



State of Nevada
Division of Child and Family Services
Grant Management Unit
Victims of Crime Act (VOCA)
Notice of Funding Opportunity

State Fiscal Year 2021

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

Summary

Opportunity Summary

The Victims of Crime Act (VOCA) Assistance formula grant program assists States and Territories to support innovative programming for nonprofit and public agencies that provide direct services to victims of crime. Examples include but are not limited to: programs to assist the elderly with all types of crime victimization; legal assistance to victims; child advocacy centers; sexual assault victim advocates; data and technology needs that support the delivery of direct services to victims; programs directed to youth, teen, and college age victims; and programs assisting male victims of domestic violence and sexual assault. A list of allowable and unallowable costs and activities that can be funded through this Notice of Funding Opportunity (NOFO) can be found in Appendix A.

This NOFO is for competitive applications to be funded through the Victims of Crime Act Federal Fiscal Year 2018 and 2019 awards for State Fiscal Year (SFY) 2021. This NOFO implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) Grants Management Unit (GMU). Funds awarded as a result of this NOFO will begin on July 1, 2020 and expire on June 30, 2021. 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 2021 and applicants who receive awards through this NOFO are not guaranteed future funding.**

Total Funding Amount: \$20,000,000.

DCFS has determined that \$18,900,000 in traditional VOCA funding will be distributed based on population and need. Funding preference will be given to the federal priority victim populations. Funds are awarded on a SFY basis through a NOFO process and are dependent upon availability of funding, compliance with grant requests, and scopes of work (SOW). New and current subrecipients are encouraged to propose projects that are innovative and far reaching as we strive to reach underserved populations and geographical regions throughout the State of Nevada.

DCFS has determined that an additional \$1,100,000 in innovative VOCA funding will be distributed for special projects with the primary focus on funding to specific priority areas and funding innovation in these specific priority areas. To receive funding for these specific purposes, the applicant must describe how the innovation will enhance services to crime victims within the prescribed geographic region and priority area outlined in the Funding Distribution table; how the project will be integrated into and / or enhance the subrecipient's current system; the cost of installation; the cost of training staff to use the equipment; the ongoing operational costs, such as maintenance agreements, supplies; and how these additional costs will be supported. Property insurance is an allowable expense if VOCA funds support a prorated share of the cost of the insurance payments.

Agencies interested in applying for both Traditional VOCA funding and Innovative VOCA funding must submit a separate Application Form, Project Narrative and Budget for each separate funding request.

***Funding for SFY 2021 is dependent upon the Office of the Inspector General's audit of the Department of Health and Human Services, Division of Child and Family Services being closed and subject to the availability of funds. Funding may not be immediately available on July 1, 2020.**

Match/Cost Sharing Requirement: The minimum local match requirement is twenty percent (20%) of the total VOCA project cost. VOCA subrecipients that are Native American tribes/organizations located on reservations may request a match waiver if unable to match five percent (5%).

Program Requirements

OVERVIEW

The VOCA Formula Grant Program, created under the 1984 Victims of Crime Act, provides federal funding nationwide to support victim assistance and compensation programs, to provide training for diverse professionals who work with victims, to develop projects that enhance victims' rights and services and to undertake public education and awareness activities on behalf of crime victims.

VOCA is administered at the federal level through the U.S. Department of Justice (DOJ), Office for Victims of Crime (OVC) which annually awards a grant to each state, the District of Columbia, and U.S. Territories. States have sole discretion in determining which organizations will receive funds and in what amounts, as long as the recipients meet the requirements of VOCA and the Program Guidelines <http://ojp.gov/ovc/voca/vaguide.htm>

The Crime Victims' Fund is the source of funding for these programs. Millions of dollars are deposited into this fund annually from criminal fines, forfeited bail bonds, penalties, and special assessments collected by U.S. Attorneys' Offices, federal U.S. courts, and the Federal Bureau of Prisons. To date, Crime Victims' Fund dollars have always come from offenders convicted of federal crimes, not from taxpayers.

The primary purpose of VOCA is to support the provision of services to victims of crime throughout the nation. According to the VOCA Program Guidelines, services are defined as those efforts that (1) respond to the emotional and physical needs of crime victims; (2) assist primary and secondary victims of crime to stabilize their lives after a victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) provide victims of crime with a measure of safety and security. For the purpose of the VOCA Crime Victim Assistance Grant Program, a crime victim is a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime. **Funding cannot be used for the investigation of crimes, collection of evidence to further the prosecution of crimes, or for prevention activities.**

VICTIM POPULATIONS TO BE SERVED

The overall purpose of the VOCA legislation is the expansion and development of victim services. Under the VOCA Program Guidelines, funding priority is given to programs serving victims of sexual assault, domestic violence, and child abuse. At least thirty percent (30%) of each year's formula grant must be allocated to sexual assault, domestic violence, and child abuse services, ten percent (10%) for each category. An additional ten percent (10%) must also be allocated to victims of violent or property crime who are "previously underserved," which indicates that the particular victim population historically or currently has not had access to or been provided with specialized or adequate services. DCFS has determined that the previously underserved populations that will be targeted for funding are: Children and Minors, Immigrants, Elderly, People with Disabilities, LGBTQIA2+, Tribal Communities, and Homeless.

Federal guidelines require states to allocate a portion of their VOCA funds to eligible crime victim assistance programs providing assistance to the following victim populations:

Federal Priority Victim Populations

- A. **Child Abuse:** These services should include treatment for children who are victims of physical or sexual abuse, and services for their non-offending parents and siblings. Examples of services may include play, individual and/or group therapy. Services may be provided through mental health or hospital-based programs. Victims of child abuse may include, but are not limited to, child victims of: Physical, sexual, or emotional abuse; child pornography-related offenses; neglect; commercial sexual exploitation; bullying; and/or exposure to violence.

- B. **Sexual Assault:** Services provided should assist victims in dealing with the trauma of sexual assault and its emotional aftermath. Services may include 24-hour crisis hotlines, crisis intervention, emergency services, legal advocacy, clinical evaluation and long- and short-term counseling. Services may be provided to the victim's family and significant others. Services can be designed to serve both male and female victims. These services may be provided to adult survivors of child sexual abuse or incest.
- C. **Domestic Violence:** Domestic violence is a term that covers many types of acts committed by a current or former intimate partner against another, or within a family. Services may include 24-hour crisis hotlines, crisis intervention, emergency services, shelters or safe homes, long- and short-term counseling, information and referral, and legal advocacy in obtaining emergency restraining orders, injunctive or other protective orders. **For innovation, applicants should highlight the specific innovative services directed towards primary victims and children who are secondary victims of domestic violence.**
- D. **Underserved Priority Areas – Underserved Victim Populations:** DCFS has determined that the previously underserved populations that will be targeted for funding are: Children and Minors, Immigrants, Elderly, People with Disabilities, LGBTQIA2+, Tribal Communities, and Homeless. Subrecipients are encouraged to identify gaps in available services, not just by the types of crimes committed, but also by victims' demographic characteristics. Subrecipients are asked to examine the possibility that in each service area, "underserved" victims may also be defined by demographic characteristics such as their status as senior citizens, non-English speaking residents, disabled persons, members of racial or ethnic minorities, or by virtue of the fact that they are residents of rural or remote areas, or inner cities. **For Native American tribes and organizations that apply for VOCA funding, successful applicants will be provided with enhanced technical assistance and training to successfully manage the grant documentation and reporting requirements.**

DCFS released a VOCA Needs Assessment Gap Analysis in May 2017. The report may be accessed at [http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/VOCANeedsAssessmentFINALMay2017\(2\).pdf](http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Tips/Reports/VOCANeedsAssessmentFINALMay2017(2).pdf)

Collaboration with Victim Service Agencies: All applicants must demonstrate how they will ensure ongoing collaboration with other victim service agencies in all aspects of service provisions.

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.

Funding Period: Grants will be awarded for a 12-month period: July 1, 2020 through June 30, 2021.

Match/Cost Sharing Requirement: The minimum local match requirement is twenty percent (20%) of the total VOCA project cost. A match waiver is available for new or existing VOCA subrecipients that are Native American tribes/organizations located on reservations.

Reporting: Monthly Financial Status reports and programmatic reports will be required by the 15th of each month for the previous month. A year-end program report is also required and is due July 15, 2021.

EMERGING TRENDS

Applicants who respond to this NOFO should be aware that emerging trends in approaches to service delivery, community partnerships, collective impact, data tracking and more may result in eventual adjustments to some aspects of programs and/or processes. During the course of the grant period, applicants who receive funding will be asked to collaborate with DCFS and other stakeholders in mapping the future of service delivery to victims of crime. Strategies considered may include, but are not necessarily limited to:

- Identifying and prioritizing service gaps;
- Determining strategies to enhance data collection and reporting;
- Strengthening and standardizing output and outcome measures;
- Ascertaining best practices in client-centered, holistic service delivery;
- Evidence-based, Evidence-Informed practices;
- Building a coordinated network of statewide partnerships;
- Culturally competent to underserved populations; and
- Utilizing technology to improve victims' access to information and services.

Agencies that are applying for traditional VOCA funding and innovation VOCA funding are required to submit two clearly marked, separate applications.

APPLICANT ELIGIBILITY

All non-profit and public agencies (including state and local governmental agencies, universities and community colleges), can apply if interested in providing services and are in compliance with grant specific requirements (See VOCA REQUIREMENTS for expanded descriptions). **Eligible organizations include victim services organizations that provide direct services to crime victims.**

Per the VOCA Final Rule, **the definition of Direct services or services to victims of crime** means those services described in 42 U.S.C. 10603(d)(2), and efforts that— (1) Respond to the emotional, psychological, or physical needs of crime victims; (2) Assist victims to stabilize their lives after victimization; (3) Assist victims to understand and participate in the criminal justice system; or (4) Restore a measure of security and safety for the victim.

Examples of types of organizations that provide direct services include, but are not limited to the following:

- Sexual assault and rape treatment centers;
- Domestic violence programs and shelters;
- Child abuse programs;
- Centers for missing children;
- Mental health services; and
- Other community-based victim coalitions and support organizations.

In addition to victim service organizations whose sole purpose is to serve crime victims, many other public and non-profit organizations have components which offer services to crime victims. These organizations are eligible to receive VOCA funds if the funds are used to expand or enhance the delivery of crime victims' services. These organizations include, but are not limited to, the following:

- **Criminal Justice Agencies** – Law enforcement agencies, prosecutors' offices, courts, corrections departments, and probation and paroling authorities are eligible to receive VOCA funds to help pay for victims' services.
- **Religiously-Affiliated Organizations** – Organizations receiving VOCA funds must ensure that services are offered to all crime victims without regard to religious affiliation and that the receipt of services is not contingent upon participation in a religious activity or event. Faith-based and community organizations will be considered for awards as are other eligible applicants and if they receive assistance awards, will be treated on an equal basis with all other grantees in the administration of such awards. No eligible applicant or grantee will be discriminated against on the basis of its religious character or affiliation, or religious name. Faith-based and community organizations are required to abide by the same regulations and requirements specifically associated with the program under which they are awarded a grant, as any other agency awarded funding.
- **Hospitals and Emergency Medical Facilities** – Organizations must offer crisis counseling, support groups and /or other types of victim services.
- **Others** – State and local public agencies such as mental health service organizations, state or local public child and adult protective services, state grantees, Native American Tribes/Organizations, legal service agencies and programs with a demonstrated history of advocacy on behalf of domestic violence victims, and public housing authorities that have components specifically trained to serve crime victims.

Additional Specific Eligibility Requirements

OVC established eligibility criteria that must be met by all organizations that receive VOCA funds. These funds are to be awarded to applicants only for providing services to victims of crime. Each applicant organization shall meet the requirements as outlined in the section VOCA REQUIREMENTS.

FUNDING ALLOCATION AND DISTRIBUTION

At least ten percent (10%) of the total VOCA funds will be allocated to each of the Federal priority areas; however, funding will also be distributed to ALL other Victims of Crime. The allocation of funds to Federal priority categories does not prevent DCFS from distributing additional funds to agencies serving other victims of crime.

| Priority Victim Populations | Funding Allocations | Approximate Minimum of Awards Statewide |
|------------------------------------|----------------------------|--|
| Child Abuse | 10% of the award | \$2,000,000 |
| Sexual Assault | 10% of the award | \$2,000,000 |
| Domestic Violence | 10% of the award | \$2,000,000 |
| Previously Underserved | 10% of the award | \$2,000,000 |

DCFS has determined that VOCA funding will be distributed based on population and need. Funding preference will be given to the federal priority victim populations. 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.

DCFS is obligated to ensure that the ten percent (10%) priority area thresholds will be met. Funding decisions will be made based on application scores and the need to ensure that the ten percent (10%) thresholds are met. A successful application is not a guarantee you will receive all or partial funding for the program; or, if initially funded, that your project will receive continued funding in subsequent grant cycles. DCFS reserves the right to fund or not fund any project based on scoring, available funds, or past grant performance. The below table represents targeted funding allocations by geographic region; however, actual funds awarded may vary slightly based on the receipt of successful applications and identified service and population needs.

| Traditional VOCA funding | | |
|-------------------------------------|-----------------------------------|------------------------------------|
| Geographic Region | Target Funding Allocations | Approximate Total of Awards |
| Clark County | 65% of the funding amount | \$12,285,000 |
| Washoe County | 25% of the funding amount | \$4,725,000 |
| Balance of the State/Rural Counties | 10% of the funding amount | \$1,890,000 |
| Total | | 18,900,000 |

| Innovative VOCA funding | |
|--|------------------------------------|
| Funding Priority Area | Approximate Total of Awards |
| Children as secondary victims of Domestic Violence* | \$100,000 |
| Military Sexual Trauma (MST)** | \$100,000 |
| Service delivery innovation for Sexual Assault victims in Rural Counties | \$150,000 |
| Homelessness-related victim services, excluding shelter | \$250,000 |
| Human Trafficking | \$250,000 |
| Native American Tribes/ Organizations | \$250,000 |
| Total | \$1,100,000 |

* Children as secondary victims of Domestic Violence: Children who grow up in violent households can easily become the next generation of victims of violence or perpetrators of violence. Recognizing and responding to the special needs of children who witness domestic violence is essential in any effort to reduce or prevent cycles of abuse.

**Military Sexual Trauma (MST) defined by the Veteran’s Administration (VA) comes from Federal law (Title 38 U.S. Code 1720D) and is “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which

occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.” For the purposes of this grant, the qualifying act must include conduct that is criminal in nature.

VOCA REQUIREMENTS

VOCA Federal funds are awarded to DCFS by the Office of Justice Programs, Office for Victims of Crime authorized by the Victims of Crime Act of 1984 (P.L.98-473, as amended).

Subrecipients receiving VOCA funds must meet the following eligibility requirements:

- A. **Compliance with DCFS grant requirements:** Agencies must adhere to financial and programmatic guidelines; comply with deadlines; and provide all information to DCFS as requested in a timely fashion.
- B. **Compliance with Federal Rule:** Applicants must comply with the applicable provisions of VOCA, the Program Guidelines, and the requirements of the OJP Financial Guide, effective edition <https://ojp.gov/ovc/welcome.html> which includes maintaining programmatic and financial records that fully disclose the amount and disposition of VOCA funds received. This includes financial documentation for disbursements; daily time and attendance records specifying time devoted to allowable VOCA victim services; client files; portion of the project supplied by other sources of revenue; job descriptions; contracts for services; and other records which facilitate an effective audit.
- C. **Data Universal Number System (DUNS) number, § 200.32:** Subrecipients must obtain a Data Universal Numbering System (DUNS) number as part of eligibility for a subaward. DUNS number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify entities. A non-Federal entity is required to have a DUNS number to apply for, receive and report on a Federal award. A DUNS number may be obtained from D&B at <http://fedgov.dnb.com/webform>.
- D. **Civil Rights Compliance:** All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. In the event that a court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against a recipient of funds after a due process hearing, the recipient must agree to forward a copy of the finding to the Office for Civil Rights of the Department of Justice’s Office of Justice Programs.
- E. **Civil Rights Information:** Maintain statutorily required civil rights statistics on victims served by race, national origin, sex, age, and disability and permit reasonable access to its books, documents, papers, and records to determine whether the subrecipient is complying with applicable civil rights laws. This requirement is waived when providing a service, such as telephone counseling, where soliciting the information may be inappropriate or offensive to the crime victim.
- F. **Client-counselor and research information confidentiality:** Maintain confidentiality of client-counselor information, as required by state and federal law.
- G. **Confidentiality of research information:** Except as otherwise provided by federal law, no recipient of monies under VOCA shall use or reveal any research or statistical information furnished under the program by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with VOCA. Such information, and any copy of such information, shall be immune from legal process and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceeding. See Section 1407(d) of VOCA codified at 42 U.S.C. 10604. These provisions are intended, among other things, to ensure the confidentiality of information provided by crime victims to counselors working for victim services programs receiving VOCA funds. Whatever the scope of application given this provision, it is clear that there is nothing in VOCA or

its legislative history to indicate that Congress intended to override or repeal, in effect, a state's existing law governing the disclosure of information which is supportive of VOCA's fundamental goal of helping crime victims. For example, this provision would not act to override or repeal, in effect, a state's existing law pertaining to the mandatory reporting of suspected child abuse. This confidentiality provision should not be interpreted to thwart the legitimate informational needs of public agencies. For example, this provision does not prohibit a domestic violence shelter from acknowledging, in response to an inquiry by a law enforcement agency conducting a missing person investigation, that the person is safe in the shelter. Similarly, this provision does not prohibit access to a victim service project by a federal or state agency seeking to determine whether federal and state funds are being utilized in accordance with funding agreements.

- H. **Maintain confidentiality:** Eligible agencies must have policies and procedures in place that safeguard the confidentiality of all victim records, contact information, personally identifying information, and other information considered sensitive. These measures must be consistent with applicable Federal, state and local laws regarding privacy and confidentiality.
- I. **Help victims apply for compensation benefits:** Such assistance may include identifying and notifying crime victims of the availability of compensation, assisting them with the application forms and procedures, obtaining necessary documentation, and/or checking on claim status.
- J. **New programs:** Programs that have not yet demonstrated a record of providing services may be eligible to receive VOCA funding, if it can be demonstrated that twenty-five to fifty percent (25-50%) of the financial support for the agency comes from non-Federal sources. Organizations must have a variety of funding sources in addition to Federal funding to ensure financial stability.
- K. **No charge to victims for VOCA-funded services:** Applicants must provide services to crime victims, at no charge, through the VOCA-funded project.
- L. **Program match requirements:** The purpose of matching contributions is to increase the amount of resources available to the projects supported by grant funds. Matching contributions of twenty percent (20%) (cash or in-kind) of the total cost of each VOCA project (VOCA subaward plus match) are required for each VOCA-funded project and must be derived from non-federal sources, except as provided in the OJP Financial Guide, which can be accessed at <https://ojp.gov/financialguide/DOJ/index.htm>. All funds designated as match are restricted to the same uses as the VOCA funds and must be expended within the grant period. **Example: \$100,000 requested / .80 / .20 = \$25,000 Match.**

Native American Tribes/Organizations Located on Reservations: The match for new or existing VOCA subrecipients that are Native American tribes/organizations located on reservations is no longer required. Tribes are permitted to apply for a match waiver if unable to provide five percent (5%) match. For the purpose of this grant, a Native American tribe/organization is defined as any tribe, band, nation, or other organized group or community, which is recognized as eligible for the special programs and services provided by the U.S. to Native Americans because of their status as Native Americans. A reservation is defined as a tract of land set aside for use of, and occupancy by, Native Americans.

For the purposes of this program, in-kind match may include donations of expendable equipment, office supplies, workshop or classroom materials, work space, or the monetary value of time contributed by professionals and technical personnel and other skilled and unskilled labor, if the services they provide are an integral and necessary part of a funded project. The value placed on donated services must be consistent with the rate of compensation paid for similar work in the subrecipient's organization. If the required skills are not found in the subrecipient's organization, the rate of compensation must be consistent with the labor market. In either case, fringe benefits may be included in the valuation. The value placed on loaned or donated equipment may not exceed its fair market value. The value of donated

space may not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in privately-owned buildings in the same locality.

- M. **Promote community efforts to aid crime victims:** Promote community-based coordinated public and private efforts to aid crime victims. Coordination may include, but is not limited to, serving on state, federal, local, or Native American task forces, commissions, working groups, coalitions, and/or multi-disciplinary teams. Coordination efforts also include developing written agreements that contribute to better and more comprehensive services to crime victims.
- N. **Promote victim safety:** DCFS prohibits activities that compromise victim safety, such as requiring victims to meet with offenders.
- O. **Public or non-profit organization:** To be eligible to receive VOCA funds, organizations must be operated by a public or private non-profit organization, or a combination of such organizations, and provide services to all types of crime victims.
- P. **Record keeping:** VOCA subrecipients must maintain records that clearly show the source, the amount, and the period during which the match was allocated. The basis for determining the value of personnel services, materials, equipment and space must be documented. Volunteer services must be documented, and to the extent feasible, supported by the same methods used by the subrecipient for its own paid employees.
- Q. **Record of effective services:** Demonstrate a record of providing effective services to crime victims. This includes having the support and approval of its services by the community, and a history of providing direct services in a cost-effective manner and financial support from other sources.
- R. **Services to Limited-English-Proficient (LEP) Persons:** National origin discrimination includes discrimination on the basis of LEP. To ensure compliance with Title VI of the Civil Rights Act and the Omnibus Crime Control and Safe Streets Act, recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including interpretation and translation services, where necessary. Applicants are encouraged to consider the need for language services for LEP persons served or encountered both in developing their applications and budgets in conducting their programs and activities. Reasonable costs associated with providing meaningful access for LEP individuals are considered allowable program costs.
- S. **Services to victims of federal crimes:** Applicants must provide services to victims of federal crimes on the same basis as victims of state and/or local crimes.
- T. **Volunteers:** Subrecipients must utilize volunteers in providing services to victims of all crimes. Additionally, agencies must maintain log sheets to adequately document volunteer hours. Agencies that do not utilize volunteers must obtain a waiver from DCFS.

PRE-APPLICATION TRAINING

The training will be available via webinar starting **Wednesday, January 15, 2020.**

Applicants are required to complete the Pre-Application Training webinar in order to be eligible for VOCA funding. Attendance is mandatory and will be tracked. Applications will be rejected if agencies do not participate in the webinar prior to submitting their application:

Designing for Impact-VOCA 101 Training

This course is designed to introduce participants to details about rules, requirements, and regulations associated with providing services as part of VOCA program funding. Additionally, this information will discuss and introduce the Notice of Funding Opportunity (NOFO) process with specific focus on program eligibility.

An agency eligibility assessment must be completed at the end of the training to determine if the applicant organization is eligible for specific program funding and to provide feedback on the next steps based on the organization's eligibility outcome. The primary goal is to improve project and program design at the inception of program funding to make the largest social impact as possible.

Successful applicants that are awarded VOCA funding will be required to participate in additional mandatory online training courses. More information will be provided to funded agencies.

QUESTION AND ANSWER SESSION

A Question and Answer session will begin the first day of the NOFO release and will continue until Friday, January 24, 2020 at 5:00 p.m. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Monday, January 27, 2020. To submit your questions please e-mail DCFS Grants at dcfsgrants@dcfs.nv.gov.

Application Process

Award Overview Timeline

| Event | Date/Time |
|---|------------------------------------|
| Notice of Funding Opportunity announced | January 7, 2020 |
| Questions and Answers posted to DCFS GM webpage | January 27, 2020 |
| Deadline for submission | February 7, 2020 |
| Evaluation period (approximate time frame) | February 10 - February 28, 2020 |
| Announcement of awards | Mid-March, 2020 |
| Performance Period | July 1, 2020 through June 30, 2021 |

Application Review

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

Funding decisions will be based on the following factors:

- Review panel scores;
- Federally-required priority funding populations;
- Geographic distribution of the proposed grant awards;
- Conflicts or redundancy with other funded programs;
- Supplanting of existing funding; and
- Alignment of the application with the allowable services listed in Appendix A of this document.

Evaluation Process

Applications received by the published deadline of **5:00 p.m. Friday, February 7, 2020** will be processed as follows.

STEP 1: Technical Review

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

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

STEP 2: Application Review Panel

- A. Each application that passes the technical review will be evaluated for content and scored by at least two review panel members using the GMU Scoring Matrix (See Appendix D).
- B. During the review process, staff will identify strengths and weaknesses and may recommend that if the application is funded:
 - Specific revisions are made to the budget or Scope of Work; or
 - Special conditions are placed on the award (e.g., certain fiscal controls, more stringent performance requirements, or more frequent reviews).
- C. The review panel will identify specific line item areas for revision if funding limitations result in a reduction of an overall proposed budget. In the event budget reductions are necessary, an equitable formula based on application ranking and scores will be developed and applied in an impartial manner.
- D. Decisions will be based on GMU and review panel recommendations, which will be provided to the Administrator of DCFS or designee for final approval.

STEP 3: Final Decisions

A successful application is not a guarantee you will receive all or partial funding for the program, or, if initially funded, that 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:

- Review panel scores;
- Federally-required priority funding populations
- Geographic distribution of the proposed grant awards;
- Conflicts or redundancy with other funded programs;
- Supplanting of existing funding; and
- Alignment of the application with the allowable services listed in Appendix A of this document.

Funding decisions made by the DCFS Administrator or designee are final. There is no appeals process.

Notification and Award Process

Applicants will be notified of their status with a Letter of Intent after decisions have been made in March 2020.

GMU staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the GMU or 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., certain fiscal controls, more stringent performance requirements or more frequent 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 E for an example of the NOSA.

Post Award

A. Monthly Financial Status and Request for Reimbursement 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 the awarding of funds. The monthly reports will be due by the 15th of the following month.

Per the DOJ Grants Financial Guide: 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](#).

- 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 should also reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

B. Risk Assessment and Subrecipient Monitoring

Successful applicants must participate in risk assessment and subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DCFS to the federal granting agency. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. For non-governmental agencies, at least one (1) board member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to your agency within thirty (30) working days following the conclusion of the subrecipient monitoring.

C. Performance Report

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

| Reporting Period | Due Date |
|-------------------------|-----------------|
| July 1 – September 30 | October 15 |
| October 1 – December 31 | January 15 |
| January 1 – March 31 | April 15 |
| April 1 – June 30 | July 15 |

D. 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.

E. Nevada 2-1-1

Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs. 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. Agencies must provide documentation verifying of enrollment.

Application

Application Instructions

- An application packet, which includes this application and the required data sources, is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>
- The completed application package consists of three sections and a checklist.
- Late and/or incomplete applications will not be scored or considered for funding.
- The total possible score for the TRADITIONAL VOCA application is 180; total possible score for INNOVATIVE VOCA application is 200.
- Applications should be in Arial 11-point font on single-spaced pages with one-inch margins. The narrative should not exceed 15 pages. All pages including attachments must have the applicant's name on the bottom of the page.

Section A – Application Form

- Complete the Application Form; and
- Complete the Application Checklist prior to scanning/submitting the application to DCFS. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.

Section B – Narrative (80 points - Traditional, 100 points - Innovative)

- This Section has eight (8) fields assigned different numbers of points.
- The Statement of Need (field 2) must be substantiated with data.
- Use Arial 11-point font on single-spaced pages with one-inch margins.

| Field Name | Scoring Points | Instructions |
|----------------------|-----------------------|--|
| 1. Overview | 10 | <ol style="list-style-type: none"> 1) Provide organization's mission statement 2) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. 3) Provide up to three (3) brief examples of the organization's successes. 4) Describe the organization's desired goals and outcomes with service numbers. |
| 2. Statement of Need | 10 | <ol style="list-style-type: none"> 1) Establish the degree of need of VOCA services within the geographic area 2) Identify the targeted population and explain how the target population would benefit from the proposed project. |
| 3. Services Proposed | 15 | <p>The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.</p> <ol style="list-style-type: none"> 1) Identify what services will be provided. 2) Explain how your agency will ensure that services are accessible to all populations, how the needs of your |

| | | |
|---|----|---|
| | | <p>clients will be assessed, and how services will be individualized.</p> <ol style="list-style-type: none"> 3) Describe your agency's approach to direct service delivery and how it meets the needs of the client. 4) If you are already providing the proposed services in the proposed community / communities, indicate whether there is a waiting list for the proposed services and provide the average length of wait and the number of prospective clients on the list. |
| 4. Availability and Accessibility of Services | 5 | <ol style="list-style-type: none"> 1) Detail the availability of services within the organizations geographic area. 2) Identify other organizations providing similar services and describe why duplication of services is warranted. 3) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization. |
| 5. Goals and Objectives | 10 | <ol style="list-style-type: none"> 1) Describe the organization's goals and objectives to meet the geographic area's needs. 2) Provide the projected number of services that will be provided, either in clients served or services provided with these grant funds. Note that these projections must match the Scope of Work and Budget Narrative. |
| 6. Scope of Work | 10 | <ol style="list-style-type: none"> 1) Complete Appendix C – Scope of Work, and Deliverables |
| 7. Methods of Accomplishment | 10 | <ol style="list-style-type: none"> 2) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved. 3) Explain what measurements will be used to report on the program's success. |
| 8. Vicarious Trauma | 5 | <p>Vicarious trauma, also known as secondary trauma, provider fatigue, or compassion fatigue; can have long-lasting effects on service providers who work closely with crime victims.</p> <ol style="list-style-type: none"> 1) Describe what services or strategies will be utilized to address vicarious trauma involving direct service providers. |
| 9. Community Coordination/Collaboration | 5 | <ol style="list-style-type: none"> 1) Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration. 2) Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services. 3) Include any current Memorandums of Understanding and/or Letters of Intent in your application packet. |

| | | |
|-------------------------------------|------------------|--|
| 10. For Innovation Application ONLY | 20 | 1) Identify how innovation meets unmet need. 2) Explain how the unmet needs will be evaluated following implementation. |
| Total for Narrative | 80 or 100 | 80 points total (Traditional) or 100 points total (Innovative) |

Section C – Budget (20 points)

- This Section has two (2) fields assigned the same number of points.
- Use Arial 11-point font on single-spaced pages with one-inch margins.
- See Appendix B for Budget Narrative template

| Field Name | Scoring Points | Instructions |
|-------------------------|-----------------------|---|
| Proposed Project Budget | 10 | Use the provided table and designate a whole dollar amount for the seven (7) budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period. |
| Budget Narrative | 10 | All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds <u>needed</u> to carry out the proposed Scope of Work and achieve the projected outcomes for SFY21. This should align with the Narrative's Goals and Objectives and Methods of Accomplishment |
| Total for Budget | 20 | |

Section D – Agency Self-Assessment (10 points)

- Complete the self-assessment questionnaire for your organization.

Section E – Past Compliance (50 points)

- Submit 2018 or 2019 Single Audit or Financial Opinion
- New applicants will not receive a score for this section.

| Field Name | Scoring Points |
|--|-----------------------|
| Single Audit or Financial Opinion | 10 |
| Timeliness and Accuracy of Request for Funds | 10 |
| Timeliness and Accuracy of Quarterly Performance Reports | 10 |
| Risk Assessment | 10 |
| Subrecipient Monitoring Findings | 10 |
| Total | 50 |

Section F – Funding Request (20 points)

- No additional information needed

| Field Name | Scoring Points |
|---|----------------|
| Is the funding request reasonable? | 5 |
| Does the agency show capacity to ensure service delivery? | 5 |
| Has the agency spent down funds in prior years? | 5 |
| Has the agency shown adequate past performance? | 5 |
| Total | 20 |

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 requirements of the Victims of Crime Act;
2. All information contained in the application is correct;
3. The applicant will read, understand, and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
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 for Assurances and Certifications documents.

Submission Instructions

- **The grant application deadline is 5:00 p.m. Pacific Standard Time (PST) on Friday, February 7, 2020.**
- Submit the signed, completed application with résumés and licenses of key personnel in a PDF document to dcfsgrants@dcfs.nv.gov.
- Applications must be submitted online by emailing all required documents in a single email to dcfsgrants@dcfs.nv.gov. In the subject line of the email place the NOFO title, "Victims of Crime Act NOFO Response from [name of applicant]".
 - If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal of the application, then 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.
- If you do not receive an email acknowledgment within three (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 submit their application via regular mail; however, the **completed paper application must be received by DCFS no later than Wednesday, February 5, 2020** to:

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

Application: Checklist

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

Section I: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions.
- Certification is signed.

Section II: Narrative

- Overview
- Statement of Need area
- Availability and Accessibility of Services
- Goals and Objectives includes projected number of services provided or clients served.
- Include copy of completed Section B- Descriptions of Services, Scope of Work and Deliverables
- Methods of Accomplishment
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

Section III: Budget

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

Section IV: Agency Self-Assessment

- Completed Agency Self-Assessment

Section V: Past Performance with DCFS Grant Management Unit

- Most recent Single Audit or Financial Opinion

Application Submission

- Include résumés and copies of licenses of key personnel.
- A PDF will be emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than Friday, February 7, 2020 by 5:00 p.m. PST

Application Form

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

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 Government Agency

C. Geographic Area of Service *(Check applicable boxes & provide brief narrative of service area)*

| | |
|---|--|
| <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide | |
|---|--|

D. Application Type Traditional VOCA Innovative VOCA

E. Victim Populations to be served: Specify % percentage of funding requested for services by population/client. *Only services that are specific to a federal priority category should be included. All services not specific to the federal priority category should be included in the ALL other Victims of Crime category.*

| | |
|--|---|
| <input type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Underserved Populations <input type="checkbox"/> ALL other Victims of Crime | <p>If multiple boxes are selected, please explain in detail how each victim population is served.</p> |
|--|---|

F. Program Point of Contact

| | |
|-------|--|
| Name | |
| Title | |
| Phone | |
| Email | |

G. Fiscal Officer

| | |
|---------------|--|
| Name & Title | |
| Phone & Email | |

H. Subcontracting of Services

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

I. 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 |

J. Current Funding

| Funding | Type | Project Period End Date | Amount Awarded (\$) |
|---------|------|-------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

K. Funding Request

| Funding | SFY 19 Award | SFY 20 Request | Difference |
|-----------------------------|--------------|----------------|------------|
| Victims of Crime Act (VOCA) | | | |

L. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the Victims of Crime Act (VOCA) legislation governing the grant as indicated by the Division of Child and Family Services (DCFS) and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; 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

Application Narrative - 80 points

Begin typing below each field header.

1. **Overview**

2. **Statement of Need**

3. **Services Proposed**

4. **Availability and Accessibility of Services**

5. **Goals and Objectives**

6. **Scope of Work**

7. **Methods of Accomplishment**

8. **Vicarious Trauma**

9. **Community Coordination/Collaboration**

Budget (20 points)

1. Proposed Project Budget

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

2. Budget Narrative

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

Applicant Name:

Form 1

BUDGET NARRATIVE - SFY-21

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

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

| | | |
|------------------------|---------------|------|
| Travel/Training | Total: | \$ - |
|------------------------|---------------|------|

Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

| <u>Out-of-State Travel</u> | | | | | \$ - |
|--|------|------------|-----------|------------|------|
| <i>Title of Trip & Destination such as CDC Conference: San Diego, CA</i> | Cost | # of Trips | # of Days | # of Staff | |
| Airfare: Cost per trip (origin & destination) x # of trips x # of staff | | | | | \$ - |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | \$ - |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | \$ - |
| Lodging: \$ per day +\$ tax = total \$ x # of trips x # of nights x # of staff | | | | | \$ - |
| Ground Transportation: \$ per r/trip x # of trips x # of staff | | | | | \$ - |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | | | | | \$ - |
| Parking: \$ per day x # of trips x # of days x # of staff | | | | | \$ - |

Justification:

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

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

| In-State Travel | | | | | \$ - |
|---|------|------------|-----------|------------|------|
| <i>Origin & Destination</i> | Cost | # of Trips | # of Days | # of Staff | |
| Airfare: cost per trip (origin & designation) x # of trips x # of staff | | | | | \$ - |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | \$ - |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | \$ - |

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

Justification:

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating Total: \$ -

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

| | |
|---|------|
| Office supplies: \$ Amount x # of FTE staff x # of months | 0 |
| Occupancy | \$ - |
| Communications | \$ - |
| Rent: \$ per month x 12 months x # of FTE | \$ - |
| Utilities: \$ per quarter x 4 quarters | \$ - |
| State Phone Line: \$ per month x 12 months x # of FTE | \$ - |
| Voice Mail: \$ per month x 12 months x # of FTE | \$ - |
| Conference Calls: \$ per month x 12 months | \$ - |
| Long Distance: \$ per month x 12 months | \$ - |
| Email: \$ per month x 12 months x # of FTE | \$ - |

Justification:

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

Equipment Total: \$ -

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

Describe equipment \$ -

Contractual Total: \$ -

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor/Subrecipient: \$ -

Method of Selection: Explain, i.e. sole source or competitive bid

Period of Performance: July 1, 2018 - June 30, 2019

Scope of Work: Define Scope of Work

| | |
|--|---------|
| *Sole Source Justification: Define if sole source method, not needed for competitive bid | |
| Method of Accountability: Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work. | |
| *Add additional Contractor/Subrecipients here with justification or delete this row. | \$ - |

| | | |
|--------------|---------------|---------|
| Other | Total: | \$ - |
|--------------|---------------|---------|

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

| | |
|---|------|
| Printing Services: \$ amount/month x 12 months | \$ - |
| Copier/Printer Lease: \$ amount/month x 12 months | \$ - |
| Property and Contents Insurance per year | \$ - |
| Car insurance: \$ per month x 12 months | \$ - |
| Postage: \$ per month x 12 months | \$ - |
| Audit | \$ - |

Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.

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

| | | |
|-----------------|---------------|---------|
| Indirect | Total: | \$ - |
|-----------------|---------------|---------|

Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculated 10%. Applicants may override this formula only to request a lower indirect rate.

| | |
|--|------|
| Identify Indirect Expenses | \$ - |
| Add more as necessary and adjust formula in F112 | \$ - |
| to reflect changes. | \$ - |

| | | |
|---------------------|---------------|----------------|
| TOTAL BUDGET | Total: | \$ - |
|---------------------|---------------|----------------|

| | |
|----------------------------|------|
| Identify Indirect Expenses | \$ - |
|----------------------------|------|

| | | | | | | | | | |
|--|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------------------|--------------|--------------|
| Applicant Name: | | | | | | | | Form 2 | |
| PROPOSED BUDGET SUMMARY - SFY-21 | | | | | | | | | |
| A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS | | | | | | | | | |
| FUNDING SOURCES | DCFS | Other Funding | Other Funding | Other Funding | Other Funding | Other Funding | Other Funding | Match | TOTAL |
| PENDING OR SECURED | | | | | | | | | |
| ENTER TOTAL REQUEST | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| EXPENSE CATEGORY | | | | | | | | | |
| Personnel | \$ - | | | | | | | \$ - | \$ - |
| Travel/Training | \$ - | | | | | | | \$ - | \$ - |
| Operating | \$ - | | | | | | | \$ - | \$ - |
| Equipment | \$ - | | | | | | | \$ - | \$ - |
| Contractual/Consultant | \$ - | | | | | | | \$ - | \$ - |
| Other Expenses | \$ - | | | | | | | \$ - | \$ - |
| Indirect | \$ - | | | | | | | \$ - | \$ - |
| TOTAL EXPENSES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| These boxes should equal 0 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total Indirect Cost | \$ - | | | | | | Total Agency Budget | | \$ - |
| Indirect % of Budget | 10% | | | | | | Percent of Agency Budget | | #DIV/0! |

B. Explain any items noted as pending:

| | | | | | | |
|--|----------------------|--------------------|------------------|-------------------------|-------------------------|-----------|
| Applicant Name: | | | | | Form 3 | |
| MATCH BUDGET NARRATIVE - SFY-21 | | | | | | |
| Total Personnel Costs | | | | Including Fringe | Total: | \$ |
| | | | | | | - |
| List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. | | | | | | |
| | Annual Salary | Fringe Rate | % of Time | Months | Amount Requested | |
| Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | \$ - | |
| Name of Employee (if known, otherwise state new position). Title of position & Position Control Number | | | | | | |

| | | | | | |
|---|-------------|-------------------|------------------|-------------------|--------------------|
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | \$ - |
| Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | \$ - |
| Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | \$ - |
| *Insert new row for each position funded or delete this row. | | | | | |
| Total Fringe Cost | | | | | \$ - |
| Total: | | | | | \$ - |
| Travel/Training | | | | | Total: \$ - |
| Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification. | | | | | |
| Out-of-State Travel | | | | | \$ - |
| <u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u> | Cost | # of Trips | # of Days | # of Staff | |
| Airfare: Cost per trip (origin & destination) x # of trips x # of staff | | | | | \$ - |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | \$ - |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | \$ - |
| Lodging: \$ per day +\$ tax = total \$ x # of trips x #of nights x # of staff | | | | | \$ - |
| Ground Transportation: \$ per r/trip x # of trips x # of staff | | | | | \$ - |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | | | | | \$ - |
| Parking: \$ per day x # of trips x # of days x # of staff | | | | | \$ - |

| | | | | | |
|---|-------------|-------------------|------------------|-------------------|------------------|
| Justification: | | | | | |
| Who will be traveling, when and why, tie into program objective(s) or indicate required by funder? | | | | | |
| If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip | | | | | |
| In-State Travel | | | | | \$ |
| | | | | | - |
| <u>Origin & Destination</u> | Cost | # of Trips | # of Days | # of Staff | |
| Airfare: cost per trip (origin & designation) x # of trips x # of staff | | | | | \$ - |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | \$ - |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | \$ - |
| Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff | | | | | \$ - |
| Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days | | | | | \$ - |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | | | | | \$ - |
| Parking: \$ per day x # of trips x # of days x # of staff | | | | | \$ - |
| Justification: | | | | | |
| Who will travel and why | | | | | |
| If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip. | | | | | |
| Operating | | | | | Total: \$ |
| | | | | | - |
| List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here. | | | | | |
| Office supplies: \$ Amount x # of FTE staff x # of months | | | | | \$ - |
| Occupancy | | | | | \$ - |
| Communications | | | | | \$ - |
| Rent: \$ per month x 12 months x # of FTE | | | | | \$ - |
| Utilities: \$ per quarter x 4 quarters | | | | | \$ - |
| State Phone Line: \$ per month x 12 months x # of FTE | | | | | \$ - |
| Voice Mail: \$ per month x 12 months x # of FTE | | | | | \$ - |
| Conference Calls: \$ per month x 12 months | | | | | \$ - |
| Long Distance: \$ per month x 12 months | | | | | \$ - |
| Email: \$ per month x 12 months x # of FTE | | | | | \$ - |

Justification:

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

Equipment Total: \$ -

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

Describe equipment \$ -

Contractual Total: \$ -

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor/Subrecipient: \$ -

Method of Selection: Explain, i.e. sole source or competitive bid

Period of Performance: July 1, 2020 - June 30, 2021

Scope of Work: Define Scope of Work

***Sole Source Justification:** Define if sole source method, not needed for competitive bid

Method of Accountability:

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

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

Other Total: \$ -

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.

| | |
|---|------|
| Printing Services: \$ amount/month x 12 months | \$ - |
| Copier/Printer Lease: \$ amount/month x 12 months | \$ - |
| Property and Contents Insurance per year | \$ - |
| Car insurance: \$ per month x 12 months | \$ - |
| Postage: \$ per month x 12 months | \$ - |
| Audit | \$ - |

Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.

TOTAL DIRECT CHARGES \$ -

TOTAL BUDGET Total: \$ -

APPENDIX A: VOCA ALLOWABLE AND UNALLOWABLE SERVICES

EXAMPLES OF ALLOWABLE SERVICES ACTIVITIES AND COSTS

State grantee may award victim assistance funds for those services, activities and costs that are directly related to the emotional healing and recovery of crime victims. The following, although not exhaustive, is a listing of services, activities and costs that are eligible for support with VOCA Victim Assistance grant funds, as stated in the Final Program Guidelines.

- A. Crisis counseling to victims of crime in person consisting of crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.
- B. Follow-up contact to victims of crime consisting of in-person, via telephone and/or via written communications to offer emotional support, provide empathetic listening, and checking on a victim's progress.
- C. Therapy consisting of intensive professional psychological and or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of a crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
- D. Group treatment to victims of crime consisting of the coordination and provision of supportive group activities and includes self-help, peer, and social support.
- E. Crisis Hotline Counseling to victims of crime including the operation of a twenty-four hour telephone services, seven (7) days a week, which provides counseling, guidance, emotional support, information and referral services.
- F. Shelter/Safe House services to victims of crime consisting of short and long-term housing and related support services to victims and family members.
- G. Information and referral services consisting of in-person contacts with victims of crime during which time services and available support are identified.
- H. Criminal justice support/advocacy to victims of crime consisting of support, assistance, and advocacy to victims at any stage of the criminal justice process, to include post-sentencing services and support.
- I. For sexual assault victims, forensic exams are allowable costs only to the extent that other funding sources (such as state compensation or private insurance or public benefits) are unavailable or insufficient and such exams conform to state evidentiary collection requirements.
- J. Emergency financial assistance to victims of crime consisting of cash outlays for transportation, food, clothing, and emergency housing.
- K. Emergency legal advocacy consisting of filing of temporary orders of protection, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does not include criminal prosecution or the employment of attorneys for non-emergency purposes such as torts. Assistance in filing compensation claims with victims of crime consisting of making victims aware of the availability of crime victim compensation, assisting the victim in completing the required forms, and gathering the needed documentation. It may include follow-up contact with the victim compensation agency on behalf of the victim.
- L. Assistance with victims' rights consisting of making victims of violent crime aware of their rights, educating other service organizations of these rights and referral to appropriate agencies to ensure these rights are upheld in Nevada.
- M. Personal advocacy to victims of crime consisting of assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, and welfare; accompanying the victim to the hospital and other such support services.

- N. Telephone contact with victims of crime consisting of contacts with victims during which time services and available support are identified.
- O. Other services to victims of crime consisting of other VOCA Victim Assistance allowable services and activities not listed such as forensic interviewing as it pertains to identifying and linking victims to services.
- P. Costs necessary and essential to providing direct services. This includes pro-rated costs of rent, telephone service, transportation costs for victims to receive services, emergency transportation costs that enable a victim to participate in the criminal justice system and local expenses for service providers.
- Q. Special Services. Services to assist crime victims with managing practical problems created by the victimization such as acting on behalf of the victim with other service providers, creditors, or employers; assisting the victim to recover property that is retained as evidence; assisting in filing for compensation benefits; and helping to apply for public assistance.
- R. Personnel Costs. Costs that are directly related to providing direct services, such as staff salaries and fringe benefits, including malpractice insurance; the cost of advertising to recruit VOCA-funded personnel; and the cost of training paid and volunteer staff. Administrative staff salaries are not allowed under VOCA.

The services, activities, and costs listed below are not generally considered direct crime victim services but are often necessary and essential activity to ensure that quality direct services are provided. Before these costs can be supported with VOCA funds, DCFS and the subrecipient must agree that direct services to crime victims cannot be offered without support for these expenses; that the subrecipient has no other source of support for them; and that only limited amounts of VOCA funds will be used for these purposes. The following list provides examples of such items:

- A. **Skills training for staff.** VOCA funds designated for training are to be used exclusively for developing the skills of direct service providers including paid staff and volunteers, so that they are better able to offer quality services to crime victims. An example of skills development is training focused on how to respond to a victim in crisis. VOCA funds can be used for training both VOCA-funded and non-VOCA-funded service providers who work within a VOCA recipient organization, but VOCA funds cannot be used for management and administrative training for executive directors, board members, and other individuals that do not provide direct services.
- B. **Training materials.** VOCA funds can be used to purchase materials such as books, training manuals, and videos for direct service providers, within the VOCA-funded organization, and can support the costs of a trainer for in-service staff development. Staff from other organizations can attend in-service training activities that are held for the subrecipient's staff.
- C. **Training related travel.** VOCA funds can support costs such as travel, meals, lodging, and registration fees to attend training within the state or a similar geographic area. This limitation encourages subrecipients to first look for available training within their immediate geographical area, as travel costs will be minimal.
- D. **Equipment and furniture.** VOCA funds cannot support the entire cost of an item that is not used exclusively for victim-related activities. However, VOCA funds can support a prorated share of such an item. In addition, subrecipients cannot use VOCA funds to purchase equipment for another organization or individual to perform a victim-related service. Examples of allowable costs may include beepers, typewriters and word processors; videotape cameras and players for interviewing children; two-way mirrors; and equipment and furniture for shelters, work spaces, victim waiting rooms, and children's play areas.

The costs of furniture, equipment such as Braille equipment or FFY/TTD machines for the deaf or minor building alterations / improvements that make victim's services more accessible to persons with disabilities are allowable. Subrecipients must refer to the OJP Financial Guide, which can be accessed at <https://ojp.gov/financialguide/DOJ/index.htm> and discuss with DCFS before these types of decisions are made.

All equipment purchased with VOCA funds must be marked “VOCA” for the purpose of establishing ownership upon program termination. Appropriate accounting and business records must be maintained which clearly show “VOCA” ownership. A clear allocation methodology must be provided if there is cost-sharing between multiple funding sources. If a program ceases to exist, equipment purchased with VOCA funds will be returned to DCFS who will distribute to other VOCA programs or hold for future use by a VOCA grant recipient.

- E. **Advanced technologies.** At times, computers may increase a subrecipients ability to reach and serve crime victims. To receive funding for advanced technologies, the subrecipients must describe how the computer equipment will enhance services to crime victims; how it will be integrated into and / or enhance the subrecipient’s current system; the cost of installation; the cost of training staff to use the computer equipment; the ongoing operational costs, such as maintenance agreements, supplies; and how these additional costs will be supported. Property insurance is an allowable expense if VOCA funds support a prorated share of the cost of the insurance payments.
- F. **Contracts for professional services.** VOCA funds generally should not be used to support contract services. At times, however, it may be necessary for VOCA sub-grantees to use a portion of the VOCA subaward to contract for specialized services. In the case where contract services are necessary, please contact Grants Management Unit staff to ensure these activities are approved prior to requesting reimbursement. Subrecipients are prohibited from using a majority of VOCA funds for contracted services, which contain administrative, overhead, and other indirect costs included in the hourly or daily rate.
- G. **Operating costs.** Examples of allowable operating costs include supplies; equipment use fees, when supported by usage logs; printing, photocopying, and postage; brochures which describe available services; and books and other victim-related materials.
- H. **Repair and / or replacement of essential items.** VOCA funds may be used for repair or replacement of items that contribute to maintaining a healthy and / or safe environment for crime victims, such as a furnace in a shelter.
- I. **Public presentations.** VOCA funds may be used to support presentations that are made in schools, community centers, or other public forums, and that are designed to identify crime victims and provide or refer them to needed services. Specifically, activities and costs related to such programs including presentation materials, brochures, and newspaper notices can be supported by VOCA funds.

EXAMPLES OF UNALLOWABLE SERVICES, ACTIVITIES AND COST

The services, activities and costs below, although not exhaustive, cannot be supported with VOCA funds:

- A. **Lobbying and administrative advocacy.** VOCA funds cannot support victim legislation or administrative reform, whether conducted directly or indirectly.
- B. **Perpetrator rehabilitation and counseling.** Subrecipients cannot knowingly use VOCA funds to offer rehabilitative services to offenders.
- C. **Needs assessments, surveys, evaluations, studies.** VOCA funds may not be used to pay for efforts conducted by individuals, organizations, task forces, or special commissions to study and/or research particular crime victim issues.

- D. **Prosecution activities.** VOCA funds cannot be used to pay for activities that are directed at prosecuting an offender and/or improving the criminal justice system's effectiveness and efficiency, such as witness notification and management activities and expert testimony at a trial. In addition, victim witness protection costs and subsequent lodging and meal expenses are considered part of the criminal justice agency's responsibility and cannot be supported with VOCA funds.
- E. **Fundraising activities.** VOCA funds cannot pay for any activities related to fundraising.
- F. **Property loss.** Reimbursing crime victims for expenses incurred as a result of a crime such as insurance deductibles, replacement of stolen property, funeral expenses, lost wages, and medical bills is not allowed. For these type of expenses, the Victims of Crime Compensation Program (VOCP) is an alternative. To find additional information on the eligibility requirements and application for VOCP, please visit <http://voc.nv.gov/> or email the Victims of Crime Compensation office (VOCP@dcfs.nv.gov) for additional information.
- G. **Most medical costs.** VOCA funds cannot pay for types of non-emergency medical and/or dental treatment.
- H. **Relocation expenses.** VOCA funds cannot support housing lease, rental, or mortgage payments for crime victims.
- I. **Administrative staff expenses.** Salaries, fees, and reimbursable expenses associated with administrators, board members, executive directors, consultants, coordinators, and other individuals unless these expenses are incurred while providing direct services to crime victims.
- J. **Development of protocols, interagency agreements and other working agreements.** These activities benefit crime victims, but they are considered examples of the types of activities that subrecipients undertake as part of their role as a victim services organization.
- K. **Costs of sending individual crime victims to conferences.**
- L. **Activities exclusively related to crime prevention.**
- M. **Utilization of ANY VOCA funding to provide services to perpetrators.** Perpetrator Rehabilitation and Counseling. Subrecipients cannot knowingly use VOCA funds to offer rehabilitative services to offenders.

APPENDIX B: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes for SFY 2021. If the project is not fully funded, 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. Use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. Do not modify or override formulas.

Per the DOJ Grants Financial Guide: 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](#).

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

Personnel:

Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

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

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

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

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

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant’s indirect costs (explained later).

**Administrative/Executive Staff salaries will not be allowed in the Personnel category.

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 54.5 cents), should be used unless the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program’s service area) should be listed separately from

out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

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

Operating:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased for shelters, detail must be provided that explains how the food will be utilized to meet the project goals.

Equipment:

List equipment to purchase or lease costing \$1,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled, inventoried, and tracked as such.

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DCFS. A copy of written agreements with all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please add a third tab to the budget template for that purpose.

Indirect Costs:

Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization 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. Identify the itemized indirect costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 10% of the total direct costs.

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. Budget Form 3 should include Match Information. Identify and justify match of 20% of the subaward if applicable to the grant source. All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period.

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

Description of Services, Scope of Work and Deliverables SFY-2021

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

Scope of Work for:

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

| <u>Objective</u> | <u>Activities</u> | <u>Due Date</u> | <u>Documentation Needed</u> | <u>How will this Goal be measure (quantitative)</u> |
|--------------------------------|-------------------|-----------------|-----------------------------|---|
| 1. | 1. | XX/XX/XX | 1. | 1. |
| 2. Add more lines if necessary | 2. | XX/XX/XX | 2. | 2. |

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

| <u>Objective</u> | <u>Activities</u> | <u>Due Date</u> | <u>Documentation Needed</u> | <u>How will this Goal be measure (quantitative)</u> |
|--------------------------------|-------------------|-----------------|-----------------------------|---|
| 1. | 1. | XX/XX/XX | 1. | 1. |
| 2. Add more lines if necessary | 2. | XX/XX/XX | 2. | 2. |

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

*In some instances, it may be helpful/useful to provide a brief summary (limited to half [1/2] a page) of the project or its intent here. This section should be written in complete sentences.

APPENDIX D: GMU SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully provide services in accordance with the Victim of Crime Act Guidelines.
- E. Proposals with an average score lower than 60 may be excluded from further consideration.

Applications are rated as outlined below, based on the average component points received by application review committee members. Points will be assigned for each item listed as follows:

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

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

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

0% - 39% of Maximum Points: Applicant’s proposal or capability is not acceptable or applicable for this criterion.

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

| Proposal Component | Potential Maximum Score |
|---|-------------------------|
| A. Application | No score |
| B. Project Narrative (Traditional 80 points, Innovative 100 points) | 80 or 100 |
| C. Budget | 20 |
| D. Agency Self-Assessment | 10 |
| E. Past Compliance (previous subrecipients only) | 50 |
| F. Funding Request | 20 |
| Total | 180 or 200 |



State of Nevada
 Department of Health and Human Services
Division of Child & Family Services
 (hereinafter referred to as the Department)

Agency Ref. #: _____
 Budget Account: _____ 3145
 Category: _____ 20
 GL: _____
 Job Number: _____

APPENDIX E: NOTICE OF SUBAWARD

| | |
|---|--|
| Program Name: VOCA Victim Assistance DCFS Grants Management Unit | Subrecipient's Name: |
| Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009 | Address: |
| Subaward Period: July 1, 2020 through June 30, 2021 | Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____ |

Purpose of Award:

Region(s) to be served: Statewide Specific county or counties:

| Approved Budget Categories: | | FEDERAL AWARD COMPUTATION: |
|------------------------------|---------------|---|
| 1. Personnel | \$0.00 | Total Obligated by this Action: \$ 0.00 |
| 2. Travel/Training | \$0.00 | Cumulative Prior Awards this Budget Period: \$ \$ |
| 3. Operating | \$0.00 | Total Federal Funds Awarded to Date: \$ \$ |
| 4. Equipment | \$0.00 | Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 0.00 |
| 5. Contractual/Consultant | \$0.00 | Amount Required this Action: \$ \$ |
| 6. Other | \$0.00 | Amount Required Prior Awards: \$ \$ |
| TOTAL DIRECT COSTS | \$0.00 | Total Match Amount Required: \$ \$ |
| 7. Indirect Costs | \$0.00 | Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| TOTAL APPROVED BUDGET | \$0.00 | Federal Budget Period: October 1, 2017 through September 30, 2021 |
| | | Federal Project Period: October 1, 2017 through September 30, 2021 |

FOR AGENCY USE, ONLY

| | | | | | |
|--|------------------------|------------------------|---------------------------------|--|--|
| Source of Funds U.S. Department of Justice Office of Justice Programs Office for Victims of Crime | % Funds: 100 | CFDA: 16.575 | FAIN: 2018-V2-GX-0076 | Federal Grant #: 2018-V2-GX-0076 | Federal Grant Award Date by Federal Agency: 08/09/2018 |
|--|------------------------|------------------------|---------------------------------|--|--|

Agency Approved Indirect Rate: 0.00% **Subrecipient Approved Indirect Rate:** N/A

Terms and Conditions:
 In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
4. Subrecipient must comply with all applicable Federal regulations.
5. Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

| | |
|--|--|
| Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; | Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement Appendix A: Victims of Crime Act (VOCA) Assurance |
|--|--|

| Authorized Subrecipient Official's Name and Title | Signature | Date |
|--|-----------|------|
| Grants & Project Analyst II | | |
| For Ross E. Armstrong - Administrator, Division of Child & Family Services | | |

SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

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

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any recipient or employee because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for subrecipients that expend \$750,000 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for Subrecipient

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

| <u>Objective</u> | <u>Activities</u> | <u>Due Date</u> | <u>Documentation Needed</u> |
|-------------------------|--------------------------|------------------------|------------------------------------|
| 1. | 1. | | 1. |

Goal 2: 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. | | |

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

SECTION C

Budget and Financial Reporting Requirements

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

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

Subrecipient agrees to adhere to the following budget:

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

The Subrecipient agrees:

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

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

Additionally, the Subrecipient agrees to provide:

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

The Department agrees:

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

Both parties agree:

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

Financial Reporting Requirements

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

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

SECTION D

Request for Reimbursement

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

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s): _____ Calendar year: 2020

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

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

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

Authorized Signature _____ Title _____ Date _____

FOR DEPARTMENT USE ONLY

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

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

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

SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

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

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

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

| Name | Services |
|-------|----------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

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

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

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Subrecipient's Name

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Department and Subrecipient agree as follows:

I. **DEFINITIONS**

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning as described to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. **TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI.

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

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Department for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT**

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Department for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. **USE OR DISCLOSURE OF INFORMATION**

Subrecipient may use information as stipulated in the primary agreement if necessary, for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Department. Subrecipient may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Department.

VI. **OBLIGATIONS OF SUBRECIPIENT**

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.

2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Department any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
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 Department. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

IN WITNESS WHEREOF, Subrecipient and the Department have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

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

SECTION H
Matching Funds Agreement

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

| | | | |
|-----------------------------------|------------------------------|--------------------------|--------------|
| Program Name | VOCA Victim Assistance | Subrecipient Name | |
| Federal Grant Number | 2018-V2-GX-0076 | Subaward Number | 16575-XX-XXX |
| Federal Amount | \$0.00 | Contact Name | |
| Non-Federal (Match) Amount | \$0.00 | Address | |
| Total Award | \$0.00 | | |
| Performance Period | July 1, 2020 – June 30, 2021 | | |

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

§ 200.306 Cost sharing or matching.

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

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

FINANCIAL SUMMARY FOR MATCHING FUNDS

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

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

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

APPENDIX 1

Victims of Crime Act (VOCA) Assurance

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

1. Agrees to utilize volunteers to supplement victim services.
2. Agrees to assist victims in seeking compensation assistance where appropriate.
3. Agrees to provide VOCA funded victim services at no fee to victims.
4. Agrees that VOCA funds will not be used to provide services to perpetrators.

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

APPENDIX F: AGENCY SELF-ASSESSMENT

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

| Section A: GENERAL INFORMATION | |
|--|--|
| Organization Name | |
| Fiscal Point of Contact | Name: _____ Title: _____ Address: _____ Phone: _____ Email: _____ Fax: _____ |
| Program Point of Contact | Name: _____ Title: _____ Address: _____ Phone: _____ Email: _____ Fax: _____ |
| Organization Info | DUNS #: _____ EIN #: _____ URL: _____ State Vendor #: _____ # of Employees: _____ Registered with SAM.gov? <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ Is your organization or it's principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please skip the rest of questionnaire, sign and return) |
| 1. Type of Organization (check all that apply): | |
| <input type="checkbox"/> University <input type="checkbox"/> Foundation <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For-Profit <input type="checkbox"/> Government Entity – City <input type="checkbox"/> Government Entity – District <input type="checkbox"/> Government Entity – County <input type="checkbox"/> Government Entity – State <input type="checkbox"/> Other: _____ | |
| 2. Organizational Fiscal Year (Month and Year): | |
| 3. Name of Cognizant Federal Agency (if applicable): | Approved Indirect Rate: |
| 4. Approximate total organization-wide annual operating budget: | |
| | Previous Fiscal Year Current Fiscal Year Federal Funds \$ _____ \$ _____ |
| Non-Federal Funds | \$ _____ \$ _____ |
| 5. Did your organization expend more than \$750,000 in Federal funds combined? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 6. Has your organization annual financial statements been audited by an independent audit Firm? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

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

- d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. YES NO
- e. Checks drawn to "cash" and advance signing of checks are prohibited. YES NO
- f. Multiple signatures are required on checks. YES NO

4. Are individuals of trust required to take leave and delegate their duties to others while on leave? YES NO

Section D: ACCOUNTING

1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?

- | | | |
|---|------------------------------|-----------------------------|
| a. Procurement | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Contract Administration | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Payroll | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Records to justify costs of salaries and wages | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Inventory | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Vendor payments | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Federal draws | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Grants budgeting and accounting | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. Cash management | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j. Audit resolution | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| k. Cash receipts | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| l. Disbursements | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| m. Records retention | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? YES NO

3. Are all appropriate accounting staff trained on current federal policies, procedures and instructions on accounting for, and expending, federal funds? YES NO

4. What accounting system does your organization use (e.g. Quickbooks, Peachtree, Socrates Media or custom)?

Describe:

How long has it been in use:

5. Which accounting basis is used by your organization? Cash basis Accrual basis Modified Accrual

6. Are grant funds accounting for separately in your financial management system? YES NO

Describe.

7. Does your organization use a chart of accounts and accounting manual? YES NO

8. For each grant, does the accounting system provide the following information?

- | | | |
|-------------------------|------------------------------|-----------------------------|
| a. Authorizations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Obligations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Funds received | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Program income | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Subawards | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Outlays | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Unobligated balances | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

9. Are obligations records by:

- | | | |
|-------------------|------------------------------|-----------------------------|
| a. Funding source | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Object codes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

10. Are accounting records supported by source documentation (e.g. canceled checks, paid bills, payrolls, contract and subaward documents, etc.) YES NO

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

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

| | |
|--|---|
| For DHHS Use Only | |
| Risk Level Determination | <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 |
| Notes: | |
| <p>Reviewed By: _____</p> <p>(Printed Name, Title, Date)</p> | |