

Notice of Renewal Consideration

DATE: May 12, 2022

TO: Cochise Health and Social Services
Attn: Maria Mena
mmena@cochise.az.gov

FROM: Chris Cramer, Fiscal Specialist

RE: Grant Renewal Information for State Fiscal Year 2023 (SFY23)

In 2020, the First Things First Board approved the extension of the SFY19-SFY22 regional strategic plans by one year to allow for the extension of related grants by one year to include SFY23. Due to this extension, the following First Things First grant is eligible for renewal consideration. Receipt of this packet does not guarantee renewal of the grant award but if renewed, the award period for the SFY23 grant will be July 1, 2022 through June 30, 2023.

| | |
|---|------------------------------------|
| Grantee Name: | Cochise Health and Social Services |
| SFY22 FTF Grant Number: | GRA-STATE-19-0968-01-Y4 |
| Lead Strategy: | QF Child Care Health Consultation |
| Non-Lead Strategies: | N/A |
| Eligible Renewal Amount for SFY23: | \$103,320.00 |

The renewal packet includes the following documents:

1. Grant Renewal Amendment

Confirm the eligible award amount and contracted service units on the form.

2. Line-Item Budget and Budget Narrative

The SFY23 Line-Item Budget and Budget Narrative should continue to align with the approved SFY22 Line-Item Budget and Budget Narrative and the scope of the approved programming.

3. Program Personnel Table

Complete the table with the personnel that align with the SFY23 Line-Item Budget and Budget Narrative.

Follow Up Action Necessary

Please complete all documents; have your designated signatory sign the amendment, line-item budget, and budget narrative; and then scan/email all items back to me by **June 30, 2022**. Electronic submission to cramer@firstthingsfirst.org is preferred, but if sending by standard mail, please send to my attention, First Things First, 4000 N. Central Avenue, Suite 800, Phoenix, AZ 85012.

If the renewal is approved by the Board of First Things First at the June 2022 meeting, First Things First will countersign the amendment document and scan/email it back for your records.



4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012
602.771.5100 | 877.803.7234 | firstthingsfirst.org

Reminders

Grantees must always adhere to the latest version of the Standards of Practice which can be located in the Strategy Toolkit, www.firstthingsfirst.org/grants/strategy-toolkit and related policy documents that apply to this grant. Additional policy/grant-related documents (FTF Grants Uniform Terms and Conditions, FTF Data Security Policy and Procedures, and the FTF Tribal Data Policy) are located under Grantee Resources, www.firstthingsfirst.org/grants/grantee-resources.

SFY23 Data Template Training


If refresher data template training is needed for SFY23, please contact the FTF Evaluation team to schedule, ftfevaluation@firstthingsfirst.org.

Closing out SFY22

Your current grant ends June 30, 2022. Final narrative and data reports must be submitted on or before July 20, 2022 and your final request for reimbursement must be submitted no later than August 15, 2022 (45 days from the grant end date.) Unexpended funds from SFY22 do not carry over to SFY23.

If you have any questions, please contact at Chris Cramer at ccramer@firstthingsfirst.org.

Thank you.

| | | |
|---|---|--|
|  | Grant Renewal Amendment | Early Childhood Development and Health Board (First Things First) 4000 North Central Avenue, Suite 800 Phoenix, Arizona 85012 (602) 771-5100 |
| | Grant Renewal/2023 Grant Award GRA-STATE-19-0968-01-Y5 Cochise, DES Expansion, Child Care & Development Block Grant QF Child Care Health Consultation | |

GRANTEE:
Cochise Health and Social Services

PURPOSE OF AMENDMENT:

The parties amend the Grant Agreement as follows:

1. The Agreement is extended for the period of July 1, 2022 through June 30, 2023.
2. Total award amount for the grant period is \$103,320.00
3. Contracted Service Units:
 Lead Strategy: QF Child Care Health Consultation
 Number of center based providers served: 27
 Number of home based providers served: 6
 Number of Non-QF Centers: 0
 Number of Non-QF Homes: 0
 Child Care Development & Block Grant Centers/Homes: 5
4. For auditing purposes, we are required to supply the following information related to the Child Care and Development Block Grant funding:
 Federal Award ID Number – 2101AZCDC6
 CFDA # - 93.575
 Total Federal Amount Awarded - \$14,400.00
4. The grantee is responsible for all updated Standards of Practice located in the First Things First Partner and Grant Management System (PGMS) under Grantee Resources/Standards of Practice.
5. All other terms and conditions remain unchanged and are according to the original award documents, clarification documents and renewal submission documents.

| | |
|--|--|
| Contractor hereby acknowledges receipt and understanding of the contract amendment <hr/> Signature <hr/> Name <hr/> Title <hr/> Date | The above referenced amendment is hereby executed effective July 1, 2022 once signed and dated below: <hr/> Josh Allen CFO/COO <hr/> Date |
|--|--|

Line-Item Budget and Budget Narrative

SFY23 Line-Item Budget

Budget period: July 1, 2022 – June 30, 2023

| Budget Category | Line Item Description | Requested Funds | Total Cost |
|--|-----------------------|--|-----------------|
| PERSONNEL SERVICES | | Personnel Services Sub Total | \$74,116 |
| Salaries | | | |
| EMPLOYEE RELATED EXPENSES | | Employee Related Expenses Sub Total | \$28,803 |
| Fringe Benefits or Other ERE | | | |
| PROFESSIONAL AND OUTSIDE SERVICES | | Professional & Outside Services Sub Total | \$0 |
| Contracted Services | | | |
| TRAVEL | | Travel Sub Total | \$0 |
| In-State Travel | | | |
| Out-of-State Travel | | | |
| AID TO ORGANIZATIONS OR INDIVIDUALS | | Aid to Organizations or Individuals Sub Total | \$0 |
| Subgrants or Subcontracts to organizations/agencies/entities | | | |
| OTHER OPERATING EXPENSES | | Other Operating Expenses Sub Total | \$401 |
| <ul style="list-style-type: none"> • Telephones/Communications Services • General Office Supplies • Rent/Occupancy • Program Materials • Program Supplies • Program Incentives | | | |
| NON-CAPITAL EQUIPMENT | | Non-Capital Sub Total | \$0 |
| Equipment \$4,999 or less in value | | | |
| Subtotal Direct Program Costs: | | | \$ |

| | | | |
|--------------------------------------|--|-----------------------------|------------------|
| ADMINISTRATIVE/INDIRECT COSTS | | Total Admin/Indirect | \$ |
| Indirect/Admin Costs | | \$ | \$ |
| Total | | \$ | \$103,320 |

Authorized Signature _____ Date _____

SFY23 Budget Narrative

The budget narrative should provide a clear and concise description of how amounts were determined, including calculations, for each proposed line item in the Line-Item Budget. If a budget category does not apply, either leave blank or delete the category.

Personnel Services: *Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the program year, indicate the percentage increases for each position and justify the percent of the salary increase.*

Public Health Nurse III – Andrea White, RN \$30.00 (anticipated increase to \$31.25– 24hrs/week/12 months
Public Health Educator III – Leslie Johns, \$23.51 – 30hrs/week/12 months
Cost of living increase may increase wages – total budgeted wages: \$74,116

Employee Related Expenses: *Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency/organization.*

EREs for two employees:

OASI – \$5,670

ASRS – \$9,042

Work Comp – \$741

Health Insurance – \$13,250.00

Dental Insurance – \$100.00

Total EREs: \$28,803

Professional and Outside Services: *If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured.*

No professional/outside services budgeted

Travel: *Separate in-state and out-of-state travel. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Applicants **must** use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (<https://qao.az.gov/travel/welcome-qao-travel>) for both in-state and out-of-state travel.*

No Travel budgeted

Aid to Organizations or Individuals: *In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will perform, and how costs for each subcontractor are determined.*

No Aid to organizations or Individuals budgeted

Other Operating Expenses: *Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. Items can only be categorized in the following line items: Telephones /Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development (Staff Training, Conferences, Workshops, and Training Fees for Staff), Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives.*

Program materials, supplies and office supplies: \$401

Non-Capital Equipment: *For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.*

No non-capital budgeted

Administrative/Indirect Costs: *Administrative costs are general or centralized expenses of overall administration of an agency/organization that receives grant funds and does not include particular program costs. Such costs are generally identified with the agency/organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.*

Indirect costs are costs of an organization that are not readily assignable to a particular program, but are necessary to the operation of the organization and the performance of the program. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.

Applicants must list either Option A or Option B and provide proper justification for expenses included:

X Option A - Administrative Costs: *with proper justification, applicants may include an allocation for administrative costs for up to 10% of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall management improvement costs; and costs of general liability insurance that protects the agency/organization(s) responsible for operating a program, other than insurance costs solely attributable to the program. Administrative costs may also include that portion of salaries and benefits of the program's director and other administrative staff not attributable to the time spent in support of a specific program.*

OR

Option B - Federally Approved Indirect Costs: *If your agency/organization has a federally approved indirect cost rate agreement in place, applicants may include an allocation for indirect costs for up to 10% of the direct costs. Applicants must provide a copy of their federally approved indirect cost rate agreement.*

Authorized Signature _____ Date _____



Program Personnel Table

| Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program. | | | | |
|--|--|---|---|--|
| Name/ Position Title | Background/Expertise* Must include qualifications that align with the Standards of Practice (SOP) | Key Roles and Responsibilities | Meets the SOP Staffing Qualifications Yes/No** | FTEs funded through the program |
| <i>Vicky King, RN, Division Director, Clinical Services</i> | <i>MSN, RN degree in education, background with community health nursing, patient education</i> | <i>Supervisor working with grant, main contact for program</i> | Yes | <i>No – funded through General Fund</i> |
| <i>Andrea White, RN Public Health Nurse III</i> | <i>Community Health Nurse with 3 years of experience in a public health setting and experience in consultation with early care and educations settings</i> | <i>Contacts the facility and provides onsite consultation to staff, training for childcare providers, helps to maintain CPR certification, Documentation of activities and provides safety and quality checks. Other administrative duties</i> | Yes | 0.6 <i>(24 hrs/week)</i> |
| <i>Leslie Johns, Health Educator</i> | <i>Community health professional with expertise in health education. Has experience in providing consultation to early care and education settings.</i> | <i>Contacts the facilities and provides onsite consultation to staff, training for childcare providers, maintains certifications. Documents activities, provides safety and quality checks, provides answers to questions that providers may have</i> | <i>No, Waiver Approved</i> | 0.75 <i>(30 hrs/week)</i> |
| <i>Maria Mena, Administrative Coordinator</i> | <i>Administrative Coordinator for the Nursing Division. Oversees Budget management and CERs</i> | <i>Budget Monitor</i> | Yes | <i>No – funded through General Fund</i> |
| Additional Personnel - those individuals partially funded through the proposed program but who do not directly implement or have direct program oversight of the program. | | | | |
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| | | | Program Total: | 1.35 |

* Resumes and/or job descriptions for key personnel may be requested at any time but unless otherwise indicated, they do not need to be submitted.

**** By signing this document, I assure that all key personnel meet the Personnel/Staff Qualifications outlined in the FTF Standards of Practice or if any personnel do not meet the Staff Qualification standards, they have been approved through the FTF Request for Exemption from Staff Qualification process prior to hire.**

Name/Title

Date