



State of Nevada

Department of Health and Human Services

Division of Child and Family Services

Grant Management Unit

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

Notice of Funding Opportunity (NOFO)

Federal Fiscal Year 2021 Award

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

Opportunity Summary

Opportunity Summary

On February 9, 2018, the President signed into law the Bipartisan Budget Bill of 2018 as P.L. 115-123. This law included the enactment of the Family First Prevention Services Act, which, among other provisions, reauthorized through FY 2021 the Title IV, Part B Subpart 2 – Promoting Safe and Stable Families (PSSF) of the Social Security Act.

The purpose of the PSSF program is to promote flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families, by:

1. Protecting and promoting the welfare of all children;
2. Preventing the neglect, abuse, or exploitation of children;
3. Supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner;
4. Promoting the safety, permanence, and well-being of children in foster care and adoptive families; and
5. Providing training, professional development and support to ensure a well-qualified child welfare workforce.

The primary goals of PSSF are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States are directed to spend approximately 20% on each of the following service categories: family preservation, family support, family reunification and adoption promotion and support services.

Priority funding will be provided to agencies proposing services/programs for Commercial Sexual Exploitation of Children (CSEC).

The Division of Child and Family Services (DCFS) Grants Management Unit (GMU) seeks applications for programs to be funded for State Fiscal Year (SFY) 2022. This Notice of Funding Opportunity (NOFO) implements a funding process that combines a review of applications with grant allocations for specific program services throughout the geographic areas in Nevada.

Total Funding Amount: \$2,450,652: Funds awarded are for programs to begin July 1, 2021 and expire on June 30, 2022. Unused funds from one year will not be automatically carried forward to the next year.

This is a competitive process. Current subrecipients are not guaranteed funding in SFY 2022 and applicants who receive awards through this NOFO are not guaranteed future funding.

Program Requirements

Eligibility: Community-based organizations, school districts, tribal governments, and local government agencies are eligible to apply.

Funding Period: Grants will be awarded for a 12-month period: July 1, 2021 through June 30, 2022.

Program Services: Funds are awarded on an SFY basis and are dependent upon availability of federal funding, compliance with grant requirements and proposed activities outlined in the Scope of Work (SOW). New and current subrecipients are encouraged to propose projects that are innovative and reach populations throughout

geographical regions in the State of Nevada. Proposals must address one or more of the following four specific program areas: 1) Family Preservation; 2) Family Support; 3) Family Reunification; 4) Adoption Promotion and Support Services.

Reporting: Monthly Request for Reimbursement and Financial Reports along with programmatic reports will be required by the 15th of each month for the previous month. A year-end report may also be required.

Match/Cost Sharing Requirement: Successful applicants will be required to match at least 25% of the total program cost in cash or in-kind.

Collaboration with Child Welfare Agencies: All applicants must demonstrate how they will ensure ongoing collaboration with their local child welfare agency in all aspects of service provisions (under Proposal Narrative Section B, Field 3). If funded, agencies will be required to collaborate with DCFS and regional designated Child Welfare representatives to develop appropriate outcome measures to be reported monthly.

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

BACKGROUND AND DEFINITIONS OF TITLE IV B, SUBPART 2 SERVICES

Applications will be accepted to provide services in all geographic areas of the state. DCFS believes that the most effective services are in communities where families live, where they are easily accessible, and culturally responsive. Proposals must adequately describe community needs and address services to be provided to meet these needs. The Division anticipates awarding approximately \$2,450,652 statewide for the four service categories of PSSF:

- Family Preservation;
- Family Support;
- Family Reunification;
- Adoption Promotion and Support Services.

Service categories of PSSF	Funding Allocations	Approximate Minimum of Awards Statewide
Family Preservation	20% of the award	\$612,663
Family Support	20% of the award	\$612,663
Family Reunification	20% of the award	\$612,663
Adoption Promotion and Support Services	20% of the award	\$612,663

TARGET POPULATIONS

- Children and Families who are involved in the Child Welfare System.
- Families who are interested in adoption

PRIORITY TARGET POPULATION

- Commercial Sexual Exploitation of Children (CSEC)

FUNDING DISTRIBUTION

DCFS has determined that Title IV, Part B Subpart 2 – Promoting Safe and Stable Families (PSSF) funding will be distributed based on population. 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.

**** For SFY2022- the Adoption Promotion and Support category will not be included in the funding distribution by geographic region.**

Geographic Region	Funding Allocations	Approximate Total of Awards
Clark County	70% of the funding amount	\$1,286,592
Washoe County	20% of the funding amount	\$367,598
Balance of the State/Rural Counties	10% of the funding amount	\$183,799
	Total	\$1,837,989

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

Funding Preference will be given to applicants proposing to provide services based on the Family First Prevention Services Act (FFPSA) criteria. Agencies providing trauma-informed prevention services; services are rated as promising, supported, or well-supported in accordance with the HHS practice criteria Prevention Services Clearinghouse Handbook of Standards and Procedures and include thorough data reporting and evaluation. See Appendix A for Evidence-Based Services and Programs Matrix.

SERVICE CATAGORIES DEFINITION

1) FAMILY PRESERVATION: Services for children and families designed to help families (including adoptive, foster and extended families) at-risk or in crisis including:

- A. Service programs designed to help children
 - i. Where safe and appropriate, return to families from which they have been removed; or

- ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;

B. Pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk for foster care placement remain safely with their families;

C. Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;

D. Respite care of children to provide temporary relief for parents and other caregivers (including foster parents);

E. Services designed to improve parenting skills (by reinforcing parents' confidence in their strengths and helping them identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition.

2) FAMILY SUPPORT SERVICES: Community-based services designed to:

- A. Promote the safety and well-being of children and families;
- B. Increase the strength and stability of families (including adoptive, foster, and extended families);
- C. Support and retain foster families so they can provide quality family-based settings for children in foster care;
- D. Increase parents' confidence and competence in their parenting abilities;
- E. Afford children a safe, stable and supportive family environment;
- F. Strengthen parental relationships and promote healthy marriage;
- G. Enhance child development, including through mentoring.

3) FAMILY REUNIFICATION SERVICES: Services and activities provided to a child that is removed from the child's home and placed in a foster family home or a child care institution and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home. Services include:

- A. Individual, group, and family counseling;
- B. Inpatient, residential, or outpatient substance abuse treatment services;
- C. Mental health services;
- D. Assistance to address domestic violence;
- E. Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries;
- F. Peer-to-peer mentoring and support groups for parents and primary caregivers;
- G. Services and activities designed to facilitate access to and visitation of children by parents and siblings;
- H. Transportation to or from any of the services and activities described above.

4) ADOPTION PROMOTION AND SUPPORT SERVICES: Services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families. Specific adoption promotion and support services include may include:

- A. Recruitment and preparation of adoptive families interested in the placement of children awaiting adoption;
- B. Completion of adoption home-study assessments or social summaries of children waiting to be adopted;
- C. Post placement supervision of children in adoptive placement;
- D. Post adoption placement support;
- E. Counseling, treatment intervention, support group activities for adoptive families of special-needs children; and
- F. Respite care services to adopted special-needs children.

QUESTIONS AND ANSWERS

Please submit any questions regarding the PSSFP application process in writing by Friday March 12, 2021. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Thursday March 18, 2021. To submit your questions, please e-mail DCFS Grants at dcfsgrants@dcfs.nv.gov.

Application Process

Award Timeline

Event	Date/Time
Grant opportunity announced	March 2, 2021
Questions and Answers posted to DCFS GMU webpage	March 18, 2021
Deadline for submission	April 9, 2021
Evaluation period (approximate time frame)	April 11- May 2021
Announcement of awards	June 2021
Performance Period	July 1, 2021 through June 30, 2022

Application Review

DCFS staff along with application review panel members will review and evaluate each application based upon the GMU Scoring Matrix (See Appendix D). 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:

- FFPSA criteria priority funding;
- Collaboration with the Child Welfare Agency;
- Target Population;
- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Conflicts or redundancy with other funded programs or supplanting of existing funding.

Evaluation Process

Applications received by the published deadline of **5:00 pm Friday, April 9, 2021** 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, see Appendix D: GMU Scoring Matrix.
- 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 that the applicant will receive all or partial funding for the program; or, if initially funded, that the 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:

- FFPSA criteria priority funding;
- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Conflicts or redundancy with other funded programs, or supplanting of existing funding;
- Alignment of the application with the four PSSF services categories.

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 June 2020

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

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

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

Post Award Requirements

Monthly Request for Reimbursement and Financial Reports

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 grant award. The monthly reports are due on the 15th of the month for the previous month.

Per Code of Federal Regulations [2 C.F.R. § 200.430](#), charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization.

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives. **** All expenses must be cost allocated based on ACTUAL time worked on the project. Allocations based on budgeted amounts will not be allowed.**
- In cases where two or more grants constitute one identified activity or program, salary charges to one grant may be allowable after written permission is obtained from the awarding agency.
- Examples of items that may support salaries and wages can include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records will need to reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

Risk Assessment and Subrecipient Monitoring

Successful applicants must participate in risk assessment and 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 board member must also be available during the exit discussion. The subrecipient monitoring reports or action items to be addressed will be sent to the agency within 30 working days following the conclusion of the subrecipient monitoring.

Quarterly 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. The reporting timeframe is below:

Reporting Period	Type of Data Required	Due Date
July 1 – September 30	Program Performance Measures	October 15
October 1 – December 31	Program Performance Measures	January 15
January 1 – March 31	Program Performance Measures	April 15
April 1 – June 30	Program Performance Measures	July 15

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.

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 nor considered for funding.
- The total possible score for the entire application is 250.
- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins and should not exceed 15 pages. All pages including attachments must have applicant's name on the bottom of the page.

Section A – Application Form

- Complete and sign the application.

Section B – Narrative (70 points)

- The Narrative Section has seven fields with assigned maximum scoring points.
- The Statement of Need (Field 2) must be substantiated with data.

Narrative Section	Scoring Points	Instructions
1. Overview	10	<ol style="list-style-type: none">1) Provide organization's mission statement2) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary.3) Provide up to three (3) brief examples of the organization's successes.4) 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 for PSSFP services within the geographic area.2) Identify the <u>targeted population</u> and explain how the target population will benefit from the proposed project.
3. PSSFP categories and proposed services	15	<p>The foundation of the proposed project should be based on 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 one or more PSSFP service categories to be addressed and the services to be provided for each category.2) Explain how your agency will ensure that services are easily accessible and culturally responsive.3) Explain how your agency will ensure that services are only provided to children and families within the child welfare agency.

		4) Describe your agency's approach to providing direct services and how these services meet the needs of the target population. 5) Demonstrate how you will ensure ongoing collaboration with your local child welfare agency. 6) 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 of Services	5	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. Measurable Goals and Objectives; Scope of Work	15	1) Describe the organization's goals and objectives to meet the geographic area's needs for one or more of the four PSSF service categories. 2) Provide the projected number of services that will be provided, either in clients served or services provided with PSSF grant funds. <u>Note that these projections must match the Scope of Work and Budget Narrative.</u> 3) Complete Appendix C: Descriptions of Services, Scope of Work and Deliverables for each of the four PSSF service areas you are planning to address.
6. Methods of Accomplishment	10	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	5	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 Memorandum(s) of Understanding and/or Letter(s) of Intent in your application packet.
Total for Narrative	70	

Section C – Budget (20 points)

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

Budget Section	Scoring Points	Instructions
Proposed Project Budget	5	Use the provided table and designate a whole dollar amount for the seven budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period. If you are planning to provide services for more than one of the PSSFP categories, develop separate budgets for each category.
Budget Narrative	15	Include a detailed project budget for the grant funding requested. The budget should be an accurate representation of the funds <u>necessary</u> to carry out the proposed Scope of Work(s) and achieve the projected outcomes. The Budget Narrative should align with the Narrative's Goals and Objectives Section B, Field 5) and Methods of Accomplishment (Section B, Field 6).
Total for Budget	20	

Section D – Agency Self-Assessment (10 points)

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

Section E – Past Performance with DCFS Grant Management Unit (50 points)

- Submit 2018 or 2019 single audit or financial report. 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	25
Timeliness and Accuracy of Request for Funds	10
Timeliness and Accuracy of Performance Reports	5
Subrecipient Monitoring Findings	10
Total	50

Section F – Funding Request (25 points)

- No additional information needed

Funding Request Criteria	Scoring Points
Is the funding request reasonable?	10
Does the agency show capacity to ensure service delivery?	5
Has the agency spent down funds in prior years?	5
Has the agency shown adequate past performance?	5
Total	25

Section G – Family First Prevention Services Act (FFPSA) (75 points)

- No additional information needed

FFPSA Rating	Scoring Points
Well-Supported Program or Service rating	75
Supported Program or Service rating	50
Promising Program or Service rating	25
No rating	0

Overview of Assurances and Certifications

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 Title IV-B Subpart 2 requirements of the Social Security Act;
2. All information contained in the application is correct;
3. The applicant will gain an understanding and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
4. The applicant 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, see Appendix E.

Submission Instructions

- **The grant application deadline is 5:00 pm on Friday April 9, 2021.**
- Signed application must be submitted online by emailing all required documents and attachments in a single email to dcfsgrants@dcfs.nv.gov. In the subject line of the email place the NOFO title, "Promoting Safe and Stable Families NOFO Response from [name of applicant]."
 - If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal, more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- The GMU will reply to emails to acknowledge the receipt of applications. If an email is not received within 3 business days of submitting the application, please contact Shawna Halverson at shalverson@dcfs.nv.gov or 775-684-4426.

Application Checklist

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

Section A: Application Form

- ☐ All boxes checked to indicate accurate responses
- ☐ All fields completed according to instructions
- ☐ Application and Certification signed by organization's authorized official

Section B: Narrative

- ☐ Overview
- ☐ Statement of Need area
- ☐ Availability and Accessibility of Services
- ☐ Goals and Objectives includes projected number of services provided or clients served.
- ☐ Descriptions of Services includes Scope of Work, see Appendix B: Description of Services, Scope of Work and Deliverables
- ☐ Methods of Accomplishment
- ☐ Arial 11-point font has been retained.
- ☐ One-inch margins have been retained.

Section C: Budget

- ☐ Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- ☐ Completed Budget Narrative

Section D: Agency Self-Assessment

- ☐ Completed Agency Self-Assessment

Section E: Past Performance with DCFS Grant Management Unit

- ☐ 2019 or 2020 Single Audit or Financial Opinion attached

Application Submission

- ☐ Include resumés and copies of licenses of key personnel
- ☐ A PDF emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than April 9, 2021 by 5:00 pm.

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 ☐ **Washoe** ☐ **Clark** ☐ **Rural** ☐
 Family Reunification ☐
 Family Support ☐
 Adoption Promotion and Support Services ☐

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
			<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 (\$)

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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 (20 points)


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

Budget Line Item	Amount Requested (\$)				Total
	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.


Title IV-E Prevention Services Clearinghouse:

Evidence-Based Services and Programs Matrix

Program/Service	Approved for	Target Population	Frequency	Setting	Primary Goal	Average Length	Practitioner Requirements	Training Requirements	Variations & Approximate Training Cost
<div>  Well-supported </div>									
Brief Strategic Family Therapy (BSFT)	Mental Health Substance Abuse In-home/Parent Skill-based	Families with youth 6 – 17-years-old with problem behaviors	Medium: One, 60 – 90 minute, in-person session per week	Multiple Home, school, community centers or clinic	Work with the whole family to improve family functioning, prevent and treat youth substance abuse and decrease youth behavior problems	3 – 5 months	Master's level therapist - exceptions can be made for Bachelor level professionals with extensive experience	Attend a 4-day in-house training, participate in weekly video supervision for 4 – 6 months, record and submit therapy sessions. The site, not the therapist, is certified	Yes: approved for all 3 categories and there is evidence of effectiveness for African American and Hispanic families \$35,000 +
* Family Centered Treatment (FCT)	Mental Health	Families with youth age birth – age 17	High: Two, in-person, multi-hour sessions per week	In-home	Family therapy aimed at positive individual behavior change and improving family functioning to prevent out of home placement	6 months	Licensed Master's level therapist	Certification is required and consists of an online, 100-hour course and field-based competency requirements	No \$10,000 +
Functional Family Therapy (FFT)	Mental Health	Families with youth 11 – 18-year-olds with problem behaviors	Medium: One, 90-minute, in-person session per week + one phone call per week	Multiple In the therapy office, home, school or other community setting	Decrease conflict in the home, improve family functioning, help youth make positive change	2 – 4 months	Master's level therapist - exceptions can be made for Bachelor level professionals with extensive experience	Therapist must attend a multi-day training and be on a FFT team. Full certification can take up to 3 years	Yes: child welfare, gang involvement and probation and parole \$36,000 +

Healthy Families America (HFA)	In-home Parent Skill- based	Pregnant women/Families with children age newborn – age 5	Medium: One weekly visit	In-home	Strengthen the parent/child relationship, enhance family functioning	6 months +	No minimum qualifications	H.S. diploma and attend a 4-day training, likely in house or found locally	No, but supplemental manuals can be provided to families \$4,000 – 10,000 +
Homebuilders	In-home Parent Skill- based	Families with children ages newborn – age 18	High: Average of 10 hours a week +24 hour on-call availability + telephone check-ins	In-home	Help families identify strengths and problems associated with child safety and deliver intensive family therapy in order to preserve and/or reunify families	1 – 2 months	Master's Degree or Bachelor's level professional	Attend initial 4-day core training. After using the model, attend 10 days total of advanced training	No Cost could not be estimated based on current, publicly available information
Motivational Interviewing (MI)	Substance Abuse	10-year-old – adults with an addiction to substances/alcohol and/or nicotine	Low: One – three sessions total, each session is approximately 30 – 50 minutes	Multiple School, therapy office, community agency or in home	Encourage and promote behavior change to improve physiological, psychological, and lifestyle outcomes	1 – 6 weeks	No minimum qualifications	Complete a 1 day, online or in-person training – usually found locally	Yes: can be used to help change any unhealthy behavior \$600 +
Multisystemic Therapy (MST)	Mental Health Substance Abuse	At-risk youth ages 12 – 17 and their families	High: Multiple visits per week	Multiple Home, school or in the community	Promote pro-social behavior and reduce criminal activity	3 – 5 months	Master's level therapist - exceptions can be made for Bachelor level professionals with experience	Therapist must attend a 5-day training and be on an MST team with a certified MST supervisor who attends 12 days of training	Yes: multiple and specifically for child abuse and neglect and PTSD \$26,000 +
Nurse Family Partnership	In-home Parent Skill- based	Pregnant women/Families with children age newborn – age 2	Medium: One weekly visit for the first month, then can taper down	In-home or somewhere in the parent's community	Improve the health of the children and their families	2 years	Registered Nurse (RN) with a bachelor's degree	Participate in educational session with the NFP National Service Office	No \$30,000
Parent-Child Interaction Therapy (PCIT)	Mental Health	2 – 7-year-olds with problem behaviors and their families	Medium: One, in-person session per week or one session every other week	Play-room therapy office with one-way mirror	Parents learn behavior management, child's behavior improves and parent/child relationship improves	3 – 5 months	Licensed Master's level therapist	40 hours of training (30 in-person) with a PCIT certified therapist – found all over the country	No, but studies have shown it to be effective for children with autism and past trauma \$14,000 +

Parents as Teachers (PAT)	In-home Parent Skill- based	Pregnant women/Families with children age newborn – starts Kindergarten	Low: Every other week or monthly	In-home Can also be provided in child-care setting	Improve the health of children, prevent child abuse, teach parenting skills, detect/prevent developmental delays	3 years	No minimum qualifications	H.S. diploma and attend a 5-day PAT training held throughout the nation including Texas	No \$2,500 +
<div>  Supported </div>									
Families Facing the Future (FFF)	Substance Abuse	Parents in substance abuse recovery with Methadone treatment and their families	High: Contact made three times per week	Combination Outpatient clinic and in-home	Parents learn relapse prevention skills, decrease stress in the home, improve family functioning	4 – 6 months	Master's level therapist	Attend a 3-day training in Washington State (moving to online option as well)	Yes: can be used for other substance dependence and alcohol dependence \$4,500 +
Intercept	In-home Parent Skill- based	Families with children age newborn – age 18 who are at risk for or are currently in out-of-home placement	High: Contact made three times per week + 24 hour on-call availability	In-home or In the community	Work with both the child and the caregivers to address issues impacting family stability through advocacy, comprehensive treatment plans and connecting families to services	4 – 9 months	Master's Degree or Bachelor's level professional + one year experience	Teams attend a 4-day training, participate in weekly consultation, and then on-going required quarterly trainings	Yes: can be used for prevention or reunification Cost could not be estimated based on current, publicly available information
Interpersonal Psychotherapy (Weissman, et al. Manual) (IPT)	Mental Health	Adults diagnosed with Major Depression	Medium: One weekly 50-minute session	Therapist office or In-home	To support patients in improving interpersonal relationships and patterns or circumstances that are directly related to the current depressive episode. Can be done individually or through group modality	3 – 4 months	Licensed Master's level therapist	Therapist must attend at least one, 16-hour workshop or course and read the IPT manual. Mentorship from an experienced IPT therapist recommended	Yes: can also be used to treat anxiety, bipolar disorder, disordered eating & postpartum depression \$500
Multidimensional Family Therapy (MDFT)	Mental Health Substance Abuse In-home Parent Skill- based	Adolescents and young adults (9 – 26) with substance use, delinquency and mental health difficulties and	High: One – three, 45 – 90 minute sessions per week and weekly phone/text check-ins	Multiple Therapist office or In-home or	To enhance coping, problem solving and communication skills; stabilize mental health	3 – 6 months	Licensed Master's level therapist	Therapist teams of two or more attend 5 months of MDFT- specific training. This includes three,	No – but is already approved for all 3 categories \$6,000 for

		their family and the systems they are involved in		Community setting	issues; reduce youth substance use, improve school achievement, improve parenting skills and attachment			3-day on-site trainings, weekly consultations, online education and video reviews of the sessions	group of up to 35 people, plus trainer travel to yoursite x 3
SafeCare	In-homeParent Skill- based	Families with children newborn – age 5 who are at-risk for or have a history of child neglect or abuse	Medium: One weekly 60 – 90 minute visit	In-home	Home-visiting program that promotes positive parent- child interaction and children’s health and home safety and reduces child maltreatment/abuse	5 months	No minimum qualifications	32 hours of training and 2 months of using the model	No Cost could not be estimated based on current, publicly available information
<div>  Promising </div>									
Adolescent Community Reinforcement Approach (A-CRA)	Substance Abuse	Adolescents and young adults (12 –24) with substance use disorders and their caregivers	Medium: One weekly session + optional supportcalls	Multiple Out-patient, in-patient, in-home or in the community	Aims to support adolescents’ substance use recovery by encouraging positive family and peer relationships and helping adolescents engage in prosocial activities	3 – 4 months	Master’s Degree or Bachelor’s level professional + two years experience	Attend a 2.5 day training workshop + supplemental, online courses	Yes - Manuals are available in English, Dutch, French, Portuguese and Spanish \$10,000 +
Child-Parent Psychotherapy (CPP)	Mental Health	Youth ages birth –5-years-old who have experienced a trauma and their caregivers	Medium: One, 60 – 90 minute, weekly session	Multiple In the therapy office or In-home	Help children express their feelings through play, strengthen parent-child relationships, deepen understanding of child’s behaviors, help families heal after stressful experiences and identify supports	5 – 11 months	Master’s level therapist	Attend an initial 3-day training. 6 + months later participate in two, 2-day workshops, then participate in bi-monthly consultation calls for 18 months	No \$25,000 +

Incredible Years - Toddler Basic Program - School Age Basic Program	Mental Health	Parents with toddlers (1 – 3 years old) Parents with children ages 6 – 12 years old	Medium: One, 2-hour weekly group	Multiple Therapy office/ counseling center/ childcare center	Group based. Help parents form secure attachments and address behavior problems. Create secure and safe environments for children, establish routines and use appropriate discipline	3 – 5 months	Groups are run by two people, one with a master's degree, the other has child development experience	Attend a 12 – 15 hour training	Yes – variations for every age group \$500 – \$1000 + materials per person
Iowa Parent Partner Approach	In-home Parent Skill- based	Parents involved in the child welfare system	Medium: One – two in-person meetings per week + optional phone calls	In-home or In the child welfare office	One on one mentorship, peer support and advocacy from parents with lived experience	6 months	Staff with child welfare experience Parents with lived experience	Parents complete 6 training modules + attend monthly support group	No It appears all training materials and guides are publicly available
Methadone Maintenance Therapy	Substance Abuse	Adults with heroin/opioid addiction	High: Daily contact	In a medical clinic	Reduce heroin/opioid addiction through medication assisted treatment	1 year +	Licensed physician and Licensed nurse	Attend training through SAMHSA Clinic must be SAMHSA certified	No \$450 +
Positive Parenting Program (TripleP) – Standard, Self-Directed and Group	Mental Health	Families with children (age birth – 12 years old) who exhibit behavior or emotional difficulties	Medium: One, 1 – 2 hour weekly session + 15 – 30 minute phone sessions 3x week Self-directed: Parents have 10 weeks to finish workbooks	Multiple Therapy office or Community center or In-home	Parent training that teaches positive parenting strategies, helping children develop and learn self-regulation, managing misbehavior, goal setting and planning ahead	2 – 3 months	There are no specific education or background prerequisites, experience and knowledge of child development is preferred	Attend a 3-day training followed by a 1-day pre-accreditation feedback session. 6 to 8 weeks later, practitioners complete a half-day accreditation workshop in which they demonstrate proficiency	Yes \$1500 - \$2000 per person
Sobriety Treatment and Recovery Teams (START)	Substance Abuse In-home Parent Skill- based	Families with a child age 6 or younger who are involved in the child welfare system and have a substance use disorder	Medium: Two weekly sessions + team meetings	Multiple Home, Counseling office	Facilitate individualized wraparound services, identify and increase natural supports and match parents with a peer in long-term recovery for support	6 – 14 months	Workers and mentors are employed by Child Protective Services and meet those employment requirements	Two day on-site training and then 2 – 4 hours of consultation per month	No Cost could not be estimated based on current, publicly available information

TBRI 101 (online caregiver training)	MentalHealth	Caregivers of children who have experienced abuse, neglect and/or other trauma	Self-paced	In-home	Self-guided, attachment-based, virtual training for caregivers of children who have experienced trauma that aims to teach caregiver tools to meet the emotional needs of their children	5 module that contain 7.5 hours of content	Stand-alone web-based intervention for caregivers and is not delivered by a practitioner	Not Applicable	No \$75
TBRI – Caregiver Training	MentalHealth	Caregivers of children who have experienced abuse, neglect and/or other trauma	High: Four in-person group sessions that last for 6 hours each	Counseling office or community based agency	Attachment-based training for caregivers of children who have experienced trauma that aims to teach caregivers tools to meet the emotional needs of their children	1 – 3 months	No minimum educational requirements. Must be a professional working with caregivers	First, self-paced online coursework and interpersonal interview and then a 5-day in-person training	Yes: school classroom training version and kids camp version \$2,500 – 3,500
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	MentalHealth	Youth ages 4 – 18-years old who have PTSD symptoms and their caregivers	Medium: One weekly session	Therapy office	Address traumatic experience, youth learns self-regulation skills, caregivers learn behavioral management skills	3 – 4 months	Licensed Master's level therapist	Prefer therapist be certified but is not required. For certification attend 2- day training and have bi-monthly supervision for 6 months	Yes: can be done either with just the youth or the youth and their caregiver \$300 – 2,500

*Family Centered Treatment has been transitionally approved for FFPSA prevention services payments based on an independent review submitted by the state of Arkansas.

Any state may receive transitional payments for a program after approval of an independent review. However, if the Clearinghouse reviews the program at a later date, the findings of the official review will override the transitional approval if they differ.

APPENDIX B: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All applications must include a detailed project budget for the funding cycle. **A separate budget will need to be provided for each PSSF service category.** The budget needs to accurately represent the funds necessary to carry out the proposed Scope of Work and achieve the projected outcomes for SFY20.

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

**** All expenses must be cost allocated based on ACTUAL time worked on the project. Allocations based on budgeted amounts will not be allowed.**

Applicants **must** use the budget template form (Excel file) provided for downloading in the Budget Section of the online application and use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative. Complete a detailed budget for each service category budget tab. This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

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

Applicant Name:					
BUDGET NARRATIVE-SFYXX					
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.					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position & Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position & Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position & Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position & Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
*Insert new row for each position funded or delete this row.					
Total Fringe Cost					\$ -
Total:					\$ -

Personnel:

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](#).

Identify employees who provide direct services. The following criterion is useful in distinguishing employees from contract staff.

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

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

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

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

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

Travel/Training: Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently \$.58), should be used unless the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

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

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

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

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

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

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

Equipment:

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

Contractual/Consultant Services:

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

Other Expenses:

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

Indirect Costs:

Indirect costs may be included in the budget and represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include but are not limited to depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project.

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

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

Subrecipients that have a current federally approved indirect cost rate with their federal cognizant agency for indirect costs may include the negotiated percentage rate in their budgets. A copy of the negotiated indirect agreement must be attached to the application.

Organizations planning to use the *de minimis* MTDC indirect rate can identify indirect costs in the narrative section, but do not need to enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 10% of the MTDC.

Budget Summary Form 2

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

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

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

Budget Summary Form 3

After completing Budget Narrative Forms 1 and 2, turn to Budget Summary Form 3 to provide Match Information. Identify and justify match of 25% for the subaward project. All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period.

APPENDIX 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 D: GMU SCORING MATRIX

Accepted applications 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. Overall ability of the applicant, as determined by the evaluation committee, to successfully provide services in accordance with the PSSF guidelines.
- E. Applications with an average score lower than 100 may be excluded from further consideration.

Points will be assigned for each item listed as follows:

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

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

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

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

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	70
C. Budget	20
D. Agency Self-Assessment	10
E. Past Compliance	50
F. Funding Request	25
G. FFPSA Rating	75
Total	250

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:		
Federal Funds	Previous Fiscal Year \$ _____	Current Fiscal Year \$ _____
Non-Federal Funds	\$ _____	\$ _____

5. Did your organization expend more than \$750,000 annually in Federal funds combined? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has your organization annual financial statements been audited by an independent audit firm? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has your organization received funds for activities which are like, or the same as the currently proposed subaward? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has your organization managed federal or state funds in the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. Organization Director has been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
10. Fiscal key personnel have been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
11. Program key personnel have been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
12. Certify that checked policies and procedures exist within your organization:
<input type="checkbox"/> Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)
<input type="checkbox"/> Travel <input type="checkbox"/> Financial Management (including Purchasing, Receivables, and Payables) <input type="checkbox"/> Internal Controls
<input type="checkbox"/> Equipment & Inventory <input type="checkbox"/> All National Policy Regulations (i.e., Civil Rights, Disability etc.)
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

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

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.	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Signature) </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Date) </div> </div> <div style="text-align: center; margin-top: 20px;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Printed Name & Title) </div>	

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

APPENDIX F: NOTICE OF SUBAWARD (NOSA)- Reference Only

Program Name: Promoting Safe & Stable Families Title IV-B, Subpart 2 DCFS Grants Management Unit dcfsgrants@dcfs.nv.gov		Subrecipient's Name: Name _____ Contact Name / Email Address _____																					
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: Street address _____ City, State Zip _____																					
Subaward Period: July 1, 2020 through June 30, 2020		Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____																					
Purpose of Award: Short description about the purpose of the subaward.																							
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____																							
Approved Budget Categories: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td></td></tr> <tr><td>2. Travel</td><td></td></tr> <tr><td>3. Operating</td><td></td></tr> <tr><td>4. Equipment</td><td></td></tr> <tr><td>5. Contractual/Consultant</td><td></td></tr> <tr><td>6. Training</td><td></td></tr> <tr><td>7. Other</td><td></td></tr> <tr><td>TOTAL DIRECT COSTS</td><td>\$0.00</td></tr> <tr><td>8. Indirect Costs</td><td></td></tr> <tr><td>TOTAL APPROVED BUDGET</td><td>\$0.00</td></tr> </table>		1. Personnel		2. Travel		3. Operating		4. Equipment		5. Contractual/Consultant		6. Training		7. Other		TOTAL DIRECT COSTS	\$0.00	8. Indirect Costs		TOTAL APPROVED BUDGET	\$0.00	FEDERAL AWARD COMPUTATION: Total Obligated by this Action: \$ 0.00 Cumulative Prior Awards this Budget Period: \$ 0.00 Total Federal Funds Awarded to Date: \$ 0.00 Match Required <input type="checkbox"/> Y <input type="checkbox"/> N Amount Required this Action: \$ 0.00 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: \$ 0.00 Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Federal Budget Period: Start Date through End Date _____ Federal Project Period: Start Date through End Date _____ FOR AGENCY USE, ONLY	
1. Personnel																							
2. Travel																							
3. Operating																							
4. Equipment																							
5. Contractual/Consultant																							
6. Training																							
7. Other																							
TOTAL DIRECT COSTS	\$0.00																						
8. Indirect Costs																							
TOTAL APPROVED BUDGET	\$0.00																						
Source of Funds: Title IV-B, Subpart 2, Social Security Act	% Funds:	CFDA:	FAIN:																				
Federal Grant #:		Federal Grant Award Date by Federal Agency:																					
Agency Approved Indirect Rate: 0.00%		Subrecipient Approved Indirect Rate: Enter %; de minimis or N/A																					
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 any statutory guidelines, the DHHS Grant Instructions and Requirements, and the 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: 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/Formal State Employee Disclaimer; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required)																					
Authorized Subrecipient Official's Name Title (Enter Name & Title)		Signature																					
Date																							
Grants & Project Analyst II For Ross E. Armstrong Administrator, Division of Child & Family Services																							

**** The NOSA is provided as an example of what an agency can expect to receive if awarded.**

Program Name: Promoting Safe & Stable Families Title IV-B, Subpart 2 DCFS Grants Management Unit dcfsgrants@dcfs.nv.gov		Subrecipient's Name: Name Contact Name / Email Address	
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: Street address City, State Zip	
Subaward Period: July 1, 2020 through June 30, 2020		Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____	
Purpose of Award: Short description about the purpose of the subaward.			
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____			
Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel		Total Obligated by this Action:	\$ 0.00
2. Travel		Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating		Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment		Match Required <input type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant		Amount Required this Action:	\$ 0.00
6. Training		Amount Required Prior Awards:	\$ 0.00
7. Other		Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs		Federal Budget Period:	
TOTAL APPROVED BUDGET	\$0.00	Start Date through End Date	
		Federal Project Period:	
		Start Date through End Date	
FOR AGENCY USE, ONLY			
Source of Funds: Title IV-B, Subpart 2, Social Security Act		% Funds:	CFDA:
		FAIN:	Federal Grant #:
		Federal Grant Award Date by Federal Agency:	
Agency Approved Indirect Rate: 0.00%		Subrecipient Approved Indirect Rate: Enter %; de minimis or N/A	
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. 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. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator. 			
Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;		Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required)	
Authorized Subrecipient Official's Name Title (Enter Name & Title)		Signature	
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.

1. No funding associated with this grant will be used for lobbying.
2. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
3. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
4. 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.
5. 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.

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>
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	a. 2.	XX/XX/XX	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>
1.	1.	XX/XX/XX	1.

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

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

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 Department of Health and Human Services through Grant Number 2001NVFPSS from Title IV-B, Subpart 2 of the Social Security Act. 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 Department by Grant Number 2001NVFPSS from Title IV-B, Subpart 2 of the Social Security Act

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

Total Personnel Costs				Total:		\$
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
<u>Name of Employee (if known, otherwise state new position), Title of position & Position Control Number</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount</u>
	\$0.00	0.000%	0.000%	12	100.00%	
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
<u>Name of Employee (if known, otherwise state new position), Title of position & Position Control Number</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount</u>
	\$0.00	0.000%	0.000%	12	100.00%	
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
<u>Name of Employee (if known, otherwise state new position), Title of position & Position Control Number</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount</u>
	\$0.00	0.000%	0.000%	12	100.00%	
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
<u>Name of Employee (if known, otherwise state new position), Title of position & Position Control Number</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount</u>
	\$0.00	0.000%	0.000%	12	100.00%	

- Department of Health and Human Services policy allows no more than 10% flexibility of the total 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 Subrecipient agrees to:

- Request reimbursement according to the schedule specified below for actual expenses related to the Scope of Work during the subaward period.
 - Total reimbursement through this subaward will not exceed \$ Enter Amount.
 - Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
 - Additional expenditure detail and/or supporting documentation will be provided to the Department upon request.
 - Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- 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 to:

- Identify specific items the program must provide or accomplish to ensure successful completion of this project.
- Provide technical assistance, upon request from the Subrecipient.
- Issue prior approval of reports or documents to be developed.

Both parties understand:

- 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 with accompanying proof of payment.
- Payment will not be processed unless all reporting requirements are current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentations are submitted to and accepted by the Department.

SECTION D
Request for Reimbursement

<u>Program Name:</u>				<u>Subrecipient Name:</u>		
<u>Address:</u>				<u>Address:</u>		
<u>Subaward Period:</u>				<u>Subrecipient's:</u> EIN: Vendor #:		
FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT						
<small>(must be accompanied by expenditure report/back-up documentation)</small>						
<small>Month(s)</small>			<small>Calendar year</small>			
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	\$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. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. 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
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<p>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.</p>						
Authorized Signature		Title		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.

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

1. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
2. **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.
3. **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.