

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Family Violence Prevention & Services Act (FVPSA)
Notice of Funding Opportunity (NOFO) Training

DCFS GMU Victim Services

Julie Lindesmith, MPH, SSPSIII



9/22/2020

Helping people. It's who we are and what we do.

Agenda

1. Victims Services Unit/Roles
2. Overview of Family Violence Prevention & Service Program Funding
3. Definitions
4. Nevada Notice of Funding Opportunity Details
5. Completing the Application
 1. Scope of Work
 2. Budget Narrative
6. Application Tips
7. Evaluation Process
8. Post Award Requirements





Victims Services Unit

- Erika Pond- Victim Services Manager
- Julie Lindesmith- Social Services Program Specialist
- Jean Booth- Grants and Projects Analyst (GPA)
- Tracy Brose- Management Analyst (MA)



FVPSA Overview



- Administered by the Administration for Children & Families (ACF), Family & Youth Services Bureau (FYSB)
- Primary Federal resource dedicated to provision of Domestic Violence (DV) shelters, supportive services, and related programming for victims of domestic/dating violence and their dependents
- Regulated by:
 - [42 U.S.C. § 10401-10413](#)
 - [45 CFR § 75](#)
 - [45 C.F.R. 1370](#)



FVPSA Statutory Purposes

Funding to States

- Assist States and Tribes in efforts to prevent DV and dating violence.
- Provide immediate shelter and supportive services for victims of DV and their dependents.
- Provide specialized services for abused parents and their children.

National Funding

- Provide for a National Domestic Violence Hotline.
- Provide for technical assistance and training related to DV and DV programs to States, Tribes, public agencies, community-based programs and the public.



FVPSA Facts

- Formula grant that assists States and Territories to fund more than 1,600 local public, non-profit, and faith-based organizations
- Provide victims of family, domestic and dating violence and their children with
 - Shelter
 - Safety planning
 - Crisis counseling
 - Information and referral
 - Legal advocacy
 - Additional support services/related Assistance



FVPSA Requirements

- A. Direct payments to any victim or dependent of a victim are not allowed
- B. Services must be voluntary, and no conditions can be imposed on receipt of emergency shelter
- C. Subrecipients may not apply inappropriate screening mechanisms, such as criminal background checks or sobriety requirements for victims to obtain shelter services
- D. Income eligibility standards may not be applied to individuals receiving assistance or services



FVPSA Requirements- Cont.

- E. Written procedures must be present or be developed within 30 days of the award, to assure confidentiality of records pertaining to persons receiving assistance or service
- F. No person shall on the ground of actual or perceived gender, including gender identity, be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or part through FVPSA
- G. Subrecipients must provide comparable services to victims regardless of actual or perceived gender, including gender identity. This includes not only providing access to services for all victims, including male victims, of family, domestic, and dating violence regardless of actual or perceived gender, including gender identity, but also making sure not to limit services for victims with adolescent children on the basis of actual or perceived gender, including gender identity, of the children.



Definitions

- **Dating Violence-** Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - Length of the relationship
 - The type of the relationship, and
 - The frequency of interaction between the persons involved in the relationship



Definitions- Cont.

- **Domestic Violence**- Felony or misdemeanor crimes of violence committed:
 - By a current or former spouse or intimate partner of the victim,
 - By a person with whom the victim shares a child in common,
 - By a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
 - By a person similarly situated to a spouse of the victim, or
 - By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence of the jurisdiction.



Definitions- Cont. 2

- **Family Violence**- Any act or threatened act of violence, including forceful detention of an individual, which:
 - Results or threatens to result in physical injury, and
 - Is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing
- **Shelter**- Provisions of temporary refuge and related assistance including safe homes, shelters, meals, and related assistance to victims of family violence and their dependents.



Definitions- Cont. 3

- **Related Assistance-** The provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence.

Definitions- Cont. 4

- Related assistance shall include:
 - Prevention services such as outreach and prevention services for victims and their children, employment training, parenting and other educational services for victims and their children, preventive health services within domestic violence programs (including nutrition, disease prevention, exercise and prevention of substance abuse) domestic violence, prevention programs for school age children, family violence, public awareness campaigns, and violence prevention counseling services to abusers,
 - Counseling with respect to family violence, counseling by peers individually or in groups, and referral to community social services,
 - Transportation, technical assistance with respect to obtaining financial assistance under Federal and State programs and referrals for appropriate health-care services (including alcohol and drug abuse treatment), but shall not include reimbursement for any healthcare services,
 - Legal advocacy to provide victims with information and assistance through the civil and criminal courts and legal assistance, or
 - Children's counseling and support services, and childcare services for children who are victims of family violence or the dependents of such victims



Nevada FVPSA NOFO Details

- Competitive application
- Funds awarded will begin on July 1, 2020 and expire on September 30, 2021
- Match/Cost Sharing Requirement: 20% of total FVPSA project
 - Award amount divided by 80% multiplied by 20%

Nevada FVPSA NOFO Details

- Total Funding Amount- \$1,258,705

Funding Distribution	Funding Allocations	Approximate Total of Awards
Immediate shelter and supportive services	Approximately 74%	\$931,442
Supportive services and prevention services	Approximately 26%	\$327,263
	Total	\$1,258,705

- Funding will be distributed to support organizations that have as their primary purpose the operation of shelters for victims of family violence, domestic violence, and dating violence and their dependents
- Preference will be given to culturally specific populations and underserved populations



Applicant Eligibility

- Non-profit or faith-based organization
- Supports programs and projects **within the state** to prevent incidents of family, domestic, and dating violence and to provide immediate shelter and related assistance to victims of family violence and their dependents
- Must have a Data Universal Numbering System (DUNS) number
- Must be Civil rights compliant
- Services to Limited-English-Proficient (LEP) Persons



Confidentiality Requirements

- Subrecipients are prohibited from the following:
 - Disclosing any personally identifying information collected in connection with services requested through subrecipient's programs,
 - Revealing any personally identifying information without informed, written, reasonably time-limited consent by the person about whom information is sought, and
 - Require an adult, youth, or child victim of family, domestic, or dating violence to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the subrecipient



Award Timeline

Event	Date/Time
Grant opportunity announced	Early September
FVPSA NOFO Training Webinar	Week after NOFO released
Questions and Answers posted to DCFS GMU webpage	Approximately 1 week after Webinar
Deadline for submission	October 6, 2020
Evaluation period (approximate time frame)	October 2020
Announcement of awards	October/November 2020
Performance Period	July 1, 2020 through September 30, 2021



Application Instructions

- Arial 11-point font
- Single-spaced
- One-inch margins
- All pages including attachments must have applicant's name on the bottom of the page

GMU Scoring Matrix

Proposal Component	Potential Maximum Score
A. Application	No score
B. Project Narrative	80
C. Budget	20
D. Agency Self-Assessment	10
E. Past Performance with DCFS GMU	50
Total	160

Section A- Application Form

- No points
- Complete the application form
- Add brief narrative in areas next to the checkboxes when applicable
 - Examples: C. Geographic Area of Service, E. Victim Populations to be served
- Include copies of subcontracts
- Include resumes of key personnel
- Please list your agencies current funding as it shows fiscal stability
- Remember to sign this form

Section B- Narrative

- 80 Points
 - Should not exceed 10 pages
1. Overview- 10 points
 2. Statement of Need- 10 points
 3. Services Proposed- 15 points
 4. Availability and Accessibility of Services- 10 points
 5. Goals and Objectives- 15 points
 6. Methods of Accomplishment- 10 points
 7. Community Coordination/Collaboration- 10 points



Narrative- Overview

1. Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary
2. Provide up to three brief examples of the organization's successes
3. Describe the organization's desired goals and outcomes with service numbers



Narrative-Statement of Need

1. Establish the degree of need of FVPSA services within the geographic area
2. Identify the targeted population and explain how the target population would benefit from the proposed project

This section must be substantiated with data. Data sources should be mentioned.

Narrative- Services Proposed

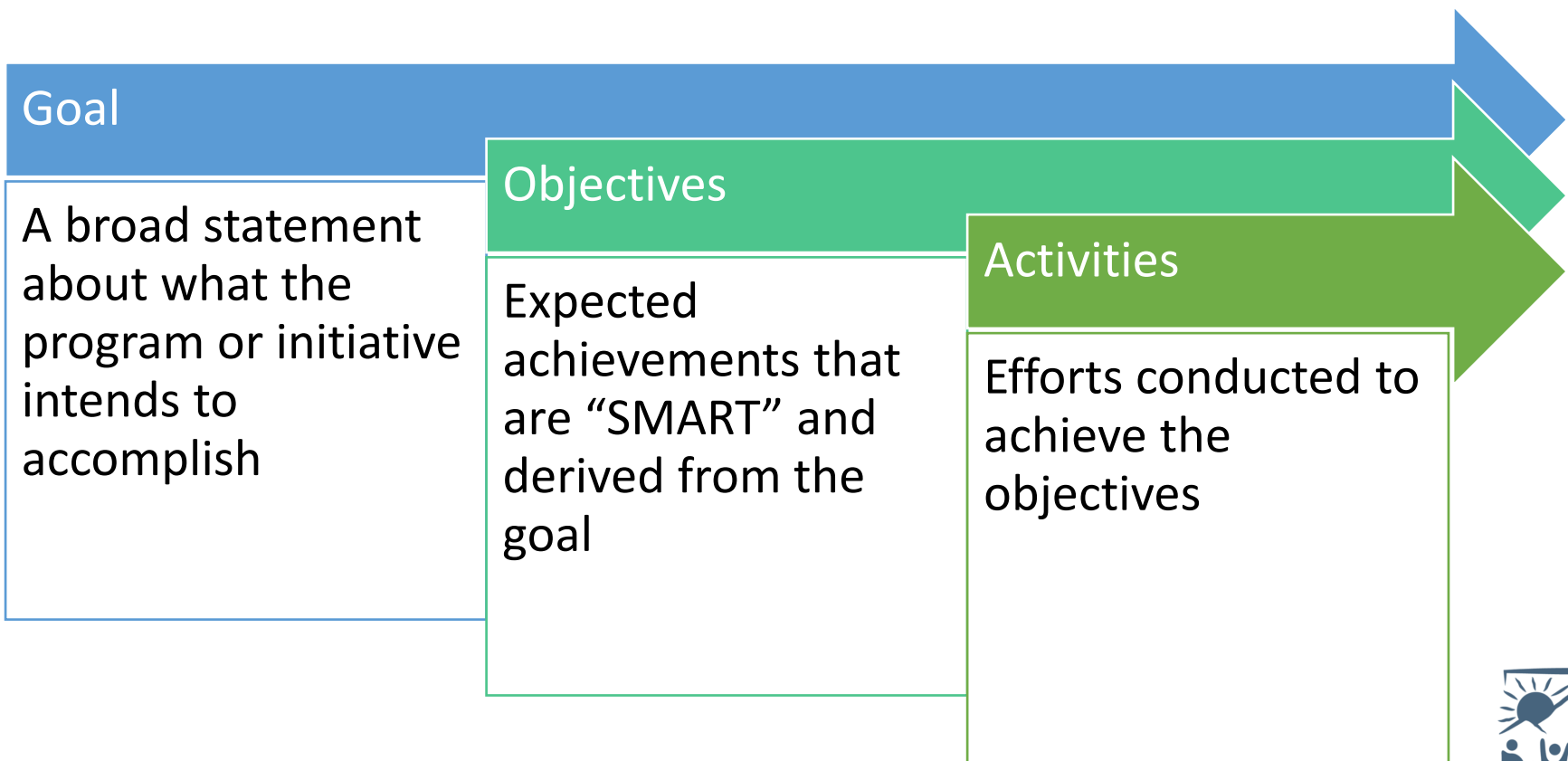
1. Identify what services will be provided and how clients are referred to your agency
2. Explain how your agency will ensure that services are accessible to all populations, how the needs of your clients will be assessed, and how services will be individualized
3. Describe your agency's approach to direct service delivery and how it meets the needs of the client
4. If you are already providing the proposed services in the proposed community/communities, indicate whether there is a waiting list for the proposed services and provide the average length of wait and the number of prospective clients on the list

Narrative- Availability and Accessibility of Services

1. Detail the availability of services within the organizations geographic area
2. Identify other organizations providing similar services and describe why duplication of services is warranted
3. Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization

Narrative- Goals and Objectives

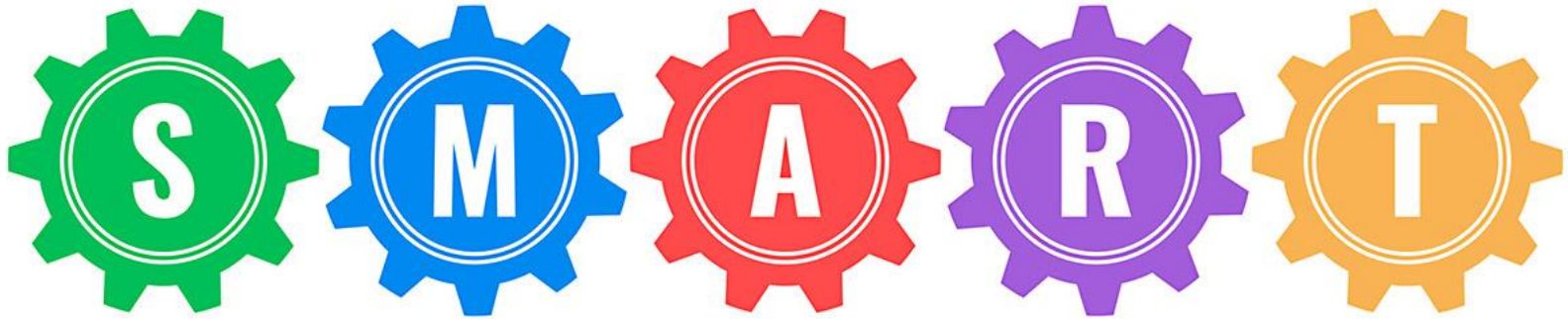
- This section is where you will fill out your Scope of Work (SOW)



SOW- Goals

- Should match with the other sections of your narrative
- Should match with your budget
- Should start with an action word
 - Provide
 - Increase
 - Improve
- Should state target population(s)

SOW- Objectives



SPECIFIC

MEASURABLE

ACHIEVABLE

RELEVANT

TIME-BOUND

SOW- Activities

- A set of tasks that accomplish an objective
 - Think about what things you need to do to accomplish the objective
 - List as many things as needed

Goal 1:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this goal be measured (quantitative)</u>
1.	1.		1.	1.
2. <i>Add more line if needed</i>	2.		2.	2.



Narrative- Methods of Accomplishment

1. Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved
2. Explain what measurements will be used to report on the program's success



Narrative- Community Coordination/ Collaboration

1. Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration
2. Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services
3. Include any current Memorandums of Understanding and/or Letters of Intent in your application packet



Section C- Budget

- 20 Points
- Proposed Project Budget- 10 points
- Budget Narrative- 10 points

Budget- Proposed Project Budget



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



Budget Narrative- Personnel

- Employees who provide direct services are identified here.
- The NOFO has a table to help you distinguish an employee from contract staff
- 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)
- Make sure to put the job description and explain how that position provides direct services
- Only those staff whose time can be traced directly back to the grant project should be included in this budget category. All other should be considered part of the applicant's indirect costs



Budget Narrative- Form 1 Personnel

Applicant Name: _____

Form 1

BUDGET NARRATIVE - \$FY21

Total Personnel Costs		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.		:	:	-
Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position				
*Insert details to describe position duties as it relates to the funding (specific program objectives).				
				\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position				
*Insert details to describe position duties as it relates to the funding (specific program objectives).				
				\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position				
*Insert details to describe position duties as it relates to the funding (specific program objectives).				
				\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position				
*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.				
Total Fringe Cost		\$	Total	\$
		-	:	-





Budget Narrative- Travel/Training

- Travel costs must provide direct benefit to this project
 - Identify staff that will travel
 - The purpose
 - Frequency
 - Projected costs

Can not exceed the U.S. General Services Administration (GSA) rates

- Training- identify and justify any training costs specifically associated with the project,
 - include type of training,
 - location,
 - Number attending
 - Benefit to project



Form 1- Travel/Training

Travel/Training					Total:	\$
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.					-	-
Out-of-State Travel					\$	-
<u>Title of Trip & Destination such as CDC Conference:</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		
San Diego, CA						
Airfare: Cost per trip (origin & destination) x # of trips x # of staff					\$	-
Baggage fee: \$ amount per person x # of trips x # of staff					\$	-
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$	-
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$	-
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$	-
Mileage: <u>rate per mile</u> x # of miles per r/trip x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x <u># of days</u> x # of staff					\$	-
Justification:						
Who will be traveling, when and why, tie into program objective(s) or indicate required by <u>funder</u> .						
If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip						
In-State Travel					\$	-
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$	-
Baggage fee: \$ amount per person x # of trips x # of staff					\$	-
Per Diem: \$ per day per GSA rate for area x <u># of trips</u> x # of staff					\$	-
Lodging: \$ per day + \$ tax = total \$ x <u># of trips</u> x # of nights x # of staff					\$	-
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$	-
Mileage: <u>rate per mile</u> x # of miles per r/trip x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x <u># of days</u> x # of staff					\$	-
Justification:						
Who will travel and why						
If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip						



Budget Narrative- Operating

- List and justify tangible and expendable property
 - Office supplies
 - Program supplies

General 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, details must be provided that explains how the food will be utilized to meet the project goals

Form 1- Operating

<u>Operating</u>	Total:	\$	-
<p>List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.</p>			
Office supplies: \$ Amount x # of FTE staff x # of months	\$		-
Occupancy	\$		-
Communications	\$		-
Rent: \$ per month x 12 months x # of FTE	\$		-
Utilities: \$ per quarter x 4 quarters	\$		-
State Phone Line: \$ per month x 12 months x # of FTE	\$		-
Voice Mail: \$ per month x 12 months x # of FTE	\$		-
Conference Calls: \$ per month x 12 months	\$		-
Long Distance: \$ per month x 12 months	\$		-
Email: \$ per month x 12 months x # of FTE	\$		-
<p><u>Justification:</u></p> <p>Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.</p>			

Budget Narrative- Equipment

- List equipment to purchase or lease costing \$5,000 or more and justify these expenditures
- List any electronics regardless of cost

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



Form 1- Equipment

<u>Equipment</u>	Total:	\$	-
List Equipment purchase or lease costing <u>\$5,000 or more</u> , and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.			
Describe equipment:	\$	-	

Budget Narrative- Contractual/Consultant Services

- Project workers who are not employees of the applicant organization should be identified here
- Any cost associated with these workers (travel, etc.)
- Explain the need and/or purpose
- Identify and justify these costs

A copy of written agreements with all partners must be provided with the application

Form 1- Contractual/Consultant



<u>Contractual</u>	Total \$
<p>Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or <u>mini-grants</u> 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.</p>	-
<p><u>Name of Contractor/Subrecipient:</u></p>	\$ -
<p><u>Method of Selection:</u> Explain, i.e. sole source or competitive bid</p>	
<p><u>Period of Performance:</u> July 1, 2018 - June 30, 2019</p>	
<p><u>Scope of Work:</u> Define Scope of Work</p>	
<p><u>*Sole Source Justification:</u> Define if sole source method, not needed for competitive bid</p>	
<p><u>Method of Accountability:</u></p> <p>Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.</p>	
<p>*Add additional Contractor/Subrecipients here with justification or delete this row.</p>	\$ -

Budget Narrative- Other Expenses

- This can include things such as
 - Audit costs
 - Car insurance
 - Client transportation
 - Anything that doesn't fit in the other categories

Form 1- Other Expenses

Other	Total:	\$	-
<p>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. Stipends or scholarships that are a component of a larger project or program may be included <u>here</u>, but require special justification.</p>			
Printing Services: \$ amount/month x 12 months	\$		-
Copier/Printer Lease: \$ amount/month x 12 months	\$		-
Property and Contents Insurance per year	\$		-
Car insurance: \$ per month x 12 months	\$		-
Postage: \$ per month x 12 months	\$		-
Audit	\$		-
<p><i>Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.</i></p>			

Budget Narrative- 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
- Subrecipients without a negotiated indirect rate with their cognizant federal agency may use a 10% de minimis rate
- Subrecipients that have a current federally approved indirect cost rate with their federal cognizant agency **must** include a copy of the negotiated indirect agreement with the application
- It is important to identify indirect costs

Form 1- Indirect Costs

<u>Indirect</u>		Total:	\$	-
<p>Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculate 10%. Applicants may override this formula only to request a lower indirect rate.</p>				
Identify Indirect Expenses	\$	-		
Add more as necessary and adjust formula in F112	\$	-		
to reflect changes.	\$	-		
TOTAL BUDGET		Total:	\$	-

Budget Narrative- Form 2

- Column B should automatically update with the totals from Form 1
- Complete Columns C through G for all other funding sources for this project
- Don't forget to include an explanation of any funding source you list as pending
- Match column should automatically update once you have completed Form 3

Form 2- Budget Summary

FORM 2- Budget Summary (Please complete in "SFY21 Budget Narrative Template" excel file, this version is just for information purposes)

Applicant Name: _____

Form 2

PROPOSED TOTAL AGENCY BUDGET SUMMARY - SFY21
(Form Revised January 2020)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE

FUNDING SOURCE \$	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EXPENSE CATEGORY

Personnel	\$ -							\$ -	\$ -
Travel/Training	\$ -							\$ -	\$ -
Operating	\$ -							\$ -	\$ -
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ -							\$ -	\$ -
Indirect	\$ -							\$ -	\$ -

TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------	------	------	------	------	------	------	------	------	------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------------------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$ -
Indirect % of Budget	10%

Total Agency Budget	\$ -
Percent of Agency Budget	#DIV/0!

B. Explain any items noted as pending:



Budget Narrative- Form 3

- Looks just like Form 1 but is for your match
- Match is 20% of the total award- to calculate this take the amount you are asking for and divide by 80% and then multiply by 20%
- All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period
- Match can be non-federal funding, donations, volunteers



Section D- Self-Assessment

- 10 Points
- Complete the self-assessment questionnaire for your organization
- Answer all questions

Section E- Past Performance with DCFS GMU

- 50 Points
- Submit most recent single audit or financial opinion
- Do not attach GMU's subrecipient monitoring forms
- New applicants will only receive a score for the single audit or financial opinion

Past Performance Criteria	Scoring Points
Single Audit of Financial Opinion	10
Timeliness and Accuracy of Request for Funds	15
Timeliness and Accuracy of Performance Reports	15
Subrecipient Monitoring Findings	10
	50

Submission Instructions

- Grant application deadline is Friday October 9, 2020 at 5:00pm.
- Signed completed application in PDF document with any required attachments to dcfsgrants@dcfs.nv.gov
- Subject line of the e-mail “FVPSA NOFO Response from (name of applicant)”
- If you do not receive an email acknowledgement within 3 business days of submitting your application, please email dcfsgrants@dcfs.nv.gov to verify receipt
- Late and/or incomplete applications will not be scored or considered for funding

Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period





Application Tips

- Use the Checklist
- Make sure all sections are completed
- Make sure all attachments are included
- Don't wait until the last minute to submit



Evaluation Process

- Step 1: Technical Review
- Step 2: Application Review Panel
- Step 3: Final Decisions

Application Review

- Funding decisions will be based on the following factors:
 - Review panel scores,
 - Geographic distribution of the proposed grant awards,
 - Federal priority funding populations, and
 - Conflicts or redundancy with other funded programs or supplanting of existing funding

Post Award Requirements

- Monthly Financial status and Request for Reimbursement (RFR)
- Performance Reports

Reporting Period	Due Date
July 1, 2020-September 30, 2020	October 15, 2020
October 1, 2020-December 31, 2020	January 15, 2021
January 1, 2021-March 31, 2021	April 15, 2021
April 1, 2021-June 30, 2021	July 15, 2021
July 1, 2021-September 30, 2021	October 15, 2021

- Subrecipient Monitoring

Post Award Requirements Cont.

- Compliance with Changes to Federal and State Laws
- Nevada 2-1-1
- Client Grievance Process

Contact Information

- General Questions: DCFSGrants@dcfs.nv.gov
- Erika Pond: Erika.Pond@dcfs.nv.gov
(775) 684-5934
- Julie Lindesmith: Julie.Lindesmith@dcfs.nv.gov
(775) 684-4427
- Jean Booth: Jbooth@dcfs.nv.gov
(775) 684-4447 or (775) 376-2639 cell



Questions?

