

State of Nevada Department of Health and Human Services Division of Child and Family Services Children's Justice Act Request for Application

Federal Fiscal Year 2018 Award

NOTE: This document is available online at

http://dcfs.nv.gov/Programs/GMU/GMU/

Opportunity Summary

The Children's Justice Act (CJA) provides grants to States to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. CJA grantees are responsible for implementing the requirements of the CJA grant program to reform state processes for responding to child abuse and neglect.

This Request for Application (RFA) is for competitive applications to be funded through the CJA Federal Fiscal Year 2018 award for State Fiscal Year (SFY) 2020. This RFA implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) and the Division's internal Grants Management Unit (GMU). Applications will be reviewed and awarded by the CJA Task Force.

Total Funding Amount: \$89,596.00: Funding will be distributed to support one or multiple projects which further the goals of the CJA. **There is no guarantee that any application will be approved or receive funding.**

The CJA Task Force has identified specific goals for the triennial reporting period of 2018-2021. These goals were refined and revised with technical assistance and approval from the Children's Bureau. Review of progress on these goals are reviewed at quarterly meetings and projects funded by CJA should further these goals.

Goal 1: Provide child protection workers and stakeholders "front end" specialty, discipline specific and advanced training. Training should be prioritized, but not limited to, training requirements of CARA and JVTA Program Improvement Plans, child protection model assessments, ICWA, sexual abuse, reduce trauma for victims, domestic violence, forensic interviewing, trauma-informed practices and training needs identified in collaboration with Court Improvement Program.

Goal 2: Support the implementation of the Commercially Sexually Exploited Child (CSEC) Model Coordinated Response Protocol and provide training and support for the formation of Multidisciplinary Teams (MDT) and Task Forces.

Goal 3: Support the establishment of new Children's Advocacy Centers (CACs) or other multidisciplinary team approaches and improve the capacity of existing CAC's to provide a multidisciplinary response for victims of child sex abuse and exploitation, physical abuse and child victims with disabilities. Activities may include the development of a strategic action plan for project implementation, identification of rural health care providers, investigation of funding opportunities for infrastructure and operating costs, and the use of telehealth and telemedicine statewide.

Goal 4: Fund technology requests to improve the investigation, assessment and prosecution of child abuse and neglect through use of latest technology and to support use of new and existing training technologies.

Goal 5: Identify new or needed changes to policy, regulation and/or legislation to meet requirements of federal program improvements plans and other federal and state initiatives. Support training and policy needs related to new or revised policy, regulation and legislation.

Funding Guidelines

Examples of Types of Activities Supported by CJA Grant Funds Include:

- Regional collaborations to enhance capacity and resource sharing;
- Regional and local multidisciplinary trainings;
- Development of resources, tools or technical assistance to address a specific regional or community need that will improve the investigation and/or prosecution of child abuse and neglect cases.

Activities Supported Will Result In:

- Enhanced community stakeholder collaborations around proactive planning and resource development to meet the needs of child victims and their supportive caregivers;
- Improved investigations and prosecutions of cases of child abuse and neglect;
- Trauma-informed systems;
- Improved community-wide, coordinated, planned response to cases of child abuse and neglect.

Please Note:

CJA funds are to be primarily focused on the front-end, intake, assessment, investigative, and prosecutorial phases of child welfare. CJA Funds must not be used for prevention programs or treatment services. Projects selected by the Task Force should be mindful that funds must be spent to support efforts at the intake and investigative phase of child welfare.

Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested. The Task Force reserves the right to consider a preference to fund projects aimed at serving emerging, unserved, or under- served populations, and to consider the geographic distributions of CJA funds or distinctive project elements in its funding decisions. CJA grants are not intended to be used as a source of ongoing, continuous funding. Funding will not be made available for the ordinary, routine operation of any organization or programs. Applications will be scored, ranked by score, funded in whole or in part, based on scoring of applications until funds are exhausted.

Program Requirements

Applicant Eligibility

This RFA is open to any Nevada state or local public agency, non-profit organization, educational or faith-based organizations to support programs and projects within the state to improve:

- The assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family;
- 2. The assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities;
- 3. The investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and
- 4. The assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

Data Universal Numbering System (DUNS)

In accordance with the supplement to the Office of Management and Budget (OMB) Circular A-133, subrecipients must obtain a Data Universal Numbering System (DUNS) as part of eligibility for a sub-award. A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. The identifier is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients. Obtaining a DUNS number is a free, one-time activity. Obtain a DUNS number by calling Dun and Bradstreet at 1-866-705-5711 or by applying online at www.dnb.com. A DUNS number is usually received within 1-2 business days.

Civil Rights Compliance

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency.

Services to Limited-English-Proficient (LEP) Persons

National origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with Title VI of the Civil Rights Act and the Omnibus Crime Control and Safe Streets Act, grant recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including interpretation and translation services, where necessary. Applicants are encouraged to consider the need for language services for LEP persons served or encountered both in developing their proposals and budgets and in conducting their programs and activities. Reasonable costs associated with providing meaningful access for LEP individuals are considered allowable program costs.

Award Overview Time Line

Event	Date/Time
Grant opportunity announced	March 4, 2019
Deadline for submission	April 12, 2019
Evaluation period (approximate time frame)	April 2019 – May 2019
Announcement of awards	June 2019
Program start date	July 1, 2019
Program end date	June 30, 2020

Questions?

For technical or application questions, contact DCFS GMU at DCFSGrants@dcfs.nv.gov. For programming questions, contact Molly Blanchette at MBlanchette@dcfs.nv.gov.

Application Instructions

- The completed application package consists of three sections and a checklist.
- Late and/or incomplete applications will not be scored.

• The total possible score for the entire application is 100.

Section I - Application Form

- Complete the Application Form; and
- Complete the Application Checklist located on page 13 prior to scanning/submitting. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.

Section II – Application Narrative (80 points)

- This Section has five (5) fields assigned different numbers of points.
- The Statement of Need should explain what CJA goal would be supported by this project.
- Use Arial 11-point font on single-spaced pages with one-inch margins.

Field Name	Scoring Points	Page Limit	Instructions
Organization Information	10	½ (half)	Give a brief description of your organization and its mission.
Project Summary/ Abstract	10	1 (one)	Summary of the purpose and anticipated outcomes of the project that could be shared separately from the application.
Target Population and Statement of Need	20	1 (one)	 Describe the target population and the geographic area served by your project/program (including demographic characteristics, risk factors, geographic location, etc.) and identify the need that the project seeks to address. Detail how your region or community will benefit from this project. Use documented statistics and research whenever possible.
4. Goals, Objectives and Timelines	25	1 (one)	 Describe the desired change or impact you would like to achieve through this project. Identify which CJA Goal(s) the activity or training addresses. List the projected number of activities/trainings that will be provided with these grant funds and anticipated dates for completion. Complete Appendix B: Section B- Descriptions of Services, Scope of Work and Deliverables.
5. Methods of Accomplishment	15	1 (one)	 What are the measurable expected outputs and outcomes for the project? Describe the evaluation tools your organization will use to measure your outputs and outcomes and what data will be tracked. Note: Grantees will be required to track trainings data and outcomes on the CJA Reporting Spreadsheet Training Activities:

		 If Attendees are "Other" or "Multidisciplinary", List How Many of Each Discipline Attended Geographic Duty Location of Attendees Training Format Training Evaluation
Total for Narrative	80	

Section III – Budget (20 points)

- This Section has two (2) fields assigned the same number of points.
- Use Arial 11-point font on single-spaced pages with one-inch margins.
- See Appendix A for Budget Narrative Instructions. Excel version of the Budget Narrative is available upon request.

Field Name	Scoring Points	Instructions
Proposed Project Budget		Use the provided table and designate a whole dollar amount for the seven (7) budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period.
Budget Narrative		All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds <u>needed</u> to carry out the proposed Scope of Work and achieve the projected outcomes. This should align with the Narrative's Goals and Objectives (Section II-4) and Methods of Accomplishment (Section II-5).
Total for Budget	20	

Overview of Certifications and Assurances

By signing the Application Form of the Department of Health and Human Services application, the applicant certifies:

- 1. The project described in this application meets all the requirements of the governing legislation.
- 2. All information contained in the application is correct.
- 3. The appropriate coordination with impacted organizations, including subcontractors, took place.
- 4. The applicant will read, understand and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations.
- 5. The applicant further understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Statement of Grant Award.

Submission Instructions

The grant application deadline is 5pm on Friday April 12, 2019.

- Submit the signed, completed application with résumés and licenses of key personnel in a PDF document to dcfsgrants@dcfs.nv.gov.
- Application must be submitted online by emailing all required documents in a single email to <u>dcfsgrants@dcfs.nv.gov</u> In the subject line of the email place the RFA title, "Children's Justice Act Response from [name of applicant]".
 - o If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal of the application then more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- If you do not receive an email acknowledgment within 3 business days of submitting the application. Please contact Shawna Halverson at shalverson@dcfs.nv.gov or 775-684-4426.
- Submitting a paper copy of the application is <u>not</u> required. Applicants without access to email may send their completed application by Friday April 12, 2019 to:

Division of Child and Family Services Grant Management Unit 4126 Technology Way, 3rd Floor Carson City, NV 89706

Tips

- Read the application instructions carefully.
- Ask for clarification, if needed.
- Submit applications early to allow for any necessary revisions.
- Respond to all sections of the application.
- Brevity is required. Observe page limits. Any pages over the page limit will not be reviewed.
- Follow stated formatting guidelines.
- Use only whole dollar amounts.
- Ensure budget figures are mathematically correct.
- Use data provided in the application packet.
- Spell out acronyms at initial use. Eliminate jargon whenever possible.

Section I - Application Form

Please complete each item. Add extra rows if more space is needed to provide complete response.

A. A	Applicant	Organization
------	-----------	--------------

Name					
Mailing Address					
Physical Address					
City & State				Zip (9-digit)	
Federal Tax ID #			I		
DUNS#					
Organization Type	For-Profit	501(c)(3) Non	profit		
Geographic Area of Servi	ce (Check applice	able boxes & prov	vide brief na	arrative of service area)	
City					
County					
Region					

D. Program Point of Contact

Statewide

Name	
Title	
Phone	
Email	

E. Fiscal Officer

В.

C.

Name & Title	
Phone & Email	

F. :	Subco	ontra	cting	of	Ser	vices
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Does your organization sub	contract its services?	Yes	No	
Subcontractor				
Mailing Address				
Physical Address				
City				Zip (9-digit)
Federal Tax ID #				

G. Key Personnel

Name	Title	Resume included?
		Yes No

H. Current Funding

Funding	Туре	Project Period End Date	Amount Awarded (\$)

I. Funding Request

Funding	Request
Children's Justice Act	

J. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the grant as indicated by Children's Justice Act and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award.

Name (type/print)	Phone
Title	Email
Signature	Date

Section II - Application Narrative

Application Narrative - 80 points

Begin typing below each field header.

- 1. Organization Information (1/2 page)
- 2. Project Summary/Abstract (1 page)
- 3. Target Population and Statement of Need (1 page)
- 4. Goals, Objectives and Timelines (1 page)
- 5. Methods of Accomplishment (1 page)

Section III - Budget

Budget - 20 points

1. **Proposed Project Budget**

Category	Amount Requested (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
Indirect	
Total Funding Requested (\$)	

2. Budget Narrative (1-2 pages) For each budget category, provide a budget justification.

Applicant Name:					
BUDGET NA	ARRATIVE-S	FYXX			
				_	
Total Personnel Costs	fui		including fringe	Total:	\$ -
List staff, positions, percent of time to be spent on the project, rate of	pay, fringe rate,	and total cost	to this grant.		
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested \$0
*Insert details to describe position duties as it relates to the funding (specific	program objectiv	es)			
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number	Annual Salary	Fringe Rate	<u>Time</u>	Months	Amount Requested \$0
*Insert details to describe position duties as it relates to the funding (specific		es)			
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number	<u>Annual</u> <u>Salary</u>	Fringe Rate	<u>Time</u>	<u>Months</u>	Amount Requested \$0
*Insert details to describe position duties as it relates to the funding (specific	: program objectiv	es)			
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number	<u>Annual</u> <u>Salary</u>	Fringe Rate	<u>Time</u>	<u>Months</u>	Amount Requested \$0
*Insert details to describe position duties as it relates to the funding (specific	program objectiv	es)			
*Insert new row for each position funded or delete this row.					
То	tal Fringe Cost	\$ -		Total:	\$ -

Application: Checklist

Print and sign the completed application. Complete this checklist prior to scanning/submitting.

ection I: Application Form
☐ All boxes are checked to indicate the correct answer.
☐ All fields are completed according to instructions.
Certification is signed.
ection II: Application Narrative
Organization Information.
☐ Project Summary and Abstract.
☐ Target Population and Statement of Need.
☐ Goals, Objectives and Timelines Include copy of completed Section B- Scope of Work
☐ Methods of Accomplishment.
☐ Page limits have not been exceeded.
Arial 11-point font has been retained.
One-inch margins have been retained.
ection III: Budget
☐ Numbers in the <i>Proposed Project Budget</i> match numbers in the <i>Budget Narrative</i> .
Completed Budget Narrative.
pplication Submission
☐ A PDF will be emailed to dcfs.nv.gov with all required documentation no later than April 12, 2019 by 5 pm.

APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds <u>needed</u> to carry out the proposed Scope of Work and achieve the projected outcomes for SFY20. If the project is not fully funded, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants <u>must</u> use the budget template form (Excel file) provided for downloading in the Budget Section of the online application. Use the budget definitions provided in the "Categorized Budgets" section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. <u>Do</u> not override formulas.

Per the DOJ Grants Financial Guide: Charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See 2 C.F.R. § 200.430.

For all budget categories: Provide total requested, item details, and line item justification.

Personnel:

Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and employee name, if know. Provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker's compensation). For example:

Program Director – (\$28/hour x 2,080/year + 22% fringe) x 25% of time = \$17,763 Intake Specialist – (\$20/hour x 40 hours/week + 15% fringe) x 52 weeks = \$47,840

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs (explained later).

**Administrative/Executive Staff salaries will not be allowed in the Personnel category.

Travel/Training: Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently 54.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at https://www.gsa.gov/portal/category/26429.

Identify and justify any training costs specifically associated with the project, include type of training, location, # attending, benefit to subrecipient and implementation of a subaward.

Operating:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased for shelters, detail must be provided that explains how the food will be utilized to meet the project goals.

Equipment:

List equipment to purchase or lease costing \$1,000 or more and justify these expenditures. Also list

any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled, inventoried, and tracked as such.

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DCFS. A copy of written agreements with all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Subawards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please add a third tab to the budget template for that purpose.

Indirect Costs:

Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 10% of the total direct costs.

Budget Summary Form 2

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 ("DCFS") should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through G of the form for all other funding sources that are either secured or pending <u>for this project</u> (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words "Other Funding" in the cell(s) in Row 6 with the name of the funding source. Enter either "Secured" or "Pending" in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the "Total Agency Budget" in Cell I-26 labeled for this purpose. <u>This should include all funding available to the agency for all projects including the proposed project</u>. Cell I-27 directly below, labeled "Percent of Total Budget," will automatically calculate the percentage that the funding requested from the DCFS for the proposed project will represent.

Budget Summary Form 3

After completing Budget Narrative Forms 1 and 2, turn to Budget Summary Form 3. Budget Form 3 should include Match Information. Identify and justify match of 20% of the subaward if applicable to the grant source. All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period.

APPENDIX B: DESCRIPTION OF SERVICES, SCOPE OF WORK AND DELIVERABLES SECTION B

Description of Services, Scope of Work and Deliverables

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Subrecipient's name, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

***Include projected service numbers

Scope of Work for Subrecipient

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.

<u>Objective</u>	Activities	Due Date	Documentation Needed
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.

Goal 2: Describe the most important secondary goal the program wishes to accomplish with this subaward.

Objective	2	<u>Activities</u>	Due Date	Documentation Needed
1.		1.	XX/XX/XX	1.

*Note to preparer: Add lines to the table as applicable to accomplish all that goals of the subaward. Line up activities, due dates and documentation as best as possible for easier analysis.

Note: This document should not contain any red text when completed.

SECTION A

Assurances and Certification

As the duly authorized representatives of the applicant organization, we certify that:

- 1. The subrecipient agrees to abide by all appropriate provisions and procedures of the Division of Child and Family Services (DCFS).
- 2. The subrecipient will give the awarding agency access to and the right to examine all records, books, papers and/or documents related to the grant award and will establish an accounting system in accordance with Generally Accepted Accounting Standards or agency directives.
- 3. The subrecipient agrees to facilitate and participate in annual monitoring, where fiscal and programmatic documents will be reviewed and discussed.
- 4. The subrecipient agrees to account for grant funds in accordance with generally accepted accounting principles, insofar as practicable, consistently applied, regardless of the source of funds. The Division of Child and Family Services reserves the right, however, to prescribe the method of accountability in any particular case.
- 5. The subrecipient agrees that where costs are applied to two or more projects, such costs will be prorated to each grant.
- 6. The subrecipient will establish and have available for review, policies and procedures that provide safeguards to prohibit employees or board members from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
- 7. The subrecipient has a copy of its official organizational by laws and amendments available for review. (Required of Community Based Organizations only)
- 8. The subrecipient has resumes for key personnel on file for review.
- 9. The subrecipient will initiate, comply with and complete the Scope of Work authorized by the awarding agency per grant requirements and within the applicable timeframe.
- 10. The subrecipient will inform the awarding agency within 30 days of any substantial material situations affecting the successful completion of this project.
- 11. The subrecipient will comply with all federal and state statutes relating to nondiscrimination, including, but not limited to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.
- 12. The subrecipient will comply with the provisions of the Hatch Act which limits the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
- 13. The subrecipient will comply with P.L. 93-34B regarding the protection of human subjects involved in research, development and related activities supported by this award.
- 14. The subrecipient will comply with all applicable requirements of all other state and federal laws, executive orders, regulations and policies governing the program.
- 15. The subrecipient will comply with the minimum wage and maximum hours of the federal Fair Labor Standards Act.

- 16. The subrecipient will provide reports as required by the awarding agency as well as additional information requested by the awarding agency.
- 17. The subrecipient will provide the awarding agency with a copy of each outside audit conducted for the organization, whether that audit is a formal audit or a report from a qualified, independent source which provides an opinion regarding the financial practices and solvency of the applicant organization. (Formal audits are required for organizations that received \$750,000.00 or more in federal funds during a Federal Fiscal Year.)
- 18. The subrecipient agrees to submit the Monthly Financial Status and Request for Funds Report form (RFF). Payment for services rendered under this grant will only be made after the complete and correct financial request has been approved by the GMU.
- 19. The subrecipient will cooperate with DCFS GMU and any contractor hired by the GMU in establishing a professional program evaluation system to include outcome measures and the measurement of consumer impact.
- 20. The subrecipient agrees to submit quarterly program performance reports utilizing the online reporting system, if applicable.
- 21. The subrecipient certifies that the proposal upon which these grant funds are based was authorized by the governing body of the applicant.
- 22. The subrecipient agrees to comply with Public Law 103-227, Part C, Environmental Tobacco Smoke (Pro Children Act of 1994).
- 23. The subrecipient acknowledges that either party may terminate funding with 30 calendar days written notice.
- 24. The subrecipient has provided DCFS GMU with verification that the following insurance coverage meets State of Nevada insurance requirements: Worker's Compensation Insurance, Commercial General Liability Insurance, Business Automobile Insurance (for agency owned vehicles) and Professional Liability Insurance (as applicable). Verification of Professional Liability Insurance coverage and coverage limits is provided if counseling, therapy or treatment related services are provided.
- 25. The subrecipient will establish and have available for review, policies and procedures that require employees, volunteers, and Directors or Trustees to maintain the confidentiality of any information which would identify persons receiving services.
- 26. The subrecipient acknowledges that this subaward is contingent upon available funding and may be reduced within the subaward period.
- 27. The subrecipient agrees to have a 5-year record retention schedule for the Victims of Domestic Violence, Family Violence and Prevention Services Act and Victims of Crime Act subaward documentation.
- 28. The subrecipient agrees to make its services available to clients who may not be specified within their Scope of Work and upon the request of DCFS, in the event of a disaster.
- 29. The subrecipient must promptly refer to the Department of Justice (DOJ) Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, contractor, subrecipient, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. The condition also applies to any subrecipients. Potential fraud, waste, abuse or misconduct should be reported to the OIG by:

Mail:

Office of the Inspector General U.S. Department of Justice Investigations Division 950 Pennsylvania Avenue, N.W. Room 4706 Washington, DC 20530

Email: oig.hotline@usdoj.gov

Hotline: (contact information in English and Spanish): (800) 869-4499

Or Hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG website at www.usdoj.gov/oig

- 30. The subrecipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of the Office of Justice Programs (OJP).
- 31. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving", 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages subrecipients and subrecipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
- 32. The subrecipient agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the name and total compensation of the five most highly compensated executives of the subrecipient and first-tier subrecipients of award funds. Such data will be submitted to the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS). The details of subrecipient obligations, which derive from the Federal Funding Accountability and Transparency act of 2006 are posted on the Office of Justice Programs website at http://www.ojp.gov/funding/ffata.htm (Award condition: Reporting Subawards and Executive Compensation), and are incorporated by reference here. This condition, and its reporting requirement does not apply to grant awards made to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own operate in his or her name).
- 33. The subrecipient understands and agrees that penalties and interest are not allowable expenditures.

All documents, certifications and Public Laws addressed in this document are considered part of the conditions under which this subaward is offered and must be adhered to by the subrecipient. Additional requirements of the subrecipient may also apply.

Printed Name	Date
Signature	Date
Signature of President / Chairperson of Governing Body, Tribal Authority or Director of Public Agency	Date

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -

Lower Tier Covered Transactions

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal" and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549: 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations or the definitions.
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, the prospective lower tier participant shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions" will be included, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon the certification of a prospective participant in a lower tier covered transaction that the prospective participant is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless the participant in a covered transaction knows that the certification is erroneous. A participant may decide the method and frequency of determining the eligibility of the principals. Each participant may, but is not required to, check the Non-procurement List (of excluded parties).
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including debarment and/or suspension.

<u>Certification Regarding Debarment. Suspension. Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions</u>

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither the prospective participant or the prospective participant's principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

<u>Suspension.</u> An action taken by a suspending official in accordance with these regulations that immediately excludes a person from participating in a covered transaction for a temporary period, pending completion of an investigation and such legal, debarment, or Program Fraud Civil Remedies Act proceedings as may ensue. A person so excluded is "suspended".

<u>Voluntary Exclusion or Voluntarily Excluded.</u> A status of nonparticipation or limited participation in covered transactions assumed by a person pursuant to the terms of a settlement.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

Certification Regarding Drug-Free Workplace Requirements

- 1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
- 2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3. For grantees other than individuals, Alternate I applies.
- 4. For grantees who are individuals, Alternate II applies.
- 5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If grantee does not identify the workplace at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in the office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other areas where work under the grant take place. Categorical descriptions may be used (e.g. all vehicles of a mass authority of State highway department while in operation, State employees in each local unemployment office, performance in concert halls or radio studios).
- 7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s) if it previously identified the workplaces in question (see paragraph five).
- 8. Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to the certification. Grantee's attention is called, in particular, to the following definitions from these rules:

Controlled substances means a controlled substance in Schedules I through V of the Controlled Substance Act (21 U.S.C. #12) and as further defined by regulations (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of Nolo Contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statues;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (I) All direct charge employees; (II) All indirect charge employees under their impact or involvement is insignificant to the performance of the grant; and (III) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirements consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Alternate I - Grantees Other Than Individuals

The grantee certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's

workplace and specifying the actions that will be taken against employees for violation of such prohibition;

- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
 - (4) The penalties that may be imposed upon employees or drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (g) The grantee may insert the space provided below the site(s) for the performance of work done in connection with the specific grant:

PLACE OF PERFORMANCE:				
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
Are there workplaces on file that are not ide	entified here?	□ Y	ES	NO

Alternate II - Grantees Who Are Individuals

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in conducting any activity with the grant;
- (b) If the convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include identification number(s) of each affected grant.

[55 FR 2160, 21702, May 25, 1990]

Signature

Title

Date

Grantee Legal / Corporate Entity Name

CERTIFICATION REGARDING LOBBYING

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loam or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form 111, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subawards, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature	Title	
Grantee Legal / Corporate Entity Name	Date	

Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C – Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (ACT), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision or health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, the applicant/grantee certifies compliance with the requirements of the Act. The applicant/grantee further agrees that the language of this certification will be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

Certification Regarding Equal Treatment for Faith-Based Organizations

A final rule of the Department of Health and Human Services (DHHS) went into effect on August 16, 2004, which created, among other things, a new Part 87 Equal Treatment for Faith-Based Organizations, and revised the Department's uniform administrative requirements at 45 CFR Parts 74, 92 and 96 to incorporate the requirements of Part 87.

The Administration of Children and Families (ACF) is committed to providing State Administrators, State Grant Managers and subsequently subrecipients with the most accurate and concise information to help guide program activities. This regulation addresses several key Equal Treatment issues that require full compliance by Federally-funded State Programs, subrecipients, grantees and contractors.

Issues include:

- Nondiscrimination against religions organizations;
- Ability of religious organizations to maintain their religious character, including the use of space in their facilities, without removing religious art, icons, scriptures, or other religious symbols;
- Prohibition against the use of Federal funds to finance inherently religious activities, except where
 Federal funds are provided to religious organizations as a result of a genuine and independent
 private choice of a beneficiary or though other indirect funding mechanisms, such as certificates or
 vouchers; and
- Application of State or local government laws to religious organizations.

NOTE: Neither the Department (DHHS) nor any State or local government and other intermediate organizations receiving funds under any Department (DHHS) program shall, in the selection of service providers, discriminate for or against an organization on the basis of the organization's religious character or affiliation.

It is imperative that State subrecipients, grantees and contractors policies reflect the Equal Treatment Regulations. The full text of the final rule may be accessed via the Internet at http://www.hhs.gov/fbci/regs.html

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 45 CFR Part 87, Equal Treatment for Faith-Based Organizations as revised in the Department's uniform Administrative requirements identified above. Any organization that fails to file the required certification shall be subject to disqualification of their application.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

Nevada State Division of Child and Family Services Attn: Grants Management Unit 4126 Technology Way, 3rd Floor Carson City, NV 89706-2009

Signature	Date	Title			
8.	Which accounting firm conducted your last audit?				_
7.	What time period did your last audit cover				_
6.	When was your last audit performed?				_
5.	How often is your organization audited?				_
4.	What is the official name of your organization?				_
3.	When does your organization's fiscal year end?				_
2.	Did your organization expend \$750,000 or more in all Organizations most recent fiscal year?	federal awards during your	YES	□NO	

SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, Subrecipient represents and warrants that if Subrecipient, or any employee of Subrecipient who will be performing services under this Subaward, is a current employee of the State or was employed by the State within the preceding 24 months, Subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency, and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is <u>not</u> receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

		or former employees of the State of Ne n this subaward?	vada	within the provisions above assigned to
YES	If "YES", list the names of any current or former employees of the State and the services that each person will perform.			
NO	NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.			
Name				Services
Subrecipi from the I			not pe	erform work until approval has been given
Signature		Date	Title	9

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Division of Child and Family Services

Hereinafter referred to as "Division"

and

Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Subrecipient.

WHEREAS, Subrecipient may have access, view or be provided information, in conjunction with goods or services provided by Subrecipient to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Subrecipient agree as follows:

I. DEFINITIONS

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

- 1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
- 2. **Confidential Information** shall mean any individually identifiable information or health information in any form or media.
- 3. **Subrecipient** shall mean the name of the organization described above.
- 4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. <u>LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW</u>

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. USE OR DISCLOSURE OF INFORMATION

Subrecipient may use information as stipulated in the primary agreement if necessary for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Division. Subrecipient may disclose information if:

- 1. The disclosure is required by law; or
- 2. The disclosure is allowed by the agreement to which this Addendum is made a part; or

3. The Subrecipient has obtained written approval from the Division.

VI. OBLIGATIONS OF SUBRECIPIENT

- Agents and Subcontractors. Subrecipient shall ensure by subcontract that any agents or subcontractors
 to whom it provides or makes available information, will be bound by the same restrictions and conditions on
 the access, view or use of confidential information that apply to Subrecipient and are contained in
 Agreement.
- 2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
- 3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
- 4. **Return or Destruction of Confidential Information**. Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

IN WITNESS WHEREOF, Subrecipient and the Division have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

SUBRECIPIENT'S ORGANIZATION		<u>DIVISION</u>	
Signature	Date	Signature	Date
Print Name		for Ross E. Armstrong	
		Administrator, Division of Child and Fan	nily Services
Title		Title	



STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Subrecipient Questionnaire

This questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. Please complete the following questionnaire and submit all related documents as necessary.

SECTION A: GENERAL INFORMATION				
	PRIVIATION			
Project Title:				
	None			
Point of Contact for	Name:			
matters concerning this				
project:	Address:			
		_		
	Phone:	Fax:		
	Email:	URL:		
	DUNS #:	EIN:		
	Reg. in SAM? Yes No	Number of Employees:		
	5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
	Exp. Date of Current SAM Registrati	on:		
CECTION D. CURRECURIENT	FUCIDILITY			
SECTION B. SUBRECIPIENT				
, ,	, , ,	ebarred, suspended, proposed for debarment,		
	tarily excluded from participation in t	his transaction by any federal department or		
agency?				
Yes	No			
If yes, please skip the rest o	f the questionnaire, sign and return t	the questionnaire with the Project Evaluation Packet.		
SECTION C. SUBRECIPIENT	ORGANIZATION INFORMATION (ple	ase fill out the information below, as appropriate)		
1. Type of organization (ch		, , , , , , , , , , , , , , , , , , ,		
,	11.77			
University	Government Entity	Foundation		
,,,				
Non-Profit Org	For-Profit Org	Other		
2. Fiscal year dates (month				
,	, ,			
3. Name of designated fed	leral cognizant agency, if applicable:			
5. Hame of acsignated fed	icial cognizant agency, ii applicable.			

4. Negotiated Indirect Co	ost Rate:		
Yes	No	URL:	
	2 CFR 200.414; or, th	•	no, a de minimis rate of 10% of MTDC will be rcentage of administrative expenses
5. Fringe Benefit rate:			
Yes	No	URL:	
If yes, please provide a co	opy of your current f	ringe benefit rate memor	andum or provide the URL.
6. Has organization received 200.331)	ived in the past the s	same or similar Federal su	bawards to the current subaward? (2 CFR
Yes	No		
If yes, subrecipient hereb	y agrees to provide	further documentation up	oon request.
7. Does organization hav	e on-going direct Fe	deral awards? (2 CFR 200.	.331)
Yes	No		
If yes, is the awarding ago	ency currently monit	toring subrecipient activity	y?
Yes	No		
If yes, please describe:			
8. Please certify policies	and/or procedures e	exist that address the follo	owing:
Pay Rates an	d Benefits	Conflict of Interest	Purchasing
Time and Att	endance	Travel	Equipment & Inventory
Leave			
By signing this document, subrecipient certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by the State's policies and/or procedures.			
9. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?			
Yes	No	N/A	

10. Has any new system been recently put in place or has there been any change to the existing system (e.g., accounting, information, management, etc.)? (2 CFR 200.331)			
Yes	No		
If yes, please explain:			
, ,,			
11. Does organization have any ne management, or other staff servin		e.g., key personnel, financial management, grants management, IT ninistration role)? (2 CFR 200.331)	
Yes	No		
If yes, please explain:			
12. Has organization in the preced awards?	ding fiscal year	expended any federal funds in either direct or indirect Federal	
Yes	No		
If yes, please indicate the expendit	ture amount:		
12. Have appual financial stateme	ents boon audit	ad by an independent audit firm? If yes, provide a copy of the	
statements for the most current fi		ed by an independent audit firm? If yes, provide a copy of the	
Yes	No		
14. Does organization adhere to Subpart E Cost Principles of 2 CFR 200 under the proposed subaward?			
Yes	No	N/A	
15. Does organization have a finar application of funds for award-sup		ent system that provides records that can identify the source and es?	
Yes	No		

16. Does the financial system provide for assets?	or the control and accountability of project funds, property, and other
Yes	No
17. Are duties separated so that no one	e individual has complete authority over an entire financial transaction?
Yes	No
If no, please explain below:	
18. Does your organization have control	ols to prevent expenditure of funds in excess of approved, budgeted
amounts?	
Yes	No
If no, please explain below:	
19. Are all disbursements properly docu	umented with evidence of receipt of goods or performance?
Yes	No
If no, please explain below:	
20. Are all bank accounts reconciled mo	onthly?
Yes	No
If no, please explain below:	
21. Are payroll charges checked against	t program budgets?
Yes	No
If no, please explain below:	

22. What system does your organization use to control paid time, especially time charged to sponsored agreements?			
23. Does the organization have procedures which provide assurance that consistent treatment is applied in the			
distribution of charges to all sponsored agreements, grants and contracts?			
Yes No			
If no, please explain below:			
24. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?			
Yes No			
If no, please explain below:			
25. Describe your organization's procedures to ensure that costs deemed unallowable, per Federal guidelines (2 CFF			
200), are excluded from the amount charged to a grant?			
26. Are there procedures to ensure procurement at competitive prices?			
Yes No			
If no, please explain below:			

27. Are detailed records of individual capital assets kept and periodically balanced with the general ledge	er
accounts?	
Yes No	
If no, please explain below:	
in no, please explain below.	
28. How does the organization ensure that all cost transfers are legitimate and appropriate?	
25. Now does the organization ensure that an east transfers are regressioned appropriate.	
Authorized Representative Approval	
By signing below, the authorized representative certifies, to the best of subrecipient's knowledge, all info	rmation
submitted on this form, or attached for submission is accurate and complete.	
Date:	
Signature	
-	
Printed Name & Title	
For DHHS Use Only:	
Risk Level Determination:LowerMediumHigher	
Notes:	
Approved	
Approved: Date:	