERVES  
UNHOUSED  
INDIVIDUALS



PROVIDES  
HEALTH OR  
MEDICAL  
SERVICES



SUPPORTS  
EDUCATION



SERVES  
SURVIVORS  
OF VIOLENCE



LOOKING FOR  
COMMUNITY  
PARTNERSHIPS



SERVES OVER  
500 RESIDENTS  
ANNUALLY



OFFERS CASE  
MANAGEMENT  
SERVICES



WORKS  
COUNTYWIDE



PROVIDES  
TRANSPORTATION  
OR MOBILITY  
SUPPORT



### REFLECTION QUESTION:

Who did you meet today that you could collaborate with on a future project or referral?



strong  
families  
strong  
community



[clarkcountynv.gov/socialservice](http://clarkcountynv.gov/socialservice)



1600 Pinto Lane, Las Vegas, NV 89106



(702) 455-4270



# 30-Second Elevator Pitch

Organization

Target Population

One program you are most proud of

One collaboration you are looking for

Ice Breaker



# Training Objectives

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- Understand the purpose of the Annual Budget Detail.
- Learn how budget information is used during application review and award administration.





# Training Objectives cont.

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- Identify allowable and unallowable costs.
- Develop accurate and reasonable budget estimates.
- Avoid common budget submission errors.



# Budget Overview

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- Purpose of the Annual Budget Detail.
- Relationship between the budget, project narrative, and work plan.
- Importance of demonstrating fiscal responsibility & cost effectiveness.





# Supplanting

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**Supplanting** means using new grant money to pay for something that was **already being paid for with other money**.

**Simple example:** An organization already pays an employee's salary with its regular budget. If it receives a grant and uses the grant money to pay that same salary instead, without adding new work or services, that may be supplanting.

Grant money should add to what you are already doing, not simply replace money you are already spending.



# Supplanting cont.

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## **Supplanting is not permitted.**

Grant funds must be used to supplement existing resources and support new or expanded program activities. Grant funds may not be used to replace existing funding or expenses already included in the organization's operating budget. Applicants should clearly demonstrate how the requested funding will add to, enhance, or expand existing services during the grant period.



# Funding Guidelines

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This document provides clear guidance, ensuring compliance with Clark County Social Services funding requirements. It also standardizes financial processes across the department's funded programs.



# How to Save the Annual Budget Detail Template

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- **Download the Annual Budget Detail Template** to your computer before entering any information.
- Select **File > Save As**.
- Choose a location on your computer where the file can be easily located.
- **Rename the file** using your agencyname.budget.
- Example: ABC.Budget.xlsx
- Make sure the file remains in **Excel (.xlsx) format**.
- Click **Save**.



# Annual Budget Detail Categories

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Salary

Fringe Benefits

Travel

Equipment

Operating

Subawards (Subgrants)

Services & Goods

Direct Costs

Administrative Costs





# Annual Budget Detail

Read through the Budget Instructions tab prior to starting the budget.

Please ensure that each narrative is complete and responds to the required information in each category.

- Budget Instructions
- Annual Budget Detail
- Budget Summary
- A. Salary Con't.
- Subrecipient Form

**Budget Instructions**

Annual Budget Detail

Budget Summary

A. Salary Con't.

S

# Budget Instructions Tab

## Purpose:

The Annual Budget Detail is provided for your use in the preparation of the budget and budget narrative. All required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be left blank. Indicate any non-program (match) amount in the appropriate category, if applicable. Effective July 1, 2025, the Clark County Social Services Funding Guidance: Defining Allowable and Unallowable Costs will be used for funding requirements.

## Worksheet Index:

[Annual Budget Detail](#)

[Budget Summary](#)

## Budget Category Descriptions:

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Salary</i>          | List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in project activities must be consistent with that paid for similar work within the applicant organization. In the budget narrative, include a description of the responsibilities and duties of each position in relationship to fulfilling the project scope of work. All requested information must be included in the Annual Budget Detail and budget narratives. In the narrative, include how this position supports the project. |
| <i>Fringe Benefits</i> | Fringe benefits should be based on actual known costs. List the composition of the fringe benefit package. Fringe benefits must comply with 2 CFR 200.431; any variation requires prior written authorization from County. Fringe benefits are for the personnel listed in the budget category (A) and only for the percentage of time devoted to the project. In the narrative, describe how each fringe benefits rate was calculated. All requested information must be explained in the Annual Budget Detail and budget narrative.                                                                                                |
| <i>Travel</i>          | Travel costs are not typically an allowable cost. For special projects, statewide and out of state travel may be considered and prior approval is required. Local mileage is allowable only when it is directly benefiting the client. All travel reimbursements must adhere to the U.S. General Services Administration (GSA) per diem rate. All requested information must be explained in the Annual Budget Detail and budget narrative.                                                                                                                                                                                          |
| <i>Equipment</i>       | Equipment is not typically an allowable expense; prior written authorization must be provided. In alignment with but not limited to, 2 CFR 200.313 is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



# Annual Budget Detail Tab | Lines 1 - 6

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|   |                                                           |        |  |       |                |
|---|-----------------------------------------------------------|--------|--|-------|----------------|
| 1 | Annual Budget Detail - July 1, 2027 through June 30, 2028 |        |  |       |                |
| 2 | Budget Point of Contact Information:                      |        |  |       |                |
| 3 | Contact Name:                                             | First: |  | Last: |                |
| 4 | Contact Phone:                                            |        |  |       | Contact Email: |
| 5 | Agency Name:                                              |        |  |       |                |
| 6 | Proiect Name:                                             |        |  |       |                |



|    |                                  |          |                                                                                         |                    |               |                        |                               |                                             |            |                       |
|----|----------------------------------|----------|-----------------------------------------------------------------------------------------|--------------------|---------------|------------------------|-------------------------------|---------------------------------------------|------------|-----------------------|
| 7  | A. Salary                        |          |                                                                                         |                    |               |                        |                               |                                             |            |                       |
| 8  | Name                             | Position | Computation: (Annual Salary / 12 months) x # of months worked x % dedicated to project  |                    |               |                        |                               |                                             |            |                       |
| 9  |                                  |          | Show annual salary rate & amount of time devoted ot the project for each name/position. |                    |               |                        |                               |                                             |            |                       |
| 10 |                                  |          | List each name or TBD                                                                   | List each position | Annual Salary | Base rate of 12 months | # Months dedicated to project | Percentage of their time working on project | Total Cost | Other Funding Sources |
| 11 |                                  |          | \$ -                                                                                    | 12                 | 0             | 0%                     | \$ -                          | \$ -                                        | \$ -       |                       |
| 12 |                                  |          | \$ -                                                                                    | 12                 | 0             | 0%                     | \$ -                          | \$ -                                        | \$ -       |                       |
| 13 |                                  |          | \$ -                                                                                    | 12                 | 0             | 0%                     | \$ -                          | \$ -                                        | \$ -       |                       |
| 14 |                                  |          | \$ -                                                                                    | 12                 | 0             | 0%                     | \$ -                          | \$ -                                        | \$ -       |                       |
| 15 | Additional personnel from tab A. |          | \$ -                                                                                    | 12                 | 0             | 0%                     | \$ -                          | \$ -                                        | \$ -       |                       |
| 16 | Total(s)                         |          |                                                                                         |                    |               |                        | \$ -                          | \$ -                                        | \$ -       |                       |
| 17 | Narrative                        |          |                                                                                         |                    |               |                        |                               |                                             |            |                       |
| 18 |                                  |          |                                                                                         |                    |               |                        |                               |                                             |            |                       |



|    |                                  |                 |                                                               |             |                   |                              |                       |
|----|----------------------------------|-----------------|---------------------------------------------------------------|-------------|-------------------|------------------------------|-----------------------|
| 19 | <b>B. Fringe Benefits</b>        |                 |                                                               |             |                   |                              |                       |
| 20 | <b>Name</b>                      | <b>Position</b> | <b>Computation - Salary x Rate</b>                            |             |                   |                              |                       |
| 21 |                                  |                 | In the narrative, explain how the fringe rate was determined. |             |                   |                              |                       |
| 22 |                                  |                 | <b>Salary Assigned to project</b>                             | <b>Rate</b> | <b>Total Cost</b> | <b>Other Funding Sources</b> | <b>County Request</b> |
| 23 | 0                                | 0               | \$ -                                                          | 0.00%       | \$ -              | \$ -                         | \$ -                  |
| 24 | 0                                | 0               | \$ -                                                          | 0.00%       | \$ -              | \$ -                         | \$ -                  |
| 25 | 0                                | 0               | \$ -                                                          | 0.00%       | \$ -              | \$ -                         | \$ -                  |
| 26 | 0                                | 0               | \$ -                                                          | 0.00%       | \$ -              | \$ -                         | \$ -                  |
| 27 | Additional personnel from tab A. |                 | \$ -                                                          | 0.00%       | \$ -              | \$ -                         | \$ -                  |
| 28 | <b>Fringe Benefits Total(s)</b>  |                 |                                                               |             | \$ -              | \$ -                         | \$ -                  |
| 29 | <b>Narrative</b>                 |                 |                                                               |             |                   |                              |                       |
| 30 |                                  |                 |                                                               |             |                   |                              |                       |



|    |                                                                                |                                 |                        |                           |                                                                                                   |                 |                   |                   |                   |                              |                       |
|----|--------------------------------------------------------------------------------|---------------------------------|------------------------|---------------------------|---------------------------------------------------------------------------------------------------|-----------------|-------------------|-------------------|-------------------|------------------------------|-----------------------|
| 32 | <b>C. Travel</b>                                                               |                                 |                        |                           |                                                                                                   |                 |                   |                   |                   |                              |                       |
| 33 | <b>Purpose of Travel</b>                                                       | <b>Location</b>                 | <b>Type of Expense</b> | <b>Basis</b>              | <b>Computation</b>                                                                                |                 |                   |                   |                   |                              |                       |
| 34 | Indicate the purpose of each trip or type of trip (training, advisory meeting) | Indicate the travel destination | Lodging, Meals, etc    | Per day, mile, trip, etc. | Compute the cost of each type of expense x quantity x the number of people traveling x # of trips |                 |                   |                   |                   |                              |                       |
| 35 |                                                                                |                                 |                        |                           | <b>Cost</b>                                                                                       | <b>Quantity</b> | <b># of staff</b> | <b># of trips</b> | <b>Total Cost</b> | <b>Other Funding Sources</b> | <b>County Request</b> |
| 36 |                                                                                |                                 |                        |                           | 0.00                                                                                              | 0               | 0                 | 0                 | \$ -              | \$ -                         | \$ -                  |
| 37 |                                                                                |                                 |                        |                           | 0.00                                                                                              | 0               | 0                 | 0                 | \$ -              | \$ -                         | \$ -                  |
| 38 |                                                                                |                                 |                        |                           | 0.00                                                                                              | 0               | 0                 | 0                 | \$ -              | \$ -                         | \$ -                  |
| 39 |                                                                                |                                 |                        |                           | 0.00                                                                                              | 0               | 0                 | 0                 | \$ -              | \$ -                         | \$ -                  |
| 40 |                                                                                |                                 |                        |                           | 0.00                                                                                              | 0               | 0                 | 0                 | \$ -              | \$ -                         | \$ -                  |
| 41 | <b>Total(s)</b>                                                                |                                 |                        |                           |                                                                                                   |                 |                   |                   | <b>\$ -</b>       | <b>\$ -</b>                  | <b>\$ -</b>           |
| 42 | <b>Narrative</b>                                                               |                                 |                        |                           |                                                                                                   |                 |                   |                   |                   |                              |                       |
| 43 |                                                                                |                                 |                        |                           |                                                                                                   |                 |                   |                   |                   |                              |                       |



# Annual Budget Detail | Lines 44 - 55

|    |                                                                                                |                                                        |           |            |                       |                |
|----|------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------|------------|-----------------------|----------------|
| 44 | D. Equipment                                                                                   |                                                        |           |            |                       |                |
| 45 | Item                                                                                           | Computation                                            |           |            |                       |                |
| 46 | List and describe each item of equipment that will be purchased.<br>Equipment is over \$5,000. | Compute the cost (number of each item x cost per item) |           |            |                       |                |
| 47 |                                                                                                | # of Items                                             | Unit Cost | Total Cost | Other Funding Sources | County Request |
| 48 |                                                                                                | 0                                                      | 0         | \$ -       | \$ -                  | \$ -           |
| 49 |                                                                                                | 0                                                      | 0         | \$ -       | \$ -                  | \$ -           |
| 50 |                                                                                                | 0                                                      | 0         | \$ -       | \$ -                  | \$ -           |
| 51 |                                                                                                | 0                                                      | 0         | \$ -       | \$ -                  | \$ -           |
| 52 |                                                                                                | 0                                                      | 0         | \$ -       | \$ -                  | \$ -           |
| 53 | Total(s)                                                                                       |                                                        |           | \$ -       | \$ -                  | \$ -           |
| 54 | Narrative                                                                                      |                                                        |           |            |                       |                |
| 55 |                                                                                                |                                                        |           |            |                       |                |



# Annual Budget Detail Tab | Lines 56 - 67

|    |                                                                                                    |                                                        |                  |                   |                              |                       |
|----|----------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------|-------------------|------------------------------|-----------------------|
| 56 | <b>E. Operating</b>                                                                                |                                                        |                  |                   |                              |                       |
| 57 | <b>Item</b>                                                                                        | <b>Computation</b>                                     |                  |                   |                              |                       |
| 58 | Provide a list of the day-to-day expenses necessary for managing and supporting the scope of work. | Compute the cost (number of each item x cost per item) |                  |                   |                              |                       |
| 59 |                                                                                                    | <b># of Items</b>                                      | <b>Unit Cost</b> | <b>Total Cost</b> | <b>Other Funding Sources</b> | <b>County Request</b> |
| 60 |                                                                                                    | 0                                                      | 0                | \$ -              | \$ -                         | \$ -                  |
| 61 |                                                                                                    | 0                                                      | 0                | \$ -              | \$ -                         | \$ -                  |
| 62 |                                                                                                    | 0                                                      | 0                | \$ -              | \$ -                         | \$ -                  |
| 63 |                                                                                                    | 0                                                      | 0                | \$ -              | \$ -                         | \$ -                  |
| 64 |                                                                                                    | 0                                                      | 0                | \$ -              | \$ -                         | \$ -                  |
| 65 | <b>Total(s)</b>                                                                                    |                                                        |                  | \$ -              | \$ -                         | \$ -                  |
| 66 | <b>Narrative</b>                                                                                   |                                                        |                  |                   |                              |                       |
| 67 |                                                                                                    |                                                        |                  |                   |                              |                       |



# Annual Budget Detail Tab | Lines 68 - 78

|    |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 |                    |                              |                       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------|------------------------------|-----------------------|
| 68 | <b>F. Subawards/Contracts</b>                                                                                                                                                                                                              |                                                                                                                                                                   |                                                                                 |                    |                              |                       |
| 69 | <b>Agency Name, Purpose of the Subaward</b><br><small>Include the name of the organization/contractor, describe the purpose of the subaward (subprograms); if awarded, you are required to submit the subaward/contract agreement.</small> | <b>Description of Work</b><br><small>Describe the activities to be carried out by the subrecipients and describe how they contribute to the scope of work</small> | <b>Subaward or Contract</b><br><small>Identify if subaward or contract?</small> | <b>Computation</b> |                              |                       |
| 70 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 | <b>Total Cost</b>  | <b>Other Funding Sources</b> | <b>County Request</b> |
| 71 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 |                    |                              |                       |
| 72 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 | \$ -               | \$ -                         | \$ -                  |
| 73 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 | \$ -               | \$ -                         | \$ -                  |
| 74 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 | \$ -               | \$ -                         | \$ -                  |
| 75 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 | \$ -               | \$ -                         | \$ -                  |
| 76 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 | \$ -               | \$ -                         | \$ -                  |
| 77 | <b>Subtotal(s)</b>                                                                                                                                                                                                                         |                                                                                                                                                                   |                                                                                 | \$ -               | \$ -                         | \$ -                  |
| 78 |                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                 |                    |                              |                       |

# Annual Budget Detail Tab | Lines 79 - 90

|       |                                                                                                                                    |  |                                                                        |      |                                              |            |                       |                |      |
|-------|------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|------|----------------------------------------------|------------|-----------------------|----------------|------|
| 79    | G. Services and Goods                                                                                                              |  |                                                                        |      |                                              |            |                       |                |      |
| 80    | Description                                                                                                                        |  | Computation                                                            |      |                                              |            |                       |                |      |
| 81    | List and describe items that will be paid for with program funds as outlined in the Clark County Social Services Funding Guidance. |  | Show the basis for computation. Compute: Quantity x Cost x # of months |      |                                              |            |                       |                |      |
| Basis |                                                                                                                                    |  | Quantity                                                               | Cost | # of Months; If not based on months, enter 1 | Total Cost | Other Funding Sources | County Request |      |
| 82    |                                                                                                                                    |  |                                                                        | 0    | 0.00                                         | 0          | \$ -                  | \$ -           | \$ - |
| 83    |                                                                                                                                    |  |                                                                        | 0    | 0.00                                         | 0          | \$ -                  | \$ -           | \$ - |
| 84    |                                                                                                                                    |  |                                                                        | 0    | 0.00                                         | 0          | \$ -                  | \$ -           | \$ - |
| 85    |                                                                                                                                    |  |                                                                        | 0    | 0.00                                         | 0          | \$ -                  | \$ -           | \$ - |
| 86    |                                                                                                                                    |  | 0                                                                      | 0.00 | 0                                            | \$ -       | \$ -                  | \$ -           |      |
| 87    |                                                                                                                                    |  | 0                                                                      | 0.00 | 0                                            | \$ -       | \$ -                  | \$ -           |      |
| 88    | Total(s)                                                                                                                           |  |                                                                        |      |                                              | \$ -       | \$ -                  | \$ -           |      |
| 89    | Narrative                                                                                                                          |  |                                                                        |      |                                              |            |                       |                |      |
| 90    |                                                                                                                                    |  |                                                                        |      |                                              |            |                       |                |      |



# Annual Budget Detail | Lines 91 - 93

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|    |                                                                        |                |
|----|------------------------------------------------------------------------|----------------|
| 91 | <b>Direct Costs</b>                                                    | County Request |
| 92 | Total Direct Costs are a summation of sections A. through G.           | \$ -           |
| 93 | The Administrative Costs may not exceed 10% of the Total Project Costs | \$ -           |

# Annual Budget Detail | Lines 94 - 107

|     |                                                                                                       |                                                                        |                 |             |                                                     |                   |                              |                       |
|-----|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------|-------------|-----------------------------------------------------|-------------------|------------------------------|-----------------------|
| 94  | <b>H. Administrative Costs</b>                                                                        |                                                                        |                 |             |                                                     |                   |                              |                       |
| 95  | <b>Description</b>                                                                                    | <b>Computation</b>                                                     |                 |             |                                                     |                   |                              |                       |
| 96  | List and describe items that will be paid for with program funds; may not exceed 10% of direct costs. | Show the basis for computation. Compute: Quantity x Cost x # of months |                 |             |                                                     |                   |                              |                       |
| 97  |                                                                                                       | <b>Basis</b>                                                           | <b>Quantity</b> | <b>Cost</b> | <b># of Months; If not based on months, enter 1</b> | <b>Total Cost</b> | <b>Other Funding Sources</b> | <b>County Request</b> |
| 98  |                                                                                                       |                                                                        | 0               | 0.00        | 0                                                   | \$ -              | \$ -                         | \$ -                  |
| 99  |                                                                                                       |                                                                        | 0               | 0.00        | 0                                                   | \$ -              | \$ -                         | \$ -                  |
| 100 |                                                                                                       |                                                                        | 0               | 0.00        | 0                                                   | \$ -              | \$ -                         | \$ -                  |
| 101 |                                                                                                       |                                                                        | 0               | 0.00        | 0                                                   | \$ -              | \$ -                         | \$ -                  |
| 102 |                                                                                                       |                                                                        | 0               | 0.00        | 0                                                   | \$ -              | \$ -                         | \$ -                  |
| 103 |                                                                                                       |                                                                        | 0               | 0.00        | 0                                                   | \$ -              | \$ -                         | \$ -                  |
| 104 | <b>Total(s)</b>                                                                                       |                                                                        |                 |             |                                                     | <b>\$ -</b>       | <b>\$ -</b>                  | <b>\$ -</b>           |
| 105 | <b>The Administrative Cost County Request may not exceed the amount shown above in cell L93.</b>      |                                                                        |                 |             |                                                     |                   |                              |                       |
| 106 | <b>Narrative</b>                                                                                      |                                                                        |                 |             |                                                     |                   |                              |                       |
| 107 |                                                                                                       |                                                                        |                 |             |                                                     |                   |                              |                       |



# Budget Summary Tab

|    |                                                                                                       |                |                       |       |  |
|----|-------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------|--|
| 1  | Annual Budget Detail Summary                                                                          |                |                       |       |  |
| 2  | Agency Name:                                                                                          |                |                       |       |  |
| 3  | Project Name:                                                                                         |                |                       |       |  |
| 4  | Note: Any errors detected on this page should be fixed on the corresponding Annual Budget Detail tab. |                |                       |       |  |
| 5  | Annual Budget Detail                                                                                  |                |                       |       |  |
| 6  | July 1, 2027 - June 30, 2028                                                                          |                |                       |       |  |
| 7  | Budget Category                                                                                       | County Request | Other Funding Sources | Total |  |
| 8  | A. Salary                                                                                             | \$ -           | \$ -                  | \$ -  |  |
| 9  | B. Fringe Benefits                                                                                    | \$ -           | \$ -                  | \$ -  |  |
| 10 | C. Travel                                                                                             | \$ -           | \$ -                  | \$ -  |  |
| 11 | D. Equipment                                                                                          | \$ -           | \$ -                  | \$ -  |  |
| 12 | E. Operating                                                                                          | \$ -           | \$ -                  | \$ -  |  |
| 13 | F. Subawards/Contracts                                                                                | \$ -           | \$ -                  | \$ -  |  |
| 14 | G. Services and Goods                                                                                 | \$ -           | \$ -                  | \$ -  |  |
| 15 | Direct Costs Total                                                                                    | \$ -           |                       |       |  |
| 16 | H. Administrative                                                                                     | \$ -           | \$ -                  | \$ -  |  |
| 17 | Total Project Costs                                                                                   | \$ -           | \$ -                  | \$ -  |  |



# Subrecipient Form Tab

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|   |                                                                                                                                                                                                        |                                       |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 | ENTITY NAME:                                                                                                                                                                                           |                                       |
| 2 | ORGANIZATION TO EVALUATE:                                                                                                                                                                              |                                       |
| 3 | <b>ORGANIZATIONAL CONSIDERATIONS</b>                                                                                                                                                                   | <b>RESPOND YES OR NO TO EACH ITEM</b> |
| 4 | 1. Does the entity receiving the funds from the pass-through entity determine who is eligible to receive the federal assistance? [Sec. 200.330(a)(1)]                                                  | Yes indicates Subrecipient            |
| 5 | 2. Does the entity receiving the funds from the pass-through entity have its performance measured in relation to whether the objectives of the federal program were met? [2 CFR section 200.300(a)(2)] | Yes indicates Subrecipient            |
| 6 | 3. Does the entity receiving the funds from the pass-through entity have programmatic decision-making responsibility? [2 CFR section 200.330(a)(3)]                                                    | Yes indicates Subrecipient            |



## Template Calculation Error

If there is a calculation error, contact [SSPDT@ClarkCountyNV.gov](mailto:SSPDT@ClarkCountyNV.gov) and send the workbook with a description of the error found so we can make the necessary corrections.



# Budget Narrative Development

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- Explaining how costs were calculated.
- Connecting expenses to project activities.
- Providing sufficient detail for reviewers.
- Examples of strong budget narratives.



# Common Budget Errors

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Mathematical inaccuracies.

Unsupported cost estimates.

Inclusion of unallowable expenses.

Missing budget justifications.

Inconsistent figures between budget forms and narratives.



# Annual Budget Scoring Rubric

## Budget Review (0-10 points)

Evaluates whether costs are reasonable, complete, and supported by the program.

| Score | Description                                                            |
|-------|------------------------------------------------------------------------|
| 0     | Significant information is missing or costs appear unreasonable.       |
| 5     | Most information is provided, but some costs lack explanation.         |
| 10    | Budget is complete, accurate, and fully supports the proposed program. |

Scoring & Evaluation



## Budget Review Considerations

Cost reasonableness.

Cost effectiveness.

Alignment with project goals.

Ability to implement proposed activities within budget.



# Post-Award Budget Management



Budget adherence requirements.



Budget modification procedures.



Recordkeeping and documentation expectations.



Monitoring and reporting responsibilities.



# Frequently Asked Questions

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Can grant funds be used for administrative costs?



What documentation is required for personnel costs?



How should shared expenses be allocated?



What makes a cost reasonable and necessary?



When is a budget modification required?



# Key Takeaways



Ensure all costs are necessary, reasonable, and allocable.



Provide clear and detailed justifications.



Align budget requests with project goals and activities.



Maintain documentation to support all budget requests and expenditures.





Thank you so much for attending the  
FY 2027/2028 OAG Annual Budget Detail Training!