

Application Form: Section A

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

A. Applicant Organization

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

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

C. Service Categories and Geographic Area of Service. Indicate the appropriate service category/categories and service area(s).

Program Categories:	Geographic Area of Service:
Family Preservation <input type="checkbox"/>	Washoe <input type="checkbox"/> Clark <input type="checkbox"/> Rural <input type="checkbox"/>
Family Reunification <input type="checkbox"/>	
Family Support <input type="checkbox"/>	
Adoption Promotion and Support Services <input type="checkbox"/>	

Briefly describe proposed services:

Indicate projected number (unduplicated) of adults and children to be served:

Children: _____ Families: _____ Persons with Disabilities: _____
 CSEC: _____

Children receiving services from DCFS or County child welfare agencies (Washoe or Clark) as a result of involvement or referral: _____
 Families receiving services from a public child welfare agency, DCFS or counties: _____

E. Program Point of Contact

Name	
Title	
Phone	
Email	

F. Fiscal Officer

Name & Title	
Phone & Email	

G. Subcontracts

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

H. Key Personnel

Name	Title	Contact information (Email & Phone)	Resume included?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Funding Promoting Safe and Stable Families	SFY21 Award	SFY 2022 Request	Difference
Family Preservation			
Family Support			
Family Reunification			
Adoption Promotion and Support Services			

K. Funding Priority based on Family First Prevention Services Act criteria. Prevention services are trauma-informed and are rated by Prevention Services Clearinghouse as:

Promising Supported Well-Supported

List the name of program being used if applicable: _____

I. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meet all requirements of the Promoting Safe and Stable Families (PSSF) legislation governing the grant as indicated by DCFS and the certifications included in the application packet; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; and that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)	Phone
Title	Email
Signature	Date

Application Narrative: Section B

Application Narrative (70 points)

Begin typing below each field header.

1. **Overview**
2. **Statement of Need**
3. **Services Proposed**
4. **Availability and Accessibility of Services**
5. **Measurable Goals and Objectives**
6. **Methods of Accomplishment**
7. **Community Coordination/Collaboration**

Budget: Section C

Budget (20 points)

1. Proposed Project Budget. Insert additional tables and provide a separate budget for each PSSF service category.

Category	Family Preservation	Family Support	Family Reunification	Adoption Promotion & Support Services
Personnel				
Travel/Training				
Operating				
Equipment				
Contractual/Consultant				
Other				
Indirect				
Total Funding Requested (\$)				

2. Budget Narrative For each budget category, provide a budget justification. See Appendix B for instructions on how to complete the budget narrative

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

Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for Subrecipient

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

<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.	XX/XX/XX	1.	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.	2.

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

<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.	XX/XX/XX	1.	1. 2

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

APPENDIX E: AGENCY SELF-ASSESSMENT

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

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

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

Title IV-B of the Social Security Act, Subpart 2: Promoting Safe and Stable Families Program (PSSFP)

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

Title IV-B of the Social Security Act, Subpart 2: Promoting Safe and Stable Families Program (PSSFP)

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

Title IV-B of the Social Security Act, Subpart 2: Promoting Safe and Stable Families Program (PSSFP)

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

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

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