

Report To: Board of Supervisors **Meeting Date:** January 7, 2016

Staff Contact: Janice Keillor

Agenda Title: For Possible Action: To approve changes to the Community Support Services Grant (CSSG) program in order to improve internal controls and better address Carson City's critical needs. (Janice Keillor, jkeillor@carson.org)

Staff Summary: An audit completed by Moss Adams on March 31, 2015 recommended revising the City's internal controls related to the CSSG program in order to ensure integrity and effectiveness in meeting program objectives. A CSSG Working Group collaborated on ideas to restructure and improve the program, which included revising the application, separating the CDBG and CSSG programs, increasing the reporting of activities and accomplishments, distributing grant funds on a reimbursement basis, determining the City's critical needs, funding agencies that address those critical needs without requiring them to apply for the grant, and requiring a formal grant agreement with performance expectations.

Agenda Action: Formal Action/Motion **Time Requested:** 15 minutes

Proposed Motion

I move to approve changes to the Community Support Services Grant (CSSG) program in order to improve internal controls and better address Carson City's critical needs.

Board's Strategic Goal

N/A

Previous Action

N/A

Background/Issues & Analysis

The CSSG program awards \$257,200 from the General Fund every year to non-profit organizations in Carson City that meet the City's goals. Since it's inception, there has been very little oversight of the grant to ensure proper use of the funds. A recent audit by Moss Adams determined several control issues and included recommendations for improvement, which have been addressed by a CSSG Working Group. The group will continue to work on the program details to include determining funding formulas, revising report forms, and creating a policy and procedures manual.

Applicable Statute, Code, Policy, Rule or Regulation

Financial Information		
Is there a fiscal impact?	☐ Yes	⊠ No
If ves. account name/nu	mber:	

Is it currently budgeted? Yes No		
Explanation of Fiscal Impact:		
<u>Alternatives</u> Do not approve changes Accept changes with Board of Supervisor revision	s	
Board Action Taken:		
Motion:	1)	Aye/Nay
(Vote Recorded By)		



CARSON CITY, NEVADA CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

MEMORANDUM

Board of Supervisors Meeting of January 7, 2016

To:

Mayor and Board of Supervisors

From:

Janice Keillor, Grants Administrator

Date:

December 28, 2015

Subject:

Community Support Services Grant (CSSG) Program Revisions

The CSSG Working Group was comprised of staff and Application Review Workgroup volunteers interested in making improvements to the CSSG program. The following changes are recommended:

- Separate the CSSG program cycle from the CDBG program cycle for less confusion.
- Implement a more concise and comprehensive CSSG application.
- Revise the eligibility requirements in order to address the critical needs in Carson City. The following needs were determined to be critical: mental health and substance abuse services, youth services, handicapped services, health services, and senior services.
- Provide better oversight by requiring quarterly reporting, distribution of funds on a reimbursement basis, and grant agreements with a detailed budget and performance expectations.
- Increase the funding amount from \$257,200 to \$260,000, which is 0.4% of the General Fund based on fiscal year 16 General Fund budgeted expenditures. Over the next year, develop a methodology for determining a base amount for the CSSG program and an ongoing formula to determine future CSSG funding amounts.
- Allocate funding to Partnership Carson City youth programs by a formula based on the census data percentage of youth under 18. Funding for CASA would be deducted from the total since it is a youth program.
- Fund the following agencies that provide unduplicated services that address one of the City's critical needs, without requiring them to apply for the grant:

Agency	Program	Amount
CASA	Guardian Ad Litem Advocacy for Children	\$25,000
Senior Center	Meals on Wheels	\$13,000
Advocates to End Domestic Violence	Emergency Shelter	\$9,000

DEPARTMENT OF FINANCE

201 North Carson Street, Suite #3, Carson City, NV 89701 - (775) 887-2133 (775) 887-2107 fax

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Community Counseling Center	Evidence-Based Substance Abuse Treatment Program	\$60,000	
FISH	Dental Program	\$7,500	
Total		\$114,500	

Funding amounts were determined by historic CSSG allocations and program needs. Below are descriptions of the programs:

Project Name:

Guardian Ad Litem Advocacy for Children

Agency:

CASA of Carson City

Amount:

\$25,000

Ohio ativa

\$25,000

Objective:

Serving abused or neglected children.

Description:

CASA provides the First Judicial District of Nevada with trained child advocates to serve primarily in child welfare cases as mandated by NRS

432b.500.

Project Name:

Meals On Wheels

Agency:

Carson City Senior Citizens Center

Amount:

\$13,000

Objective:

Serving elderly persons over age 60 and disabled adults.

Description:

The Senior Center's mission is to enhance the quality of life and autonomy of individuals 60+ through a broad range of services and support including nutrition, activities, information and referral, education and opportunities for peer interaction, with concern for mental, emotional, and physical well-being. The Meals on Wheels program provides meals

to homebound Carson City residents ages 60 and older.

Project Name:

Emergency Shelter

Agency:

Advocates to End Domestic Violence

Amount:

\$9,000

Objective:

Serving victims of domestic violence

Description:

The Emergency Shelter provides prevention, intervention, direct services, and support to aid socially and economically disadvantaged victims of

domestic violence and their children.

Project Name:

Evidence Based Substance Abuse Counseling

Agency:

Community Counseling Center

Amount:

\$60,000

Objective:

Serving low- to moderate-income (LMI) individuals in need of substance

abuse treatment.

Description:

The Community Counseling Center provides substance abuse treatment for youth and adults through their Evidence Based Substance Abuse

Counseling program. A full-time counselor provides extensive case management for LMI clients. Recovery from methamphetamine and other substance abuse requires prevention training and treatment on demand

to avoid relapse.

Project Name:

Dental Care Program

Agency:

Friends in Service Helping (FISH)

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Amount:

\$7,500

Objective: Description:

Serving low- to moderate-income (LMI) individuals in need of dental care. The FISH dental program provides free dental care for LMI patients

without dental insurance.

MOSS ADAMS or

G	ontrol Objective	Control (ssue	Recommendation	Likelihood of Osgumence	Impact of Occumence
8.	The list of purchasing card holders is reviewed regularly.	The process for updating the list of p-card holders has not been documented, and no comprehensive review of this list is regularly performed. When the Purchasing and Contracts Manager became the p-card administrator in 2013, a list was sent to all departments to confirm all p-card holders. After that time, departments notify Purchasing when p-card holders terminate employment with the City, and the Purchasing Manager updates the list. The process for these updates has not been documented. Moreover, as discussed in the Purchasing and Accounts Payable – 6 control objective, employment terminations may not be communicated promptly to Purchasing. In this decentralized environment, periodic reviews of cardholders are essential to prevent purchases by unauthorized cardholders.	Document the process for verifying cardholders, including the schedule for performance and mechanism for ensuring performance. Implement and document process for regular comprehensive reviews of cardholders.	Low	Low
C.	Grants Managem	ent			•
1.	Adequate controls exist to ensure the integrity of grant-funded projects by the City.	The City lacks internal controls related to their grant program to ensure integrity and effectiveness in meeting program objectives. The City distributes approximately \$375,000 to roughly 15 non-profit organizations per year. The majority of this money is awarded through the City's Community Support Services Grant (CSSG) program, which is funded by the General Fund. Some changes have been made in recent years to formalize the program, such as the development of a comprehensive application, including proof of non-profit status, and a system to review and score applications. However, the grant program still lacks controls to help ensure the integrity of the award process, as well as proper use of funds to meet	Modify the manner that grant recipients are paid. Consider shifting to quarterly payments, with accompanying performance reports, or to a reimbursement basis. Increase the reporting of activities to a quarterly basis, and implement a monitoring process to ensure the accuracy of these reports. Develop a formal grant agreement, including performance expectations and consequences for failure to perform. Establish a formal process to report and review possible conflicts of interest for all parties involved in the review and award process for the CSSG program.	High	Moderate

MOSS ADAMS III

Control Chippetive	Control (Style	Recommendation	Likelihood of Occurrence	impliet of Occurrence
	the grant objectives. For example, awards are granted in a one-time lump sum, rather than on a reimbursement basis, which increases the risk that organizations will not use the funds as described in their application. Additionally, activities are not tracked throughout the year. Instead they are simply reported through an annual report at the end of the year. Thus, the City has no mechanism to monitor the progress of grant recipients throughout the year. Also, no formal grant agreements are in place showing commitments to perform certain activities described. Applications simply require alignment with at least one of the City's ten goals. In addition, a process to resolve any possible conflicts of interest by applicant reviewers or Board of Supervisors members has not been developed.			
Adequate oversight and management of grants is established and provided on an ongoing basis.	The City lacks a dedicated Grants Coordinator position that is responsible for the oversight of all grants City-wide, and Finance's overall role in grants management is limited. The responsibilities of a Grants Coordinator position are performed by the Purchasing and Contracts Manager. Without sufficient staffing resources for this function, improvements within grants management, such as training, policy development, and compliance compete with other priorities and are not accomplished due to workload. Moreover, the Purchasing and Contracts Manager position may not have the necessary subject matter expertise in grants management. The role of Finance related to grants management has been defined fairly narrowly. It includes the assignment of general ledger numbers for accounts, reconciling the	Consider establishing a dedicated Grants Coordinator position within the Finance Department that is charged with overall grant oversight. Responsibilities include monitoring grants that are managed by various departments throughout the City, as well as performing training and monitoring compliance. If establishing a dedicated position is not feasible, consider assembling a committee of designated personnel from each department who are involved in the administration of grants. Convene meetings regularly, monthly or quarterly, to discuss new or ongoing issues within the grants environment.	Moderate	Moderate

MOSS ADAMS III

Control Objective	Control Issue	Recommendation	Likelihood of Occurrence	impeet of Organization
	grant funds at year-end to ensure that revenues match expenses, and maintaining a City-wide inventory of grants.			
	As a result, departments are responsible for the administration of their own grants, including compliance with the grants requirements. As departments manage grants without centralized monitoring and review procedures to ensure compliance and efficiency in managing grants, the, departments, and the City, face an increased risk of not complying with grant requirements.			



Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

BEFORE COMPLETING.	ATTAILEADLE AT MILIP.//Carson.org/cssg. TLEASE READ
APPLICATIONS ARE DUE*:	MARCH 11, 2016, 4:00 P.M.
PLEASE SUBMIT THE ORIGINAL PLUS <u>9</u> COPIES TO:	Janice Keillor Carson City Dept. of Finance 201 N. Carson St., Ste. 3 Carson City, NV 89701
considered for funding. Applications mu	ny application received after the deadline will not be ast be unstapled. A pdf fill-in version of this document is Annual Report must be submitted with a continuing
☐ NEW APPLICATION	☐ CONTINUING APPLICATION
	CANT INFORMATION
Agency Name:	
Agency Mailing Address:	
Project Name:	
Project Address/Location:	
Contact Person:	
Phone Number:	Email:
Fax:	Website (if applicable):
	OJECT FUNDING
Requested amount	
Other funding	
Total project cost	
	CE C
	JECT SUMMARY
the project is, who will be served, how make the project is the project in the project is the pr	roposed project (not the organization), including what nany will be served, and where will it take place. The sentences.

Which City critical need does this project address?:

Mental Health/Substance Abuse Services	Health Services
Youth Services	Senior Services
Handicapped Services	Other (specify)

I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. (Max. Score: 10 points)

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space.

(Max. Score 25 pts)

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. (Max Score: 10 points)

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

II - PROJECT MEASUREMENT

- 1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)
- 2. How do you plan to track clients served? (Max Score: 5 points)

3. What is the projected <u>outcome</u> of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

4. Please fill out the performance measurement table below with your quarterly projections: (Max Score: 10 points)

Quarter	What will be accomplished? (Unit of delivery)	Who will be served?	How many will you serve?
1			
2			
3			
4			

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations <u>must</u> be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. <u>Also attach Profit and Loss Statement, General Ledger, and Balance Sheet.</u> Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested	Requested Other			
Project Expenses FY 2016-17	Amount	Funding	In-Kind	Total Funds	
		-			
;					
	1				
TOTALS	5			000	

AGENCY ASSETS	
Unrestricted cash	
Restricted cash*	
Total cash on hand	

^{*}If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
		8

PROJECT ADMINISTRATION

	AGENCY DIRECTOR
Name:	
Title:	
Address	
Phone number:	
Email:	
	PROJECT MANAGER
Name:	
Title:	
Address	
Phone number:	
Email:	
	FISCAL MANAGER
Name:	
Title:	
Address	
Phone number:	
Email:	
PE	RFORMANCE TRACKING CONTACT
Name:	
Title:	
Address	
Phone number:	

Email:

AGENCY INFORMATION

Date of incorporation	
Date of IRS certification	
Tax exempt number	
DUNS#: (http://www.dnb.com/get-a-duns-number.html)	

Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	
2	Proof of incorporation from Secretary of State (Certificate Only) Go to https://www.nvsilverflume.gov/certificate You will need to register in order to get the certificate. Cost is \$50. OR Submit proof that your entity is active and in good standing. Go to http://nvsos.gov/sosentitysearch/ and print your business entity information	
3	Current Organization Chart with names of staff members	
4	Current Board of Directors and terms of office. [If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CSSG funds.	
5	501(c)(3) non-profits: Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	at .
6	Profit and Loss Statement, General Ledger, Balance Sheet	
7	Funding commitment letters and/or letters of support (if applicable)	
		, r

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

Signature of Authorized Official	Date	
Typed Name and Title of Authorized Official	Phone Number	
Signature of President of Board of Directors	Date	
Typed Name of President of Board of Directors	Phone Number	