



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)

Request for Applications

Federal Fiscal Year 2019 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.

The Division of Child and Family Services (DCFS) Grants Management Unit (GMU) seeks applications for programs to be funded for State Fiscal Year (SFY) 2020. This Request for Applications (RFA) 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: \$2,219,016: Funds awarded are for programs to begin July 1, 2019 and expire on June 30, 2020. 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 2020 and applicants who receive awards through this RFA 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, 2019 through June 30, 2020.

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 Financial Status and Request for Funds Reports along with programmatic reports will be required by the 15th of each month for the previous month. A year-end report is also required and is due July 15, 2020.

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 located 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 \$2,219,016 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	\$554,754
Family Support	20% of the award	\$554,754
Family Reunification	20% of the award	\$554,754
Adoption Promotion and Support Services	20% of the award	\$554,754

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 and need. 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.

Geographic Region	Funding Allocations	Approximate Total of Awards
Clark County	70% of the funding amount	\$1,553,311
Washoe County	20% of the funding amount	\$443,803
Balance of the State/Rural Counties	10% of the funding amount	\$221,902
	Total	\$2,219,016

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 Request for Application (RFA). **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.

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 child care 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 May 10, 2019. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Wednesday May 15, 2019. To submit your questions, please e-mail DCFS Grants at dcfsgrants@dcfs.nv.gov.

Application Process

Award Time Line

Event	Date/Time
Grant opportunity announced	April 30, 2019
Questions and Answers posted to DCFS GM webpage	May 15, 2019
Deadline for submission	May 23, 2019
Evaluation period (approximate time frame)	May 28-June 14, 2019
Announcement of awards	Mid-June 2019
Performance Period	July 1, 2019 through June 30, 2020

Application Review

DCFS staff along with application review panel members will review and evaluate each application based upon the GMU Scoring Matrix (See Appendix C). The evaluation of applications received in response to this RFA 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
- 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 Thursday, May 23, 2019** 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 C: 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 2019.

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

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

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

Post Award Requirements

Monthly Financial Status and Request for Funds Report filing

DCFS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon 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.
- 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.

Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DCFS to the federal granting agency. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. For non-governmental agencies, at least one 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.

Monthly Performance Report

Subrecipients must complete performance reports on a monthly basis and submit them as instructed by DCFS. Monthly reports are due by the 15th of the month for the previous month. 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 performance outcomes. Subrecipients will be required to provide source documentation that corresponds to the data reported.

Compliance with Changes to Federal and State Laws

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

Nevada 2-1-1

All successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at www.nevada211.org 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 125.
- 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.

Field Name	Scoring Points	Instructions
1. Overview	10	<ol style="list-style-type: none">1) Provide the organization's mission statement.2) Introduce the applicant organization and its role in providing services. Include the role of any subcontractor(s) if applicable.3) Provide up to three brief examples of the organization's successes.4) Describe the organization's desired goals and outcomes, including 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 targeted population 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) Describe your agency's approach to providing direct services and how these services meet the needs of the target population.4) Demonstrate how you will ensure ongoing collaboration with your local child welfare agency.

		5) 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 B: 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.

Field Name	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 (25 points)

- Attach most-recent single audit or financial report. Do not attach GMU's subrecipient monitoring forms.

Field Name	Scoring Points
Single Audit or Financial Opinion	10
Timeliness and Accuracy of Request for Funds	5
Timeliness and Accuracy of Performance Reports	5
Subrecipient Monitoring Findings	5
Total for Past Performance	25

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 and Assurances and Certifications, see Appendix F: Assurances and Certifications.

Submission Instructions

- **The grant application deadline is 5:00 pm on Thursday May 23, 2019.**
- 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 RFA title, "Promoting Safe and Stable Families RFA 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.
- Submitting a paper copy of the application is **not** required. Applicants without access to email may mail their application to:

Division of Child and Family Services
Grant Management Unit
4126 Technology Way, 3rd Floor
Carson City, NV 89706

- Mailed applications must be postmarked by the due date of Thursday May 23, 2019.

Application Checklist

Complete this checklist prior to submission. The application checklist is for the benefit of applicants and does not have to be included in the submission packet.

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
- ☐ Availability and Accessibility of Services
- ☐ Measurable Goals and Objectives include projected number of services to be provided and/or clients to be served
- ☐ Descriptions of Services includes Scope of Work, see Appendix B: Description of Services, Scope of Work and Deliverables
- ☐ Methods of Accomplishment
- ☐ Page limits are not exceeded; Arial 11-point font and one-inch margins are retained

Section C: Budget Included

- ☐ Proposed Project Budget completed for each service category
- ☐ Budget Narrative (must match the proposed budget) completed

Section D: Agency Self-Assessment

- ☐ Agency Self-Assessment completed and signed

Section E: Past Performance with DCFS Grant Management Unit

- ☐ Most recent Single Audit or Financial Opinion attached

Application Attachments

- ☐ Résumés for key personnel listed on the Application Form
- ☐ Memorandum(s) of Understanding and/or Letter(s) of Intent to collaborate
- ☐ A copy of the negotiated indirect agreement (if applicable)
- ☐ Signed copies of the following documents:
 - Assurances and Certifications
 - Audit Information Request Form
 - Notification of Utilization of Current or Former State Employees
 - Confidentiality Addendum
- ☐ A PDF emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than May 23, 2019 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 #		

B. Organization Type

☐ For-Profit ☐ 501(c)(3) Nonprofit

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

Program Categories	Washoe	Clark	Rural
Family Preservation			
Family Support			
Family Reunification			
Adoption Promotion and Support Services			

Briefly describe proposed services:

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

Children: ____ Families: ____ Single Heads of Households: ____ Persons with Disabilities: ____
 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	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Funding Promoting Safe and Stable Families	SFY 16-19 Award	SFY 2020 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

I. Certification by Authorized Official

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

Name (type/print)

Phone

Title

Email

Signature

Date

Application Narrative: Section B

Application Narrative (70 points)

Begin typing below each field header.

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

Budget: Section C

Budget (20 points)

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

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

2. **Budget Narrative** (1-2 pages) For each budget category, provide a budget justification. See Appendix A for instructions on how to complete the budget narrative.

APPENDIX A: 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 not receive the full amount requested, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants **must** use the budget template form (Excel file) provided for downloading in the Budget Section of the online application and use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative). Complete a detailed budget for each 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.

Personnel:

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>
Name of Employee (if known, otherwise state new position).					\$0
Title of position & Position Control Number					
*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>
Name of Employee (if known, otherwise state new position).					\$0
Title of position & Position Control Number					
*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>
Name of Employee (if known, otherwise state new position).					\$0
Title of position & Position Control Number					
*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>
Name of Employee (if known, otherwise state new position).					\$0
Title of position & Position Control Number					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
*Insert new row for each position funded or delete this row.					
Total Fringe Cost					\$ -
Total:					\$ -

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 work space & tools
Determines means and methods	The applicant organization determines means and methods

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

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

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

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

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

Identify and justify any training costs specifically associated with the project, including type of training, location, # of staff attending, benefit to subrecipient and Scope of Work implementation 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 B: DESCRIPTION OF SERVICES, SCOPE OF WORK AND DELIVERABLES

SECTION B

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:

***Include projected service numbers

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	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.

APPENDIX C: GMU SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

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

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

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

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

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

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

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

Proposal Component	Potential Maximum Score
A. Project Narrative	70
B. Budget	20
C. Agency Self-Assessment	10
D. Past Performance with DCFS GMU	25
Total	125

APPENDIX D: NOTICE OF SUBAWARD (NOSA)



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

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

NOTICE OF SUBAWARD

Program Name: Title IV-B, Subpart 2		Subrecipient's Name: Name _____ Contact _____																							
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: _____																							
Project Period: July 1, 2019 through June 30, 2020 Budget Period: July 1, 2019 through June 30, 2020		Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____																							
Purpose of Award: Promoting Safe and Stable Families –																									
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Approved Budget</th> <th style="text-align: left;">Categories</th> </tr> </thead> <tbody> <tr><td>1. Personnel</td><td>\$0</td></tr> <tr><td>2. Travel/Training</td><td>\$0</td></tr> <tr><td>3. Operating</td><td>\$0</td></tr> <tr><td>4. Equipment</td><td>\$0</td></tr> <tr><td>5. Contractual/Consultant</td><td>\$0</td></tr> <tr><td>6. Other</td><td>\$0</td></tr> <tr><td>TOTAL DIRECT COSTS</td><td>\$0</td></tr> <tr><td>7. Indirect Costs</td><td>\$0</td></tr> <tr><td>TOTAL COSTS</td><td>\$0</td></tr> <tr><td>8. Match</td><td>\$0</td></tr> </tbody> </table>		Approved Budget	Categories	1. Personnel	\$0	2. Travel/Training	\$0	3. Operating	\$0	4. Equipment	\$0	5. Contractual/Consultant	\$0	6. Other	\$0	TOTAL DIRECT COSTS	\$0	7. Indirect Costs	\$0	TOTAL COSTS	\$0	8. Match	\$0	Award Computation Total Obligated by This Action: \$0 Cumulative Prior Awards this Budget Period: \$0 Total Federal Funds Awarded to Date: \$0 Match Required Yes Amount Required this Action: \$0 Amount Required Prior Awards: \$0 Total Match Amount Required: \$0 Research and Development (R&D) No	
Approved Budget	Categories																								
1. Personnel	\$0																								
2. Travel/Training	\$0																								
3. Operating	\$0																								
4. Equipment	\$0																								
5. Contractual/Consultant	\$0																								
6. Other	\$0																								
TOTAL DIRECT COSTS	\$0																								
7. Indirect Costs	\$0																								
TOTAL COSTS	\$0																								
8. Match	\$0																								
Source of Funds: 1. Title IV-B, Subpart 2, Social Security Act		CFDA: 93.556	FAIN: 1901NVFPSS																						
Federal Grant Award Date by Federal Agency:		April 15, 2019																							
Federal Indirect Cost Rate: The federal indirect cost under this award is 0% for the State of Nevada Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> This award is subject to the availability of appropriate funds. Expenditures must comply with appropriate state statutory guidelines and/or federal regulations, the DCFS 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. Monthly progress reports are due by the 15th of each month following the end of the month, unless specific exceptions are provided in writing by the grant administrator. Financial Status Reports and Requests for Funds must be submitted by the 15th of each month, unless specific exceptions are provided in writing by the grant administrator. The recipient of these funds agrees to stipulations listed in the incorporated documents. Match must be provided equal to 25% of the total award and described in the budget narrative. 																									
Incorporated Documents: Subrecipient Agreement Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements;		Section D: Financial Status Reports and Requests for Funds Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: Confidentiality Addendum; and																							
Authorized Official Name	Signature	Date																							
Grants & Project Analyst II																									
for Ross E. Armstrong Administrator, Division of Child & Family Services																									



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Subrecipient Questionnaire

This questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. Please complete the following questionnaire and submit all related documents as necessary.

SECTION A: GENERAL INFORMATION

Project Title:			
Point of Contact for matters concerning this project:	Name:		
	Address:		
	Phone:	Fax:	
	Email:	URL:	
	DUNS #:	EIN:	
	Reg. in SAM? Yes <input type="radio"/> No <input type="radio"/> Number of Employees:		
	Exp. Date of Current SAM Registration: _____		

SECTION B. SUBRECIPIENT ELIGIBILITY

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?

☐ Yes

☐ No

If yes, please skip the rest of the questionnaire, sign and return the questionnaire with the Project Evaluation Packet.

SECTION C. SUBRECIPIENT ORGANIZATION INFORMATION (please fill out the information below, as appropriate)

1. Type of organization (check all that apply):

☐ University

☐ Government Entity

☐ Foundation

☐ Non-Profit Org

☐ For-Profit Org

☐ Other _____

2. Fiscal year dates (month and year):

3. Name of designated federal cognizant agency, if applicable:

4. Negotiated Indirect Cost Rate:

☐

Yes

☐

No

URL: _____

Have you ever had a Federal Indirect Cost Rate? If yes, please provide a copy of your current agreement or the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2 CFR 200.414; or, the maximum allowable percentage of administrative expenses according to the funding source.

5. Fringe Benefit rate:

☐

Yes

☐

No

URL: _____

If yes, please provide a copy of your current fringe benefit rate memorandum or provide the URL.

6. Has organization received in the past the same or similar Federal subawards to the current subaward? (2 CFR 200.331)

☐

Yes

☐

No

If yes, subrecipient hereby agrees to provide further documentation upon request.

7. Does organization have on-going direct Federal awards? (2 CFR 200.331)

☐

Yes

☐

No

If yes, is the awarding agency currently monitoring subrecipient activity?

☐

Yes

☐

No

If yes, please describe:

8. Please certify policies and/or procedures exist that address the following:

☐

Pay Rates and Benefits

☐

Conflict of Interest

☐

Purchasing

☐

Time and Attendance

☐

Travel

☐

Equipment & Inventory

☐

Leave

By signing this document, subrecipient certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by the State's policies and/or procedures.

9. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?

☐

Yes

☐

No

☐

N/A

10. Has any new system been recently put in place or has there been any change to the existing system (e.g., accounting, information, management, etc.)? (2 CFR 200.331)

☐

Yes

☐

No

If yes, please explain:

11. Does organization have any new personnel (e.g., key personnel, financial management, grants management, IT management, or other staff serving in grants administration role)? (2 CFR 200.331)

☐

Yes

☐

No

If yes, please explain:

12. Has organization in the preceding fiscal year expended any federal funds in either direct or indirect Federal awards?

☐

Yes

☐

No

If yes, please indicate the expenditure amount:

13. Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.

☐

Yes

☐

No

14. Does organization adhere to Subpart E Cost Principles of 2 CFR 200 under the proposed subaward?

☐

Yes

☐

No

☐

N/A

15. Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?

☐

Yes

☐

No

16. Does the financial system provide for the control and accountability of project funds, property, and other assets?

☐ Yes

☐ No

17. Are duties separated so that no one individual has complete authority over an entire financial transaction?

☐ Yes

☐ No

If no, please explain below:

18. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

☐ Yes

☐ No

If no, please explain below:

19. Are all disbursements properly documented with evidence of receipt of goods or performance?

☐ Yes

☐ No

If no, please explain below:

20. Are all bank accounts reconciled monthly?

☐ Yes

☐ No

If no, please explain below:

21. Are payroll charges checked against program budgets?

☐ Yes

☐ No

If no, please explain below:

22. What system does your organization use to control paid time, especially time charged to sponsored agreements?

23. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all sponsored agreements, grants and contracts?

☐ Yes

☐ No

If no, please explain below:

24. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

☐ Yes

☐ No

If no, please explain below:

25. Describe your organization's procedures to ensure that costs deemed unallowable, per Federal guidelines (2 CFR 200), are excluded from the amount charged to a grant?

26. Are there procedures to ensure procurement at competitive prices?

☐ Yes

☐ No

If no, please explain below:

27. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

☐ Yes

☐ No

If no, please explain below:

28. How does the organization ensure that all cost transfers are legitimate and appropriate?

Authorized Representative Approval

By signing below, the authorized representative certifies, to the best of subrecipient's knowledge, all information submitted on this form, or attached for submission is accurate and complete.

Signature

Date: _____

Printed Name & Title

For DHHS Use Only:

Risk Level Determination: _____ Lower _____ Medium _____ Higher

Notes: _____

Approved: _____ Date: _____

APPENDIX F: ASSURANCES AND CERTIFICATIONS

DIVISION OF CHILD AND FAMILY SERVICES NOTICE OF SUBAWARD

SECTION A

Assurances and Certification

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

1. The subrecipient agrees to abide by all appropriate provisions and procedures of the Division of Child and Family Services (DCFS).
2. The subrecipient will give the awarding agency access to and the right to examine all records, books, papers and/or documents related to the grant award and will establish an accounting system in accordance with Generally Accepted Accounting Standards or agency directives.
3. The subrecipient agrees to facilitate and participate in annual monitoring, where fiscal and programmatic documents will be reviewed and discussed.
4. The subrecipient agrees to account for grant funds in accordance with generally accepted accounting principles, insofar as practicable, consistently applied, regardless of the source of funds. The Division of Child and Family Services reserves the right, however, to prescribe the method of accountability in any particular case.
5. The subrecipient agrees that where costs are applied to two or more projects, such costs will be prorated to each grant.
6. The subrecipient will establish and have available for review, policies and procedures that provide safeguards to prohibit employees or board members from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
7. The subrecipient has a copy of its official organizational by laws and amendments available for review. (Required of Community Based Organizations only)
8. The subrecipient has resumes for key personnel on file for review.
9. The subrecipient will initiate, comply with and complete the Scope of Work authorized by the awarding agency per grant requirements and within the applicable timeframe.
10. The subrecipient will inform the awarding agency within 30 days of any substantial material situations affecting the successful completion of this project.
11. The subrecipient will comply with all federal and state statutes relating to nondiscrimination, including, but not limited to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.
12. The subrecipient will comply with the provisions of the Hatch Act which limits the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
13. The subrecipient will comply with P.L. 93-34B regarding the protection of human subjects involved in research, development and related activities supported by this award.
14. The subrecipient will comply with all applicable requirements of all other state and federal laws, executive orders, regulations and policies governing the program.
15. The subrecipient will comply with the minimum wage and maximum hours of the federal Fair Labor Standards Act.

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

16. The subrecipient will provide reports as required by the awarding agency as well as additional information requested by the awarding agency.
17. The subrecipient will provide the awarding agency with a copy of each outside audit conducted for the organization, whether that audit is a formal audit or a report from a qualified, independent source which provides an opinion regarding the financial practices and solvency of the applicant organization. **(Formal audits are required for organizations that received \$750,000.00 or more in federal funds during a Federal Fiscal Year.)**
18. The subrecipient agrees to submit the Monthly Financial Status and Request for Funds Report form (RFF). Payment for services rendered under this grant will only be made after the complete and correct financial request has been approved by the GMU.
19. The subrecipient will cooperate with DCFS GMU and any contractor hired by the GMU in establishing a professional program evaluation system to include outcome measures and the measurement of consumer impact.
20. The subrecipient agrees to submit quarterly program performance reports utilizing the online reporting system, if applicable.
21. The subrecipient certifies that the proposal upon which these grant funds are based was authorized by the governing body of the applicant.
22. The subrecipient agrees to comply with Public Law 103-227, Part C, Environmental Tobacco Smoke (Pro Children Act of 1994).
23. The subrecipient acknowledges that either party may terminate funding with 30 calendar days written notice.
24. The subrecipient has provided DCFS GMU with verification that the following insurance coverage meets State of Nevada insurance requirements: Worker's Compensation Insurance, Commercial General Liability Insurance, Business Automobile Insurance (for agency owned vehicles) and Professional Liability Insurance (as applicable). Verification of Professional Liability Insurance coverage and coverage limits is provided if counseling, therapy or treatment related services are provided.
25. The subrecipient will establish and have available for review, policies and procedures that require employees, volunteers, and Directors or Trustees to maintain the confidentiality of any information which would identify persons receiving services.
26. The subrecipient acknowledges that this subaward is contingent upon available funding and may be reduced within the subaward period.
27. The subrecipient agrees to have a 5-year record retention schedule for the Victims of Domestic Violence, Family Violence and Prevention Services Act and Victims of Crime Act subaward documentation.
28. The subrecipient agrees to make its services available to clients who may not be specified within their Scope of Work and upon the request of DCFS, in the event of a disaster.
29. The subrecipient must promptly refer to the Department of Justice (DOJ) Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, contractor, subrecipient, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. The condition also applies to any subrecipients. Potential fraud, waste, abuse or misconduct should be reported to the OIG by:

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

Mail:

Office of the Inspector General
U.S. Department of Justice
Investigations Division
950 Pennsylvania Avenue, N.W.
Room 4706
Washington, DC 20530

Email: oig.hotline@usdoj.gov

Hotline: (contact information in English and Spanish): (800) 869-4499

Or Hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG website at www.usdoj.gov/oig

30. The subrecipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of the Office of Justice Programs (OJP).
31. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving", 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages subrecipients and subrecipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
32. The subrecipient agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the name and total compensation of the five most highly compensated executives of the subrecipient and first-tier subrecipients of award funds. Such data will be submitted to the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS). The details of subrecipient obligations, which derive from the Federal Funding Accountability and Transparency act of 2006 are posted on the Office of Justice Programs website at <http://www.ojp.gov/funding/ffata.htm> (Award condition: Reporting Subawards and Executive Compensation), and are incorporated by reference here. This condition, and its reporting requirement does not apply to grant awards made to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own operate in his or her name).
33. The subrecipient understands and agrees that penalties and interest are not allowable expenditures.

All documents, certifications and Public Laws addressed in this document are considered part of the conditions under which this subaward is offered and must be adhered to by the subrecipient. Additional requirements of the subrecipient may also apply.

Printed Name

Date

Signature

Date

Signature of President / Chairperson of Governing Body, Tribal
Authority or Director of Public Agency

Date

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -

Lower Tier Covered Transactions

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal” and “voluntarily excluded”, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549: 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations or the definitions.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, the prospective lower tier participant shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions” will be included, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon the certification of a prospective participant in a lower tier covered transaction that the prospective participant is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless the participant in a covered transaction knows that the certification is erroneous. A participant may decide the method and frequency of determining the eligibility of the principals. Each participant may, but is not required to, check the Non-procurement List (of excluded parties).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including debarment and/or suspension.

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion –
Lower Tier Covered Transactions**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither the prospective participant or the prospective participant's principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Suspension. An action taken by a suspending official in accordance with these regulations that immediately excludes a person from participating in a covered transaction for a temporary period, pending completion of an investigation and such legal, debarment, or Program Fraud Civil Remedies Act proceedings as may ensue. A person so excluded is "suspended".

Voluntary Exclusion or Voluntarily Excluded. A status of nonparticipation or limited participation in covered transactions assumed by a person pursuant to the terms of a settlement.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

Certification Regarding Drug-Free Workplace Requirements

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If grantee does not identify the workplace at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in the office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other areas where work under the grant take place. Categorical descriptions may be used (e.g. all vehicles of a mass authority of State highway department while in operation, State employees in each local unemployment office, performance in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s) if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to the certification. Grantee's attention is called, in particular, to the following definitions from these rules:

Controlled substances means a controlled substance in Schedules I through V of the Controlled Substance Act (21 U.S.C. #12) and as further defined by regulations (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of Nolo Contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (I) All direct charge employees; (II) All indirect charge employees under their impact or involvement is insignificant to the performance of the grant; and (III) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirements consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Alternate I - Grantees Other Than Individuals

The grantee certifies that it will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

workplace and specifying the actions that will be taken against employees for violation of such prohibition;

- (b) Establishing an ongoing drug-free awareness program to inform employees about:
- (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
 - (4) The penalties that may be imposed upon employees or drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
- (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is convicted:
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (g) The grantee may insert the space provided below the site(s) for the performance of work done in connection with the specific grant:

PLACE OF PERFORMANCE:

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
----------------	------	--------	-------	----------

Are there workplaces on file that are not identified here? ☐ YES ☐ NO

Alternate II - Grantees Who Are Individuals

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in conducting any activity with the grant;
- (b) If the convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include identification number(s) of each affected grant.

[55 FR 2160, 21702, May 25, 1990]

Signature

Title

Grantee Legal / Corporate Entity Name

Date

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

CERTIFICATION REGARDING LOBBYING

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form 111, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subawards, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C – Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (ACT), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision or health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, the applicant/grantee certifies compliance with the requirements of the Act. The applicant/grantee further agrees that the language of this certification will be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

Certification Regarding Equal Treatment for Faith-Based Organizations

A final rule of the Department of Health and Human Services (DHHS) went into effect on August 16, 2004, which created, among other things, a new Part 87 Equal Treatment for Faith-Based Organizations, and revised the Department's uniform administrative requirements at 45 CFR Parts 74, 92 and 96 to incorporate the requirements of Part 87.

The Administration of Children and Families (ACF) is committed to providing State Administrators, State Grant Managers and subsequently subrecipients with the most accurate and concise information to help guide program activities. This regulation addresses several key Equal Treatment issues that require full compliance by Federally-funded State Programs, subrecipients, grantees and contractors.

Issues include:

- Nondiscrimination against religions organizations;
- Ability of religious organizations to maintain their religious character, including the use of space in their facilities, without removing religious art, icons, scriptures, or other religious symbols;
- Prohibition against the use of Federal funds to finance inherently religious activities, except where Federal funds are provided to religious organizations as a result of a genuine and independent private choice of a beneficiary or through other indirect funding mechanisms, such as certificates or vouchers; and
- Application of State or local government laws to religious organizations.

NOTE: Neither the Department (DHHS) nor any State or local government and other intermediate organizations receiving funds under any Department (DHHS) program shall, in the selection of service providers, discriminate for or against an organization on the basis of the organization's religious character or affiliation.

It is imperative that State subrecipients, grantees and contractors policies reflect the Equal Treatment Regulations. The full text of the final rule may be accessed via the Internet at <http://www.hhs.gov/fbc/regs.html>

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 45 CFR Part 87, Equal Treatment for Faith-Based Organizations as revised in the Department's uniform Administrative requirements identified above. Any organization that fails to file the required certification shall be subject to disqualification of their application.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBGRANT AWARD

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). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Child and Family Services
Attn: Grants Management Unit
4126 Technology Way, 3rd Floor
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your Organizations 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? _____

Signature

Date

Title

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

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 within the provisions above 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 Division.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature

Date

Title

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBGRANT AWARD**

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Division of Child and Family Services

Hereinafter referred to as "Division"

and

Agency Name.

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Division 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 ascribed 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 or health 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 Division or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

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 Division 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 Division 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 Division. Subrecipient may disclose information if:

1. The disclosure is required by law; or

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBGRANT AWARD**

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 Division.

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 Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **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 Division. 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 Division 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.

SUBRECIPIENT'S ORGANIZATION

DIVISION

Signature Date

Signature Date

Print Name

for Ross E. Armstrong

Title

Administrator,
Division of Child and Family Services
Title