



**State of Nevada
Division of Child and Family Services
Grant Management Unit**

**Family Violence Prevention and Services Act
(FVPSA)**

Notice of Funding Opportunity (NOFO)

**Federal Fiscal Year (FFY) 2020/21
Award Performance Period: 7/1/20-9/30/21**

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

Opportunity Summary

Opportunity Summary

The Family Violence Prevention and Services Act (FVPSA) formula grant assists States and Territories to fund more than 1,600 local public, non-profit, and faith-based organizations demonstrating effectiveness in the field of domestic violence services and prevention. These domestic violence programs 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

This Notice of Funding Opportunity (NOFO) is for competitive applications to be funded through the Family Violence Prevention and Services Act Federal Fiscal Year (FFY) 2020 award for State Fiscal Years (SFYs) 2021 and 2022. This NOFO implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) Grants Management Unit (GMU). Funds awarded as a result of this NOFO will begin on July 1, 2020 and expire on September 30, 2021. Unused funds from one year will not be automatically carried forward to the next year. Current subrecipients are not guaranteed funding in FFY21 and applicants who receive awards through this NOFO are not guaranteed future funding.

Total Funding Amount: \$1,258,705. Funding will be distributed to support community-based projects with demonstrated effectiveness carried out by non-profit, public, or private organizations; that have as their **primary purpose the operation of shelters for victims of family violence, domestic violence, and dating violence and their dependents** or those which provide counseling, advocacy, and self-help services to victims. Funds are awarded through a NOFO process and are dependent upon availability of funding, compliance with grant requests, and scopes of work (SOW).

Funding preference will be given to culturally specific populations and underserved populations. Nevada's underserved populations include members of the LGBTQ population, ethnic minorities, male victims, and those who live in rural areas of Nevada.

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

Applicants should not exceed the award amounts listed in this solicitation and should carefully consider the resources needed to successfully implement the proposed project. DCFS has the discretion to award grants for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to awarding a grant.

Match/Cost Sharing Requirement: The purpose of matching contributions is to increase the amount of resources available to the projects supported by grant funds. The minimum local match (cash or in-kind) requirement is **20%** of the total FVPSA project cost. Match is determined with the following formula: award amount divided by 80% multiplied by 20%. Match is required for all subrecipients, except Federally recognized Tribal nations. There is no match waiver process available for FVPSA funding.

Program Requirements

APPLICANT ELIGIBILITY

This NOFO is open to any non-profit organization, faith-based organization, or Federally-recognized Tribal nation that 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 in order to prevent future incidents.

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) number 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

All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. In the event that a court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against a recipient of funds after a due process hearing, the recipient must agree to forward a copy of the finding to the Office for Civil Rights of the Department of Justice's Office of Justice Programs.

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.

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:

- The length of the relationship,
- The type of relationship, and
- The frequency of interaction between the persons involved in the relationship.

Domestic Violence - Felony or misdemeanors 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.

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.

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. 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 health-care 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.

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 standard may not be applied to individuals receiving assistance or services.
- 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 the actual or perceived gender, including gender identity, of the children.

DCFS is vested in supporting and funding programs that provide direct shelter and related services to children and families impacted by family violence. DCFS is particularly interested in enhancing shelter and related services to young children exposed to violence in the home environment.

Applicants for family violence funding should do their best to describe any services provided to children and families.

CONFIDENTIALITY REQUIREMENTS

In order to ensure the safety of adult, youth, and child victims of family, domestic, or dating violence and their families, subrecipients receiving FVPSA funding must protect the confidentiality and privacy of such victims and their families.

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.

Application Process

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 9, 2020
Evaluation period (approximate time frame)	October 2020
Announcement of awards	October/November 2020
Performance Period	July 1, 2020 through September 30, 2021

Application Review

DCFS staff along with application review panel members will review and evaluate each application based upon the GMU Scoring Matrix (See Appendix C). The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The review process will include a technical review of applicant information, project narrative, program evaluation, cost effectiveness, project sustainability, scope of work, staff qualifications, collaboration and budget narrative. The review panel members will be comprised of individuals with experience and knowledge of grant management or responsibility for program service and financing.

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.

Evaluation Process

Applications received by the published deadline of **5 pm Tuesday October 9, 2020** will be processed as follows.

STEP 1: Technical Review

DCFS staff will perform a technical review of each application to ensure that minimum standards are met.

- Applications **may** be disqualified if they are missing fundamental elements (i.e., unanswered questions, required attachments).

STEP 2: Application Review Panel

- A. Each application that passes the technical review will be evaluated for content and scored by at least two review panel members using the GMU Scoring Matrix (See Appendix C).
- B. During the review process, staff will identify strengths and weaknesses and may recommend that if the application is funded:
 - 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. Decisions will be based on GMU and review panel recommendations which will be provided to the Administrator of DCFS or designee for final approval.

STEP 3: Final Decisions

A successful application is not a guarantee you will receive all or partial funding for the program; or, if initially funded, that your project will receive continued funding in subsequent grant cycles.

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,
- Federal priority funding populations, and
- Conflicts or redundancy with other funded programs or supplanting of existing funding.

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/November 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 subaward, see Appendix D: Notice of Subaward.

Post Award Requirements

Monthly Financial Status and Request for Funds Report filing

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. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15th of the following month.

Performance Report

Subrecipients who receive an award must complete performance reports on a quarterly basis and submit them as instructed by DCFS. The quarterly reports will be due by the 15th of the month following the end of the reporting quarter, please see the chart below. Successful applicants will report on their progress towards meeting their scope of work commitments and DCFS will provide a data reporting workbook for subrecipients to document their performance measures. Subrecipients will be required to provide source documentation that corresponds to the data reported.

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

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DCFS to the federal granting agency. 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 (1) board member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to your agency within 30 working days following the conclusion of the subrecipient monitoring.

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 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.

Client Grievance Process

All successful applicants will be required to adhere to the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) Client Grievance procedure. Additional information will be provided to successful applicants.

Questions?

Contact the DCFS GMU at dcfsgrants@dcfs.nv.gov

A Question and Answer session will begin the first day of the NOFO release and will continue until approximately a week after the FVPSA NOFO webinar.

All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/>. To submit your questions please e-mail DCFS GMU at dcfsgrants@dcfs.nv.gov.

Submission Instructions

- **The grant application deadline is Tuesday October 9, 2020 by 5pm.**
- Submit the signed, completed application with résumés and licenses of key personnel in a PDF document and any required attachments to dcfsgrants@dcfs.nv.gov.
- Application must be submitted online by emailing all required documents in a single email to dcfsgrants@dcfs.nv.gov In the subject line of the email place the NOFO title, "FVPSA NOFO Response from [name of applicant]".
- 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 email dcfsgrants@dcfs.nv.gov to verify that DCFS received your application.
- Submitting a paper copy of the application is **not** required.

Application Instructions and Scoring

Application Instructions and Scoring

- 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 160.
- Application should be in Arial 11-point font on single-spaced pages with one-inch margins.
- All pages including attachments must have applicant's name on the bottom of the page.

Section A – Application Form (No points)

- Complete the Application Form

Section B – Narrative (80 points)

- The Narrative should not exceed 10 pages.
- This Section has seven (7) fields assigned different numbers of points.
- The Statement of Need (section 2) must be substantiated with data.
- Use Arial 11-point font on single-spaced pages with one-inch margins.

Field Name	Scoring Points	Instructions
1. Overview	10	<ol style="list-style-type: none"> 1. Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. 2. Provide up to three (3) brief examples of the organization's successes. 3. Describe the organization's desired goals and outcomes with service numbers.
2. Statement of Need	10	<ol style="list-style-type: none"> 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.
3. Services Proposed	15	<p>The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.</p> <ol style="list-style-type: none"> 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.
4. Availability and Accessibility of Services	10	<ol style="list-style-type: none"> 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.
5. Goals and Objectives	15	<ol style="list-style-type: none"> 1. Describe the organization's goals and objectives to meet the geographic area's needs. 2. Provide the projected number of services that will be provided, either in clients served or services provided with these grant funds. Note that these projections must match the Scope of Work and Budget Narrative. 3. Complete SOW as detailed in Appendix B: Descriptions of Services, Scope of Work and Deliverables
6. Methods of Accomplishment	10	<ol style="list-style-type: none"> 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.
7. Community Coordination/ Collaboration	10	<ol style="list-style-type: none"> 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.
Total for Narrative	80	

Section C – 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.

Field Name	Scoring Points	Instructions
Proposed Project Budget	10	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	10	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 FFY20. This should align with the Narrative's Goals and Objectives (Section B-5) and Methods of Accomplishment (Section B-6).
Total for Budget	20	

Section D – Agency Self-Assessment (10 Points)

- This section has one (1) field assigned to it
- Complete the self-assessment questionnaire for your organization.

Field Name	Scoring Points	Instructions
Agency Self-Assessment	10	Complete questions on the agency self-assessment.

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 or Financial Opinion	10
Timeliness and Accuracy of Request for Funds	15
Timeliness and Accuracy of Performance Reports	15
Subrecipient Monitoring Findings	10
Total	50

Overview of Certifications and Assurances

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

1. The project described in this application meets all the requirements of the Family Violence Prevention and Services Act,
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, and
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 Notice of Subaward and Assurances and Certifications.

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 necessary to carry out the proposed Scope of Work (SOW) and achieve the projected outcomes for FFY20.

Note: If the project is not fully funded, the GMU will work with the applicant to modify the budget, the SOW and the projected outcomes.

Applicants **must** use the “Budget Narrative Template” excel file budget template form 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. **Do not override formulas.**

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

Personnel:

Employees who provide direct services are identified here. Direct services are defined as those services described in 42 U.S.C. 10603(d)(2), and efforts that (1) respond to the emotional, psychological, or physical needs of crime victims; (2) assist victims to stabilize their lives after victimization; (3) assist victims to understand and participate in the criminal justice system; or (4) restore a measure of safety and security for the victim.

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 workspace & 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 – $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

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. 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).

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](#).

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 57.5 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 \$5,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$5,000 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. Sub-awards, 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 fourth tab to the budget template for that purpose.

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 cost may include the negotiated percentage rate in their budgets. A copy of the negotiated indirect agreement must be attached to the application.

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. The minimum local match (cash or in-kind) requirement is **20%** of the total FVPSA project cost. Match is determined with the following formula: award amount divided by 80% multiplied by 20%. Identify and justify match of 20% of 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.

FORM 1- Budget Narrative (Please complete in "Budget Narrative Template" excel file, this version is just for information puposes)

Applicant Name:

Form 1

BUDGET NARRATIVE

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	Mont hs	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:	\$
				-		-

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: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		
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: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x # of days x # of staff					\$	-
Justification:						
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
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 # of trips x # of staff					\$	-
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$	-
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$	-
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x # of days 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.

Operating	Total: \$
	-
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.	
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	\$ -
	-
Justification:	
<i>Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.</i>	

Equipment	Total: \$
	-
List Equipment purchase or lease costing \$5,000 or more, 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	\$ -

Contractual	Total: \$
	-
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 mini-grants 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.	
Name of Contractor/Subrecipient:	\$ -
<u>Method of Selection:</u> Explain, i.e. sole source or competitive bid	
<u>Period of Performance:</u> July 1, 2018 - June 30, 2019	
<u>Scope of Work:</u> Define Scope of Work	
<u>*Sole Source Justification:</u> Define if sole source method, not needed for competitive bid	
<u>Method of Accountability:</u>	

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

*Add additional Contractor/Subrecipients here with justification or delete this row.

\$
-

Other	Total: \$
	-
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 here, but require special justification.	
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	\$ -
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.	

TOTAL DIRECT CHARGES	\$ -
-----------------------------	----------------

Indirect	Total: \$
	-
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 calculated 10%. Applicants may override this formula only to request a lower indirect rate.	
Identify Indirect Expenses	\$ -
Add more as necessary and adjust formula in F112	\$ -
to reflect changes.	\$ -
TOTAL BUDGET	Total: \$ -

FORM 2- Budget Summary (Please complete in “Budget Narrative Template” excel file, this version is just for information puposes)

Applicant Name: - - - -

Form 2

PROPOSED TOTAL AGENCY BUDGET SUMMARY
(Form Revised January 2020)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE

FUNDING SOURCES	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:

FORM 3- Match Budget Narrative (Please complete in “Budget Narrative Template” excel file, this version is just for information puposes)

Applicant Name:

Form 3

MATCH BUDGET NARRATIVE

Funding for Match Received From (State Funding Source):

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	Mont hs	Amount Requested
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number					
*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					
*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					
*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					
*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: \$
				-	-

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: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	<u>\$</u>
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: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$
Parking: \$ per day x # of trips x # of days x # of staff					\$

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

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>	<u>\$</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 # of trips x # of staff					\$
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # of trips x # days					\$
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$
Parking: \$ per day x # of trips x # of days 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.

Operating **Total: \$**

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.

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	\$
	-

Justification:

Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.

Equipment	Total: \$
	-
<p>List Equipment purchase or lease costing \$5,000 or more, 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.</p>	
Describe equipment	\$
	-

Contractual	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 mini-grants 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>	
Name of Contractor/Subrecipient:	\$
	-
<p>Method of Selection: Explain, i.e. sole source or competitive bid Period of Performance: July 1, 2018 - June 30, 2019 Scope of Work: Define Scope of Work *Sole Source Justification: Define if sole source method, not needed for competitive bid Method of Accountability: Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.</p>	
*Add additional Contractor/Subrecipients here with justification or delete this row.	\$
	-

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 here, 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	\$
	-
Justification: <i>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>	

TOTAL DIRECT CHARGES	\$
	-

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

Scope of Work- The Scope of Work (SOW) is the area in an agreement where the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party. The SOW should also contain a timeline for all deliverables and the way the goal will be measured.

Description of Services, Scope of Work and Deliverables FFY 2020

AGENCY NAME, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes

Scope of Work for AGENCY NAME

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.

Goal 2:

<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.

Add another table if needed

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 detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully provide services in accordance with the Family Violence Prevention and Services Act Guidelines.
- E. Proposals with an average score lower than 90 may be excluded from further consideration.

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

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

APPENDIX D: NOTICE OF SUBAWARD



State of Nevada
 Department of Health and Human Services
 Division of Child & Family Services

Subaward #: _____
 Budget Account: _____
 Category: _____
 GL: _____
 Job Number: _____

NOTICE OF SUBAWARD

Program Name: Family Violence Prevention and Services Act (FVPSA) DCFS Grants Management Unit DCFSGrants@dcsf.nv.gov			Subrecipient's Name:																																																		
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009			Address:																																																		
Subaward Period: July 1, 2020 through June 30, 2021			Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____																																																		
Purpose of Award:																																																					
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:40%; text-align: center;"><u>Approved Budget</u></th> <th style="width:50%; text-align: center;"><u>Categories</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td style="text-align: right;">\$0.00</td><td>Personnel</td></tr> <tr><td>2.</td><td style="text-align: right;">\$0.00</td><td>Travel/Training</td></tr> <tr><td>3.</td><td style="text-align: right;">\$0.00</td><td>Operating</td></tr> <tr><td>4.</td><td style="text-align: right;">\$0.00</td><td>Equipment</td></tr> <tr><td>5.</td><td style="text-align: right;">\$0.00</td><td>Contractual/Consultant</td></tr> <tr><td>6.</td><td style="text-align: right;">\$0.00</td><td>Other</td></tr> <tr><td colspan="2" style="text-align: right;">TOTAL DIRECT COSTS</td><td></td></tr> <tr><td>7.</td><td style="text-align: right;">\$0.00</td><td>Indirect Costs</td></tr> <tr><td colspan="2" style="text-align: right;">TOTAL APPROVED BUDGET</td><td></td></tr> </tbody> </table>				<u>Approved Budget</u>	<u>Categories</u>	1.	\$0.00	Personnel	2.	\$0.00	Travel/Training	3.	\$0.00	Operating	4.	\$0.00	Equipment	5.	\$0.00	Contractual/Consultant	6.	\$0.00	Other	TOTAL DIRECT COSTS			7.	\$0.00	Indirect Costs	TOTAL APPROVED BUDGET			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;"><u>Award Computation</u></th> </tr> </thead> <tbody> <tr><td>Total Obligated by This Action:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Cumulative Prior Awards this Budget Period:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Federal Funds Awarded to Date:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Match Required</td><td style="text-align: right;">Yes/No</td></tr> <tr><td>Amount Required this Action:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Amount Required Prior Awards:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Match Amount Required:</td><td style="text-align: right;">Yes/No</td></tr> <tr><td>Research and Development (R&D)</td><td></td></tr> </tbody> </table>			<u>Award Computation</u>		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	Yes/No	Amount Required this Action:	\$0.00	Amount Required Prior Awards:	\$0.00	Total Match Amount Required:	Yes/No	Research and Development (R&D)	
	<u>Approved Budget</u>	<u>Categories</u>																																																			
1.	\$0.00	Personnel																																																			
2.	\$0.00	Travel/Training																																																			
3.	\$0.00	Operating																																																			
4.	\$0.00	Equipment																																																			
5.	\$0.00	Contractual/Consultant																																																			
6.	\$0.00	Other																																																			
TOTAL DIRECT COSTS																																																					
7.	\$0.00	Indirect Costs																																																			
TOTAL APPROVED BUDGET																																																					
<u>Award Computation</u>																																																					
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	Yes/No																																																				
Amount Required this Action:	\$0.00																																																				
Amount Required Prior Awards:	\$0.00																																																				
Total Match Amount Required:	Yes/No																																																				
Research and Development (R&D)																																																					
Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:																																																
Agency Approved Indirect Rate:			Subrecipient Approved Indirect Rate: % de minimis																																																		
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> This award is subject to the availability of appropriate funds. Expenditures must comply with appropriate state statutory guidelines, the DHHS Grant Instructions and Requirements, and State Administrative Manual. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. Subrecipient must comply with all applicable Federal regulations. Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator. 																																																					
Incorporated Documents: Subrecipient Agreement 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 Appendix A: FVPSA Assurances																																																		
Authorized Official Name		Signature		Date																																																	
Grants & Project Analyst II																																																					
for Ross E. Armstrong Administrator, Division of Child & Family Services																																																					

SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any recipient or employee because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for subrecipients that expend \$750,000 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with

the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or

- Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the subrecipient agrees to provide the Department with copies of all contracts, subgrants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

SECTION B

Description of Services, Scope of Work and Deliverables

Subrecipient, 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:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this Goal be measure (quantitative)</u>

Goal 2:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this Goal be measure (quantitative)</u>

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Child and Family Services from the Office for Victims of Crime through 2018-V2-GX-0076. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the State of Nevada."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by 2018-V2-GX-0076 from the Office for Victims of Crime.

Subrecipient agrees to adhere to the following budget:

- Department of Health and Human Services policy allows no more than 10% flexibility of the total budget category not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$XXX;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement.
- Additional expenditure detail will be provided upon request from the Department.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the SUBAWARD PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 30-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 30-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.

Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

Agency Ref. #: _____
 Budget Account: 3145
 GL: 20
 Draw #: _____

SECTION D

Request for Reimbursement

Program Name: VOCA Victim Assistance	Subrecipient Name:
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2023	Address:
Subaward Period: July 1, 2020 – June 30, 2021	Subrecipient's: EIN: Vendor #:

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(must be accompanied by expenditure report/back-up documentation)

Month(s): _____ Calendar year: 2020

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the subrecipient certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DEPARTMENT USE ONLY

Is program contact required? ___ Yes ___ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

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).

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO

3. When does your organization's fiscal year end? _____

4. What is the official name of your organization? _____

5. How often is your organization audited? _____

6. When was your last audit performed? _____

7. What time-period did your last audit cover? _____

8. Which accounting firm conducted your last audit? _____

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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 not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- 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 Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Subrecipient's Name

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Department 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 as described 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, health information or other 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 Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI.

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Department 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 Department 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 Department. 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 Department.

VI. **OBLIGATIONS OF SUBRECIPIENT**

1. **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. **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.
3. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
4. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Department any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
5. **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 Department. 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 Department 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.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

SECTION H
Matching Funds Agreement

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and **Subrecipient's Name** (referred to as "Subrecipient").

Program Name		Subrecipient Name	
Federal Grant Number		Subaward Number	
Federal Amount	\$0.00	Contact Name	
Non-Federal (Match) Amount	\$0.00	Address	
Total Award	\$0.00		
Performance Period	July 1, 2020 – September 30, 2021		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Request for Reimbursement and will be verified during subrecipient monitoring. Non-Federal (Match) funding must be in compliance with CFR 200.306.

§ 200.306 Cost sharing or matching.

(b) For all Federal awards, any shared costs or matching funds and all contributions, including cash and third party in-kind contributions, must be accepted as part of the non-Federal entity's cost sharing or matching when such contributions meet all of the following criteria:

- (1) Are verifiable from the non-Federal entity's records;
- (2) Are not included as contributions for any other Federal award;
- (3) Are necessary and reasonable for accomplishment of project or program objectives;
- (4) Are allowable under Subpart E - Cost Principles of this part;
- (5) Are not paid by the Federal Government under another Federal award, except where the Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs;
- (6) Are provided for in the approved budget when required by the Federal awarding agency; and
- (7) Conform to other provisions of this part, as applicable.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Federal Awarded	\$0.00
Required Match Percentage	20%
Total Required Match	\$0.00

Approved Budget Category		Budgeted Match	
1	Personnel	\$	0
2	Travel/Training	\$	0
3	Operating	\$	0
4	Equipment	\$	0
5	Contractual/Consultant	\$	0
6	Other	\$	0
	Total	\$	0.00

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

APPENDIX A

Family Violence Prevention Services Act (FVPSA) Assurance

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

1. Agrees to prohibit direct payment of FVPSA grant funds to any victim or dependent of a victim.
2. Agrees services must be voluntary, and no conditions can be imposed on receipt of emergency shelter.
3. Agrees subrecipients may not apply inappropriate screening mechanisms, such as criminal background checks or sobriety requirements for victims to obtain shelter services
4. Agrees income eligibility standard may not be applied to individuals receiving assistance or services.
5. Agrees 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.
6. Agrees 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.
7. Agrees 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 the actual or perceived gender, including gender identity, of the children.
8. Agrees to prohibit making public the address or location of any shelter facility.
9. Agrees to use FVPSA funds to supplement and not supplant other federal, state, and local public funds expended to provide services and activities that promote the objectives of the FVPSA.
10. Agrees subrecipients are prohibited from the following:
 - a. Disclosing any personally identifying information collected in connection with services requested through sub-recipient's programs;
 - b. Revealing any personally identifying information without informed, written, reasonably time-limited consent by the person about whom information is sought;
 - c. 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 sub-recipient.

Compliance with this section is acknowledge by signing the subaward cover page of this packet.