



## **State of Nevada**

### **Department of Health and Human Services**

#### **Division of Child and Family Services**

##### **Grant Management Unit**

### **Notice of Funding Opportunity**

## **Educational and Training Vouchers (ETV) Program**

### **Federal Fiscal Year 2020 Award**

**NOTE:** This document is available online at <http://dcfs.nv.gov/Programs/GMU/GMU/>

# Opportunity Summary

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## Summary

The Division of Child and Family Services (DCFS) Grants Management Unit (GMU) seeks a qualified agency to administer Nevada's ***Educational and Training Voucher Program (ETV)*** through State Fiscal Year 2021. The ETV program provides monetary assistance to eligible youth who are enrolled in an accredited postsecondary institution of higher education. DCFS receives Title IV-E federal funding to provide postsecondary educational and training vouchers to eligible youth who are in or age out of foster care or who have been adopted from foster care after turning 16 years old. The ETV program allows DCFS to expand and supplement assistance currently being provided to former and eligible foster care youth and specifically helps them to begin, continue or complete their educational and vocational goals. This Notice of Funding Opportunity (NOFO) implements a funding process that combines a review of applications with grant allocations for specific program services throughout the geographic areas in Nevada. Funds awarded are for programs to begin October 1, 2020 and expire on September 30, 2021. **This is a competitive process. Current subrecipients are not guaranteed funding in SFY 2021 and applicants who receive awards through this NOFO are not guaranteed future funding.**

## Program Requirements

**Eligibility:** Eligible agencies may include nonprofit, community-based organizations, school districts, tribal governments, and local government agencies are eligible to apply. Funding may be awarded to **ONE** agency to provide services statewide or **TWO** separate agencies to provide services in the North and South regions of Nevada.

**Match/Cost Sharing Requirement:** Match is a mandatory requirement for the ETV Program. The minimum match amount for each ETV funding award is 20% of the total project cost. Match is calculated by dividing the amount requested by .80 then multiplying the result by .20. For example, the requested amount of \$100,000 divided by .80 = \$125,000, multiplied by .20 = match in the amount of \$25,000. Allowable match includes in-kind contributions and monetary funds from non-federal sources. Each recipient is responsible for providing match tracking and documentation for ETV awards.

**Collaboration with Child Welfare Agencies:** All applicants must demonstrate how they will ensure ongoing collaboration with their local child welfare agency in all aspects of service provisions. If funded, agencies will be required to collaborate with DCFS and regional designated Child Welfare representatives to develop appropriate outcome measures to be reported monthly.

**Compliance with Reporting Requirements:** Monthly Financial Status and Request for Funds Reports along with programmatic reports will be required by the 15<sup>th</sup> of each month for the previous month.

**Confidentiality:** Applicants will be required to maintain the confidentiality of any information that would identify persons receiving services and to conduct background checks on all employees, volunteers and other workforce members that are in direct contact with children or families that are receiving services.

## Scope of Work Requirements

The goal of Nevada's ETV program is to provide the economic and personal supports eligible youth need to attend and complete post-secondary training and education programs. ETV provides funding with support and guidance to youth 16-26 years of age as needed throughout their participation in a post-secondary or vocational training program. The ETV program will complement DCFS' Independent Living Program and provide a continuum of state services to help youth become educated, trained and ready to enter the workforce.

### Participant Eligibility Requirements:

Eligible participants include:

- Youth ages 16 to 21 years of age who will age out of the foster care system after turning 18 or for whom adoption from foster care was finalized at 16 or older.
- Students must apply each academic year.
- Students must attend, at least half-time, at an accredited school that (as defined by the institution):
  - awards a bachelor's degree or not less than a 2-year program that provides credit towards a degree,
  - provides no less than 1-year of training towards gainful employment, or
  - is a vocational program that provides training for gainful employment and has been in existences for at least two years;
- Students must maintain a GPA of 2.0 and/or make satisfactory progress in your educational goals.
- Students from other states who already receive ETV program and move to Nevada for the sole purpose of attending postsecondary or vocational school should continue to receive ETV program support from their original state of residence as long as they remain eligible for the program.

Eligible expenses are limited to a maximum annual amount of \$5,000. There is a five-year limit on the total length of time a youth can receive an ETV voucher.

Eligible expenses may include the following:

- Tuition and fees
- Room and board
- Student loans for current year
- Books and school supplies
- Transportation
- Personal computer/supplies
- Childcare expenses
- Miscellaneous personal expenses

### Administrative Services Requirements:

- Process applications for Education Training Vouchers
  - Obtain verification of participants' eligibility.
  - Issue vouchers in accordance with federal, state and agency policies.
  - Ensure there is no duplication of funding for students from other states who permanently move to Nevada and subsequently enroll in college or vocational school and apply for the ETV program in Nevada.
- Monitor and support students' progress.
- Reports
  - Provide monthly Request for Reimbursement and Financial Reports will be required by the 15<sup>th</sup> of each month for the previous month. Quarterly program reports will be required to be submitted. A year-end report is also required and is due October 15, 2021.
- Record and invoice for ETV participants separately from other student populations.

- Confidentiality
  - Ensure confidentiality regarding communications between students, volunteers and your agency, while ensuring open and complete communication between your agency and IL Program Specialist on all matters associated with the ETV Program.
- Coordinate with State, County and other service providers to provide ETV information to youth and organizations with links to eligible youth as well as colleges, high schools, etc.
- Participate at IL workgroup and Nevada LIFE, other Youth Advisory Board meetings as requested.
- Engagement of stakeholders and youth in Continuous Quality Improvement (CQI) and system improvement efforts.

### Outreach and Communications

- Develop and implement an outreach and communications plan in the state to build awareness of the program and identify qualified applicants.
- Develop and distribute descriptive information about the ETV program
- Provide ETV information to youth and organizations with links to eligible youth, Child Welfare agencies, private agencies, colleges, universities, high schools, etc.

### Monitoring

- Ensure operating procedures exist for verifying that ETV funds are used for designated purposes of the program.
- Ensure that ETV funds do not supplant or duplicate other Federal funding designated for the same purposes.

## Funding Requirements

The Division anticipates awarding funding statewide.

### Total Funding Amount: \$441,449

All awards are contingent upon availability of funds. The Division reserves the right to modify or reject applications. Applications must conform to the conditions or guidelines contained in this Notice of Funding Opportunity (NOFO). **A successful application is not a guarantee for receiving all or partial funding for the program, or, if initially funded, that the project will receive continued funding in subsequent grant cycles. DCFS reserves the right to fund or not fund any project based on scoring, available funds, or past grant performance. There is no appeals process.**

### QUESTIONS AND ANSWERS

Please submit any questions regarding ETV program application process to DCFS Grants at [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov).

# Application Process

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## Award Time Line

Event	Date/Time
Grant opportunity announced	September 9, 2020
Deadline for submission	Wednesday September 30, 2020
Announcement of awards	Friday October 9, 2020
Performance Period	October 1, 2020 through September 30, 2021

## Application Review

DCFS staff, along with application review panel members, will review and evaluate each application, see Appendix C: GMU Scoring Matrix. The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly and impartially. GMU will use structural, quantitative scoring techniques to maximize the objectivity of the evaluation. The review process will consist of a technical review of the applicant's information including the project and the budget (justification, cost effectiveness, project sustainability). The review panel members will be comprised of individuals with experience and knowledge of grant management or responsibility for program service and financing.

## Evaluation Process

Applications received by the published deadline of **5:00 pm Wednesday September 30, 2020** will be processed as follows:

### STEP 1: Application Review Panel

- A. Each application will be evaluated for content and scored by at least two review panel members, see Appendix C: GMU Scoring Matrix.
- B. As part of the review process, staff will identify strengths and weaknesses and may recommend, as a condition of funding the project, that
  - Specific revisions are made to the budget or Scope of Work, or
  - Special conditions are placed on the award (e.g., certain fiscal controls, more stringent performance requirements, or more frequent reviews).
- C. The review panel will identify specific line item areas for revision if funding limitations result in a reduction of an overall proposed budget. In the event budget reductions are necessary, an equitable formula based on application ranking and scores will be developed and applied in an impartial manner.
- D. GMU will submit review panel recommendations to the Administrator of DCFS or designee for final approval.

## STEP 2: Final Decisions

Final funding decisions will be made by the DCFS Administrator or designee based on the following factors:

- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Conflicts or redundancy with other funded programs, or potential for supplanting existing funds.

**Funding decisions made by the DCFS Administrator or designee are final. There is no appeals process.**

## Notification and Award Process

Successful applicants will be notified of their application status with a Letter of Intent after funding decisions have been made in October 2020.

GMU staff will conduct negotiations with applicants regarding the recommendation for funding to address any specific issues identified by the GMU or the review panel. All related issues must be resolved before a grant will be awarded. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work; and/or
- Enactment of Special Conditions (e.g., fiscal controls, performance requirements or frequency of reviews).

Upon successful conclusion of negotiations, GMU staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA documents and Grant Instructions and Requirements (GIRs) will be distributed to the subrecipient upon approval of the subaward, see Appendix D: Notice of Subaward.

## Post Award Requirements

### Monthly Financial Status and Request for Funds Report

DCFS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. The monthly reports are due on the 15<sup>th</sup> of the month for the previous month. GMU staff will provide instructions and technical assistance upon the grant award.

Per Code of Federal Regulations [2 C.F.R. § 200.430](#), 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.

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives.
- Examples of items that may support salaries and wages include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records will need to reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

## **Subrecipient Monitoring**

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and to gather information reportable by DCFS to federal or state agencies. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. For non-governmental agencies, at least one board member must also be available during the exit discussion. The subrecipient monitoring reports or action items to be addressed will be sent to the agency within 30 working days following the conclusion of the subrecipient monitoring.

## **Performance Reports**

Subrecipients must complete performance reports on a quarterly basis and submit them as instructed by DCFS. Quarterly reports are due by the 15<sup>th</sup> of the month following the end of the quarter. Successful applicants will report the type of services provided, demographic information for individuals served and progress towards meeting Scope of Work commitments. DCFS will provide a data reporting workbook for subrecipients to document performance progress and outcomes. Subrecipients will be required to provide source documentation that corresponds to the data reported.

## **Compliance with Changes to Federal and State Laws**

As federal and state laws change and affect either the DCFS GMU process or the requirements of subrecipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

## **Nevada 2-1-1**

All successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at [www.nevada211.org](http://www.nevada211.org) within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

# Application Instructions and Scoring

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## Application Instructions

An application packet, which includes this application and the required data sources, is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>

Late and/or incomplete applications will not be scored or considered for funding. The total possible score for the entire application is 100.

All pages including attachments must list the applicant's name on the bottom of the page.

### Section A – Application Form

Complete the application form. The application form must be signed by the organization's authorized official.

### Section B – Narrative/ Scope of Work (70 points)

The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins and should not exceed 10 pages. Respond to the questions listed below. See page 16 for a template. Complete Appendix B: Descriptions of Services, Scope of Work and Deliverables.

<b><i>Application Narrative (Scope of Work)</i></b>
Describe your <b>organization's goals and objectives</b> to meet the geographic area's needs for the target population. If your agency is currently receiving ETV funding, provide an analysis of outcomes achieved during the previous funding cycle. Summarize data collected for program evaluation purposes and provide specific examples of outcome data.
Describe <b>the plan to achieve your goals and objectives</b> . Describe the services you will provide, including the number of youths served with grant funds. Explain how the services offered will result in providing assistance to students. Include how, who, where, and when these goals and objectives will be achieved and <u>how they will be measured</u> . Select reasonable outcome measures that can be tracked and used to determine the effectiveness of services. Note: The description must align to Appendix B: Descriptions of Services, Scope of Work and Deliverables.
Describe how you will <b>coordinate with other appropriate education and training programs?</b>



## Section C – Budget (20 points)

Use Arial 11-point font on single-spaced pages with one-inch margins. See Appendix A: Budget Narrative Instructions and Template.

<i>Field Name</i>	<i>Scoring Points</i>	<i>Instructions</i>
Proposed Project Budget	5	Use the provided table and designate a whole dollar amount for the seven 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 a one-year project period.
Budget Narrative	15	Include a detailed description of the project budget for the grant funding requested. The budget should be an accurate representation of the funds necessary to carry out the proposed Scope of Work and achieve the projected outcomes. The Budget Narrative should align with the Narrative's Goals, Objectives and Outcomes to be achieved.
Total for Budget	20	

## Section D – Agency Self-Assessment (10 points)

- Complete the self-assessment questionnaire for your organization, see Appendix E: Agency Self-Assessment

## Overview of Assurances and Certifications

By signing the Application Form of the Division of Child and Family Services, the applicant certifies:

1. The project described in this application meets all the ETV program requirements.
2. All information contained in the application is current and correct;
3. The applicant will gain an understanding and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
4. The applicant understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Notice of Subaward and Assurances and Certifications.

## Submission Instructions

- **The grant application deadline is 5:00 pm on Wednesday September 30, 2020.**
- Signed application must be submitted online by emailing all required documents and attachments in a single email to [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov). In the subject line of the email place the NOFO title, "ETV Program NOFO Response from [name of applicant]."  
If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal, 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.
- The GMU will reply to emails to acknowledge the receipt of applications. If an email is not received within 1 business days of submitting the application, please contact Shawna Halverson at [shalverson@dcfs.nv.gov](mailto:shalverson@dcfs.nv.gov) or 775-684-4426.

# Application Form: Section A

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

## A. Applicant Organization

Name		
Mailing Address		
Physical Address		
City & State		Zip (9-digit)
Federal Tax ID #		
DUNS #		
State of Nevada Vendor #		

**B. Organization Type**     Government Agency     501(c)(3) Nonprofit

**C. Geographic Area of Services Delivery.** Check applicable boxes and provide a brief narrative of the service area

<input type="checkbox"/> City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	
<input type="checkbox"/> Statewide	

## E. Program Point of Contact

Name	
Title	
Phone	
Email	

**F. Fiscal Officer**

Name & Title	
Phone & Email	

**G. Subcontracts**

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete information below.		
Subcontractor		
Mailing Address		
Physical Address		
City		Zip (9-digit)
Federal Tax ID #	(xx-xxxxxxx)	

**H. Key Personnel**

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**I. Current Funding List.** List all revenue for the agency/organization.

Funding Source	Pending/Secured	Time Period	Amount (\$)

**J. Funding Request.** List funding requested for the one-year award period.

Funding	SFY 20 Award (if applicable)	SFY21 Request	Difference
ETV Program			

**K. Certification by Authorized Official**

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meet all requirements of ETV program governing the grant as indicated by DCFS and the certifications included in the application packet; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; and 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 Notice of Subaward and accompanying documents.

Name (type/print)	Phone
Title	Email
Signature	Date

# Application Narrative: Section B

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## Application Narrative (70 points)

The complete questions are listed on page 8 of the NOFO. Begin typing below each question header.

- **Organization’s goals and objectives**
- **Plan to achieve your goals and objectives**
- **Coordination with other appropriate education and training programs**

# Budget: Section C

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## Budget (20 points)

Proposed Project Budget for a one-year period.

<b>Budget Line Item</b>	<b>Amount Requested (\$)</b>	
	<b>ETV</b>	
Personnel		
Travel/Training		
Operating		
Equipment		
Contractual/Consultant		
Other		
Indirect		
<b>Total Funding Requested</b>		

**Budget Narrative** (1-2 pages). For each service category, provide a line item budget justification. See Appendix A: Budget Narrative Instructions and Template.

## APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

### Budget Narrative Instructions

All applications must include a detailed project budget for the one-year funding cycle. The budget needs to accurately represent the funds necessary to carry out the proposed Scope of Work and to achieve the projected outcomes for the award funding period.

*Note: If the proposed project does not receive the full amount requested, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.*

Applicants **must** use the budget template form (Excel file) provided for downloading in the Budget Section of the online application and use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative). Complete a detailed budget for each line item. 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. **Do not override formulas.**

For all budget categories, provide total amount requested, item details, and line item justification.

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

**Personnel:**

Charges made 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](#).

Identify employees who provide direct services. 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 known. 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:  $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

Intake Specialist:  $(\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840$

Only those staff whose time can be traced directly back to the grant project should be included in this budget category, including those who spend only part of their time on grant activities. Administrative/Executive Staff salaries that are not readily assignable to a particular project are not allowed.

**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 \$.58), 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, including type of training, location, # of staff attending, benefit to subrecipient and Scope of Work implementation.

**Operating:** For agencies with multiple funding sources, costs must be consistently allocated as described in the organization's cost allocation plan.

*Occupancy:* Detail costs associated with maintaining a facility including rent, utilities, basic maintenance, etc. Mortgage, construction, remodeling, and repairs to current structures are not allowed.

*Communications:* List the costs of telephones, fax, postage, etc.

*Supplies:* Describe the cost of all consumable items needed for the project such as office supplies, client supplies, etc. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary.

*Other operating costs:* This could include insurance, dues, subscriptions, program costs, and costs not covered in the other categories. Only consumer/service delivery activities are reimbursable.

### **Equipment:**

List and justify equipment to be purchased for this grant project (all non-consumable items). Equipment under \$5,000 should be included under Operating Costs, Supplies. All equipment costing \$5,000 and over must be listed separately and itemized. List any computer hardware to be purchased regardless of the cost. Equipment purchased for this project must be labeled, inventoried, and tracked and remains the property of the Division of Child and Family Services (DCFS). Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed.

### **Contractual/Consultant Services:**

Identify project workers who are not employees of the applicant organization. Any costs associated with these workers, such as travel or per diem, should also be identified in this budget category. Explain the need and/or purpose for the contractual/consultant service and justify these costs. Describe each consultant's scope of work, list rate, hours, and cost. DCFS approval is required prior to the use of subcontractors. Written sub-agreements must be maintained and the applicant is responsible for administering sub-agreements in accordance with all requirements identified for grants administered under ETV. A copy of written agreements must be provided to GMU.

### **Other Expenses:**

This category includes any relevant expenditure associated with the project not covered by the above. Wraparound funds are allowable for such items as rental assistance, transportation, utilities, children's clothing, etc. Programs requesting these funds must adhere to the following requirements: 1) Maximum per family per year = \$2,000; 2) Subgrantees must document that there was an attempt to access all other possible resources prior to use of wraparound funds; 3) Detailed documentation of where these funds were used is required.

### **Indirect Costs:**

Indirect costs may be included in the budget and 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.



Subrecipients without a negotiated indirect rate with their cognizant federal agency may use a 10% *de minimis* rate of "modified total direct costs" (MTDC). The *de minimis* rate is only an option for subrecipients that have **never** received an approved federally-negotiated indirect cost rate. The MTDC base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards up to the first \$25,000 of each subaward. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. [2 C.F.R. § 200.68](#)

When the *de minimis* rate is used, costs must be consistently charged as either indirect or direct costs. Double-charging is not permitted. Transferring funds into or out of the indirect cost category is not allowable without prior approval and a budget modification is required.

Subrecipients that have a current federally-approved indirect cost rate with their federal cognizant agency for indirect costs may include the negotiated percentage rate in their budgets. A copy of the negotiated indirect agreement must be attached to the application. Please note that in some instances, federal law (statutes or regulations) may cap or otherwise limit the indirect costs that subrecipients may charge in connection with a particular award. Subrecipients must comply with any such applicable federal-law restrictions on charging indirect costs.

Organizations planning to use the *de minimis* MTDC indirect rate can identify indirect costs in the narrative section, but do not need to enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 10% of the MTDC. **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 for this project (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. **This should include all funding available to the agency for all projects including the proposed project.** 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 to provide Match Information. Identify and justify match of 20% for the subaward project. 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

### 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:

#### Scope of Work for Subrecipient

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

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>	<b>How will this Goal be measured (quantitative)</b>
1.	1.	XX/XX/XX	1.	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.	2.

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

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>	<b>How will this Goal be measured (quantitative)</b>
1.	1.	XX/XX/XX	1.	1. 2

\*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.

## APPENDIX C: GMU SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and details are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. Overall ability of the applicant, as determined by the evaluation committee, to successfully provide services in accordance ETV program guidelines.

Points will be assigned for each item listed below. Proposals with an average score lower than 60 may be excluded from further consideration.

**80% - 100% of Maximum Points:** Applicant's proposal or capability is superior and exceeds expectations for this criterion.

**60% - 79% of Maximum Points:** Applicant's proposal or capability is satisfactory and meets expectations for this criterion.

**40% - 59% of Maximum Points:** Applicant's proposal or capability is unsatisfactory and contains numerous deficiencies.

**0 - 39% of Maximum Points:** Applicant's proposal or capability is not acceptable or applicable for the ETV grant project.

The maximum points to be awarded for each proposal section are as follows:

<b>Proposal Component</b>	<b>Potential Maximum Score</b>
A. Application	No Score
B. Project Narrative	70
C. Budget	20
D. Agency Self- Assessment	10
<b>Total</b>	<b>100</b>

# APPENDIX D: NOTICE OF SUBAWARD (NOSA)



**State of Nevada**  
 Department of Health and Human Services  
**Division of Child & Family Services**  
 (hereinafter referred to as the Department)

Agency Ref. #: **XXXXX**  
 Budget Account: \_\_\_\_\_  
 Category: \_\_\_\_\_  
 GL: \_\_\_\_\_  
 Job Number: \_\_\_\_\_

### NOTICE OF SUBAWARD

<b>Program Name:</b> Educational and Training Voucher Office of Name Contact Name / Email Address		<b>Subrecipient's Name:</b> Name Contact Name / Email Address																					
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009		<b>Address:</b> Street address City, State Zip																					
<b>Subaward Period:</b> October 1, 2019 through September 30, 2019		<b>Subrecipient's:</b> EIN: _____ Vendor #: _____ Dun & Bradstreet: _____																					
<b>Purpose of Award:</b> Provision of Educational Training Vouchers to youth exiting foster care																							
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____																							
<b>Approved Budget Categories:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td></td></tr> <tr><td>2. Travel</td><td></td></tr> <tr><td>3. Operating</td><td></td></tr> <tr><td>4. Equipment</td><td></td></tr> <tr><td>5. Contractual/Consultant</td><td></td></tr> <tr><td>6. Training</td><td></td></tr> <tr><td>7. Other</td><td></td></tr> <tr><td><b>TOTAL DIRECT COSTS</b></td><td align="right"><b>\$0.00</b></td></tr> <tr><td>8. Indirect Costs</td><td></td></tr> <tr><td><b>TOTAL APPROVED BUDGET</b></td><td align="right"><b>\$0.00</b></td></tr> </table>		1. Personnel		2. Travel		3. Operating		4. Equipment		5. Contractual/Consultant		6. Training		7. Other		<b>TOTAL DIRECT COSTS</b>	<b>\$0.00</b>	8. Indirect Costs		<b>TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>	<b>FEDERAL AWARD COMPUTATION:</b> Total Obligated by this Action: \$ 0.00 Cumulative Prior Awards this Budget Period: \$ 0.00 Total Federal Funds Awarded to Date: \$ 0.00  Match Required <input type="checkbox"/> Y <input type="checkbox"/> N Amount Required this Action: \$ 0.00 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: \$ 0.00 Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>Federal Budget Period:</b> Start Date through End Date <b>Federal Project Period:</b> Start Date through End Date  <b>FOR AGENCY USE, ONLY</b>	
1. Personnel																							
2. Travel																							
3. Operating																							
4. Equipment																							
5. Contractual/Consultant																							
6. Training																							
7. Other																							
<b>TOTAL DIRECT COSTS</b>	<b>\$0.00</b>																						
8. Indirect Costs																							
<b>TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>																						
<b>Source of Funds:</b> Title IV-E, Social Security Act	<b>% Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>	<b>Federal Grant #:</b>	<b>Federal Grant Award Date by Federal Agency:</b>																		
<b>Agency Approved Indirect Rate:</b> 0.00%		<b>Subrecipient Approved Indirect Rate:</b> Enter %; de minimis or N/A																					
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>This award is subject to the availability of appropriate funds.</li> <li>Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.</li> <li>Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.</li> <li>Subrecipient must comply with all applicable Federal regulations.</li> <li>Quarterly progress reports are due by the 15<sup>th</sup> of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.</li> <li>Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.</li> </ol>																							
<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;			Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required)																				
Authorized Subrecipient Official's Name Title (Enter Name & Title)		Signature		Date																			
Grants & Project Analyst II For Ross E. Armstrong Administrator, Division of Child & Family Services																							

**APPENDIX D: AGENCY SELF-ASSESSMENT**

**DEPARTMENT OF HEALTH & HUMAN SERVICES  
ANNUAL SUBRECIPIENT QUESTIONNAIRE**

This questionnaire is used for monitoring fiscal and program compliance requirements as well as determining risk of our subrecipients. Please complete and return within the next 5 business days.

<b>Section A: GENERAL INFORMATION</b>		
Organization Name		
Fiscal Point of Contact		
Name:	Title:	
Address:		
Phone:	Email:	Fax:
Program Point of Contact		
Name:	Title:	
Address:		
Phone:	Email:	Fax:
Organization Info		
DUNS #:	EIN #:	URL:
State Vendor #:	# of Employees:	
Registered with SAM.gov? <input type="checkbox"/> YES <input type="checkbox"/> NO    Expiration Date: _____		
Is your organization or its principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please skip the rest of questionnaire, sign and return)		
1. Type of Organization (check all that apply):		
<input type="checkbox"/> University <input type="checkbox"/> Foundation <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For-Profit <input type="checkbox"/> Government Entity – City <input type="checkbox"/> Government Entity – District <input type="checkbox"/> Government Entity – County <input type="checkbox"/> Government Entity – State <input type="checkbox"/> Other: _____		
2. Organizational Fiscal Year (Month and Year):		
3. Name of Cognizant Federal Agency (if applicable):		Approved Indirect Rate:
4. Approximate total organization-wide annual operating budget:		
	Previous Fiscal Year	Current Fiscal Year
Federal Funds	\$ _____	\$ _____
Non-Federal Funds	\$ _____	\$ _____

5. Did your organization expend more than \$750,000 annually in Federal funds combined? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has your organization annual financial statements been audited by an independent audit firm? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has your organization received funds for activities which are like, or the same as the currently proposed subaward? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has your organization managed federal or state funds in the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. Organization Director has been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
10. Fiscal key personnel have been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
11. Program key personnel have been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
12. Certify that checked policies and procedures exist within your organization:
<input type="checkbox"/> Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)
<input type="checkbox"/> Travel <input type="checkbox"/> Financial Management (including Purchasing, Receivables, and Payables) <input type="checkbox"/> Internal Controls
<input type="checkbox"/> Equipment & Inventory <input type="checkbox"/> All National Policy Regulations (i.e., Civil Rights, Disability etc.)
<b>Section B: BUDGET FORMATION &amp; ADMINISTRATION</b>
1. Does the organization have an operating budget for each of its grants? (UG §200.302) <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Who are the people responsible for developing and reviewing the budget(s) for your organization?
Names and titles:
3. Does the organization have fiscal controls that result in (UG §200.303):
a. Control of expenditures within the approved operating budget? <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Management review and approval prior to issuing budget amendments or incurring obligations or expenditures that deviate from the operating budget? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there timely, periodic financial reporting to management that permits (UG §200.308):
a. Comparison of actual expenditures with the budget for the same period? <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Comparison of revenue estimates with actual revenue (including program income, if applicable) for the same period? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the responsibility for maintain budget control established at all appropriate levels? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. What steps are taken if projected revenues were insufficient to cover actual expenditures?
Describe:
<b>Section C: INTERNAL CONTROLS</b>
1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise where they reside within your policies or procedures regarding segregation of responsibilities:
2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do the procedures for cash receipts and disbursements include the following safeguards?
a. Receipts are promptly logged, restrictively endorsed and deposited in an insured bank account. <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records. <input type="checkbox"/> YES <input type="checkbox"/> NO

c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. <input type="checkbox"/> YES <input type="checkbox"/> NO	
e. Checks drawn to “cash” and advance signing of checks are prohibited. <input type="checkbox"/> YES <input type="checkbox"/> NO	
f. Multiple signatures are required on checks. <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Are individuals of trust required to take leave and delegate their duties to others while on leave? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Section D: ACCOUNTING</b>	
1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?	
a. Procurement	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Contract Administration	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Records to justify costs of salaries and wages	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Inventory	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Vendor payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Federal draws	<input type="checkbox"/> YES <input type="checkbox"/> NO
h. Grants budgeting and accounting	<input type="checkbox"/> YES <input type="checkbox"/> NO
i. Cash management	<input type="checkbox"/> YES <input type="checkbox"/> NO
j. Audit resolution	<input type="checkbox"/> YES <input type="checkbox"/> NO
k. Cash receipts	<input type="checkbox"/> YES <input type="checkbox"/> NO
l. Disbursements	<input type="checkbox"/> YES <input type="checkbox"/> NO
m. Records retention	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are all appropriate accounting staff trained on current federal policies, procedures and instructions on accounting for, and expending, federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. What accounting system does your organization use (e.g. QuickBooks, Peachtree, Socrates Media or custom)? Describe:  How long has it been in use?	
5. Which accounting basis is used by your organization? <input type="checkbox"/> Cash basis <input type="checkbox"/> Accrual basis <input type="checkbox"/> Modified Accrual	
6. Are grant funds accounting for separately in your financial management system? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe.	
7. Does your organization use a chart of accounts and accounting manual? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. For each grant, does the accounting system provide the following information?	
a. Authorizations	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Obligations	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Funds received	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Program income	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Subawards	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Outlays	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Unobligated balances	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are obligations records by:	
a. Funding source	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Object codes	<input type="checkbox"/> YES <input type="checkbox"/> NO

10. Are accounting records supported by source documentation (e.g. canceled checks, paid bills, payrolls, contract and subaward documents, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Are purchasing and payment functions separate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Do accounting staff review the following items prior to entry into the system:	
a. Authorizations	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Purchase Orders	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Are there controls to preclude:	
a. Over-obligation	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Under-or overstatement of unliquidated obligations	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Duplicate payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Inappropriate charges to grants	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Does the organization have effective control over, and accountability for, all funds, property and other assets? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302) <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Does the organization reconcile bank statements (at least) monthly? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16. Are vouchers or supporting documents identified by grant, number, date and expense classifications? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. Are checks submitted for signature accompanied by supporting documents? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Are invoices and vouchers approved in advance by authorized officials, prior to payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19. For credit cards:	
a. Does the bank provide the subrecipient with a list of credit-card users?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Are the balances of credit cards capped?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Are credit card purchases used for business purposes only?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Organization Authorized Representative</b>	
By signing below, the authorized representative certifies, all information submitted on this form is accurate and complete.	
_____	_____
(Signature)	(Date)
_____	
(Printed Name & Title)	

<b>For DHHS Use Only</b>	
Risk Level Determination	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High