



**State of Nevada**  
**Division of Child and Family Services**  
**Grant Management Unit**  
**Victims of Domestic Violence (ML)**  
**Request for Applications**

**State Fiscal Year 2020 Award**

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

# Opportunity Summary: Section I

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## Opportunity Summary

The purpose of this funding announcement is to support innovative programming in nonprofit and public agencies that serve victims of domestic and sexual violence pursuant to NRS Chapter 217.400 to 217.460. **Funding is primarily for shelter and shelter-related services.** 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.

This Request for Application (RFA) is for applications to be funded through the account, Aid for Victims of Domestic Violence for State Fiscal Year (SFY) 2020. This RFA implements a funding process that combines application review and grant allocation based on geographic region and is administered by the Division of Child and Family Services (DCFS) Grants Management Unit (GMU).

**Total Funding Amount: \$3,000,000.** Funds awarded as a result of this RFA will begin on July 1, 2019 and expire on June 30, 2020. Existing Funds are awarded on an SFY basis and are dependent upon availability of funding, compliance with grant requests and scopes of work (SOW). The SFY starts on July 1<sup>st</sup> and ends on June 30<sup>th</sup> of each year. Unused funds from one year will not be carried forward to the next year. Current subrecipients are not guaranteed funding in SFY 20 and applicants who receive awards through this RFA are not guaranteed future funding.

## Program Requirements

### OVERVIEW

This Request for Application (RFA) is for applications to be funded through the account for Assistance to Victims of Domestic Violence for State Fiscal Year (SFY) 2020. The account is established in the general fund and is administered by the Division of Child and Family Services.

Pursuant to NRS 217.400 Assistance to Victims of Domestic Violence:

Domestic Violence means:

(a) The attempt to cause or the causing of bodily injury to a family or household member or the placing of the member in fear of imminent physical harm by threat of force.

(b) Any of the following acts committed by a person against a family or household member, a person with whom he or she had or is having a dating relationship or with whom he or she has a child in common, or upon his or her minor child or a minor child of that person:

(1) A battery.

(2) An assault.

(3) Compelling the other by force or threat of force to perform an act from which he or she has the right to refrain or to refrain from an act which he or she has the right to perform.

(4) A sexual assault.

(5) A knowing, purposeful or reckless course of conduct intended to harass the other. Such conduct may include, without limitation:

(I) Stalking.

(II) Arson.

(III) Trespassing.

(IV) Larceny.

(V) Destruction of private property.

- (VI) Carrying a concealed weapon without a permit.
- (6) False imprisonment.
- (7) Unlawful entry of the other's residence, or forcible entry against the other's will if there is a reasonably foreseeable risk of harm to the other from the entry.

Victim of sexual assault means a person who has been sexually assaulted as defined in [NRS 200.366](#) or a person upon whom a sexual assault has been attempted.

Victim of stalking means a person who is a victim of the crime of stalking or aggravated stalking as set forth in [NRS 200.575](#).

Funds are awarded on an SFY basis and according to NRS 217.400. Funding provides services to Victims of Domestic Violence as follows, not inclusive: support shelter, hotline, food assistance for clients, counseling services, obtaining legal, medical, outreach, psychological or vocational help and education and training for members of the community.

## **APPLICANT ELIGIBILITY**

The State of Nevada will fund, pursuant to NRS Chapter 217.400 to 217.460, one or more programs that serve victims of domestic violence to include children and adolescents exposed to domestic violence.

### **Aid for Victims of Domestic Violence Eligibility:**

1. Be a nonprofit corporation, incorporated or qualified in this state.
2. Be governed by a board of trustees which reflects the racial, ethnic, economic and social composition of the county to be served and includes at least one trustee who has been a victim of domestic violence.
3. Receive at least 15 percent of its money from sources other than the Federal Government, the State, any local government or other public body or their instrumentalities. Any goods or services which are contributed to the organization may be assigned their reasonable monetary value for the purpose of complying with the requirement of this subsection.
4. Provide its services exclusively for victims of domestic violence and only within this state
5. Require its employees and volunteer assistants to maintain the confidentiality of any information which would identify persons receiving the services.
6. Provide its services without any discrimination on the basis of race, religion, color, age, sex, marital status, national origin or ancestry.
7. Be able to provide:
  - (a) Except in counties whose population is less than 100,000, shelter to victims on any day, at any hour.
  - (b) A telephone service capable of receiving emergency calls on any day, at any hour.
  - (c) Except in counties whose population is less than 100,000, facilities where food can be stored and prepared.
  - (d) Counseling, or referrals for counseling, for victims or spouses of victims and their children.
  - (e) Assistance to victims in obtaining legal, medical, psychological or vocational help.
  - (f) Education and training for members of the community on matters which relate to domestic violence.

**Service Categories-** Funding not limited to: support shelter, hotline, food assistance for clients, counseling services, obtaining legal, medical, outreach, psychological or vocational help and education and training for members of the community.

## **EMERGING TRENDS**

Applicants who respond to this RFA 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 the DHHS 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
- Use technology to improve victims' access to information and services.

## **GRANT ALLOCATIONS FOR SFY 2020**

Grant allocations for programs to aid Victims of Domestic Violence for State SFY 2020 are based on marriage license revenue that has been collected from July 1, 2018 through June 30, 2019. The projected budget is \$3,000,000. Population statistics utilized have been provided by the Nevada State Demographer on February 28, 2017.

In accordance with the NRS, counties with a population of 700,000 or more (Clark County) will have fifteen percent (15%) of the county award designated to an organization located within the jurisdiction that is specifically created to assist victims of sexual assault.

The Nevada Revised Statutes guarantees a base amount of \$7,000 to all counties with a population of less than 100,000 and a base amount of \$35,000 for counties in excess of 100,000. In addition, all counties whose population exceeds 20,000 receive an additional per capita allotment from the balance of funds after the base amount is identified.

**Funding is subject to revision based upon actual revenue received.** DCFS will keep programs informed on collected revenue and adjustments will be made in a timely manner to minimize program impact.

## **FUNDING DISTRIBUTION**

DCFS has determined that Victims of Domestic Violence funding will be distributed based on the grant allocation population funding formula below. All eligible applications will receive a base amount of \$7,000 to all counties with a population of less than 100,000 and a base amount of \$35,000 for counties in excess of 100,000. In addition, all counties whose population exceeds 100,000 will receive an additional allotment based on historical performance data of total bed nights provided and total number of clients served.

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.

## SFY 20 Victims of Domestic Violence (BA3181)

<b>SFY 20 Victims of Domestic Violence (BA3181)</b>						
<b>SFY 19 Revenues:</b>	<b>\$ 3,000,000</b>					
<b>County</b>	<b>Population*</b>	<b>Base Award</b>	<b>Multiplier</b>	<b>Counties over 20,000</b>	<b>Per Capita Award</b>	<b>Total Award</b>
			<b>3.79</b>			
Carson City	55,283	\$7,000	\$26,549	55,283	\$44,141	\$70,689
Churchill County	25,462	\$7,000	\$26,549	25,462	\$20,330	\$46,879
Clark County (15% for SA)	2,198,682	\$35,000	\$132,743	2,198,682	\$1,755,529	\$1,888,273
Douglas County	48,452	\$7,000	\$26,549	48,452	\$38,686	\$65,235
Elko County	54,305	\$7,000	\$26,549	54,305	\$43,360	\$69,908
Esmeralda County	972	\$7,000	\$26,549			\$26,549
Eureka County	1,980	\$7,000	\$26,549			\$26,549
Humboldt County	16,692	\$7,000	\$26,549			\$26,549
Lander County	6,240	\$7,000	\$26,549			\$26,549
Lincoln County	5,007	\$7,000	\$26,549			\$26,549
Lyon County	53,844	\$7,000	\$26,549	53,844	\$42,992	\$69,540
Mineral County	4,548	\$7,000	\$26,549			\$26,549
Nye County	45,531	\$7,000	\$26,549	45,531	\$36,354	\$62,903
Pershing County	6,711	\$7,000	\$26,549			\$26,549
Storey County	4,073	\$7,000	\$26,549			\$26,549
Washoe County	444,478	\$35,000	\$132,743	444,478	\$354,892	\$487,635
White Pine County	10,377	\$7,000	\$26,549			\$26,549
<b>Total</b>	<b>2,982,637</b>	<b>\$175,000</b>	<b>\$663,717</b>	<b>2,926,037</b>	<b>\$2,336,283</b>	<b>\$3,000,000</b>

\*Population statistics provided by Nevada State Demographer's Office

<b>Counties over 700,000 who are awarded 15% of total county award for specific Sexual Assault Programs</b>	
Clark County	\$283,241
<b>Total for specific Sexual Assault Programs</b>	<b>\$283,241</b>

Amount to be Awarded	\$3,000,000
Total Base * Multiplier	\$663,717
\$ Remaining After Multiplier	\$ 2,336,283
Award Per Capita for Counties with 20K + Population	\$0.798
Total Base + Per Capita	\$3,000,000
Remaining Balance	\$0.00

### QUESTION AND ANSWER SESSION

A Question and Answer session will begin the first day of the RFA release and will continue until Friday March 15, 2019 at 5pm. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Wednesday March 20, 2019. To submit your questions please e-mail to DCFS Grants at [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov).

# Application Process: Section II

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## Award Overview TimeLine

<b>Event</b>	<b>Date/Time</b>
Grant opportunity announced	March 1, 2019
Questions and Answers posted to DCFS GM webpage	March 20, 2019
Deadline for submission	April 1, 2019 at 5pm
Evaluation period (approximate time frame)	April 8 – April 26
Announcement of awards	May 15, 2019
Performance Period	July 1, 2019 through June 30, 2020

## Application Review

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

Funding decisions will be based on the following factors:

- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Federal priority funding populations
- Conflicts or redundancy with other funded programs, or supplanting of existing funding;

## Evaluation Process

Applications received by the published deadline of **5 pm Monday April 1, 2019** will be processed as follows.

### **STEP 1: Technical Review**

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

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

### **STEP 2: Application Review Panel**

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

### **STEP 3: Final Decisions**

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

Final funding decisions will be made by the DCFS Administrator or designee based on the following factors:

- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Federal priority funding populations
- Conflicts or redundancy with other funded programs, or supplanting of existing funding;

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

## Notification and Award Process

Applicants will be notified of their status with a Letter of Intent after decisions have been made in May 2019.

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 D for an example of the NOSA.

## Upon Approval of Award

### A. Monthly Financial Status and Request for Funds Report filing

DCFS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15<sup>th</sup> of the following month.

- 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. Subrecipient Monitoring

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



### 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 15<sup>th</sup> of the month following the end of the reporting quarter, please see the chart below. Successful applicants will report on their progress towards meeting their scope of work commitments and DCFS will provide a data reporting workbook for subrecipients to document their performance measures. Subrecipients will be required to provide source documentation that corresponds to the data reported.

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

### 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

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](http://www.nevada211.org) within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

### F. Nevada Confidential Address Program

All successful applicants will be required to post the Nevada Confidential Address Program poster for victims to reference. The Nevada Confidential Address Program (CAP) is a program that helps victims of domestic violence, sexual assault, human trafficking and/or stalking from being located by the perpetrator through public records. The program provides a fictitious address and confidential mail forwarding services to individuals and families across Nevada.

## Questions?

Contact the DCFS GMU (775) 684-4431 or [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov)

# Application: Section III

## 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 entire application is 125.
- Application should be in Arial 11-point font on single-spaced pages with one-inch margins. Narrative not to exceed 15 pages. All pages including attachments must have applicant's name on the bottom of the page.

## Section A – Application Form

- Complete the Application Form; and
- Complete the Application Checklist located on page 18 prior to scanning/submitting. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.

## Section B – Narrative (70 points)

- 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.

<b>Field Name</b>	<b>Scoring Points</b>	<b>Instructions</b>
1. Overview	10	<ol style="list-style-type: none"><li>1) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary.</li><li>2) Provide up to three (3) brief examples of the organization's successes.</li><li>3) Describe the organization's desired goals and outcomes with service numbers.</li></ol>
2. Statement of Need	10	<ol style="list-style-type: none"><li>1) Establish the degree of need of Domestic Violence or Sexual Assault services within the geographic area</li><li>2) Identify the targeted population and explain how the target population would benefit from the proposed project.</li></ol>
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"><li>1) Identify what services will be provided and how clients are referred to your agency.</li><li>2) Explain how your agency will ensure that services are accessible to all populations, how the needs of your</li></ol>

		<p>clients will be assessed, and how services will be individualized.</p> <ol style="list-style-type: none"> <li>3) Describe your agency's approach to direct service delivery and how it meets the needs of the client.</li> <li>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.</li> </ol>
4. Availability and Accessibility of Services	10	<ol style="list-style-type: none"> <li>1) Detail the availability of services within the organizations geographic area.</li> <li>2) Identify other organizations providing similar services and describe why duplication of services is warranted.</li> <li>3) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.</li> </ol>
5. Goals and Objectives	10	<ol style="list-style-type: none"> <li>1) Describe the organization's goals and objectives to meet the geographic area's needs.</li> <li>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.</li> <li>3) Complete Appendix B: Section B- Descriptions of Services, Scope of Work and Deliverables</li> </ol>
6. Methods of Accomplishment	10	<ol style="list-style-type: none"> <li>1) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved.</li> <li>2) Explain what measurements will be used to report on the program's success.</li> </ol>
7. Community Coordination/Collaboration	5	<ol style="list-style-type: none"> <li>1) Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration.</li> <li>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.</li> <li>3) Include any current Memorandums of Understanding and/or Letters of Intent in your application packet.</li> </ol>
<b>Total for Narrative</b>	<b>70</b>	

## 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

<b>Field Name</b>	<b>Scoring Points</b>	<b>Instructions</b>
Proposed Project Budget		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		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 SFY20. This should align with the Narrative’s Goals and Objectives (Section II-4) and Methods of Accomplishment (Section II-5).
Total for Budget	20	

## Section D – Agency Self-Assessment (10 points)

- Complete the self-assessment questionnaire for your organization.

## Section E – Past Performance with DCFS Grant Management Unit (25 points)

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

## Overview of Assurances and Certifications

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

1. The project described in this application meets all the requirements of the Victims of Domestic Violence;
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 5pm on Monday April 1, 2019.**
- Submit the signed, completed application with résumés and licenses of key personnel in a PDF document to [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov).
- Application must be submitted online by emailing all required documents in a single email to [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov). In the subject line of the email place the RFA title, "Victims of Domestic Violence RFA Response from [name of applicant]".
  - If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal 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 3 business days of submitting the application. Please contact Shawna Halverson at [shalverson@dcfs.nv.gov](mailto:shalverson@dcfs.nv.gov) or 775-684-4426.
- Submitting a paper copy of the application is **not** required. Applicants without access to email may send their completed application by Monday April 1, 2019 to:

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

# Application: Checklist

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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.
- Include signed copies of the following:
  - Section A- Assurances and Certification;
  - Section E- Audit Information Request;
  - Section F- Notification of Utilization of Current or Former State Employees;
  - Section G- Confidentiality Addendum
  - Section H- Victims of Domestic Violence (ML) Assurance
- A PDF will be emailed to [DCFSGRANTS@DCFS.NV.GOV](mailto:DCFSGRANTS@DCFS.NV.GOV) with all required documentation no later than April 1, 2019 by 5pm.

# Application Form: Section IV

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  501(c)(3) Nonprofit

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	
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D. Victim Populations to be served:

<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault	
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E. Agency Mission Statement per NRS 217.420:

<input type="checkbox"/> Mission Statement	
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**E. Program Point of Contact**

Name	
Title	
Phone	
Email	

**F. Fiscal Officer**

Name & Title	
Phone & Email	

**G. Board of Trustee who has been a victim of domestic violence per NRS 217.420**

Name & Title	
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**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 Domestic Violence (ML)			

**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 Domestic Violence (ML) legislation governing the grant as indicated by 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: Section V

---

Application Narrative - 70 points

Begin typing below each field header.

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

# Budget: Section VI

## Budget (20 points)

### 1. Proposed Project Budget

Category	Amount Requested (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
<b>Total Funding Requested (\$)</b>	

### 2. Budget Narrative (1-2 pages)

For each budget category, provide a budget justification. See Appendix A for instructions on how to complete the budget narrative.

<b>Applicant Name:</b>					
<b>BUDGET NARRATIVE-SFYXX</b>					
<b>Total Personnel Costs</b>					including fringe Total: \$ -
<b>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</b>					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>					\$0
<u>Title of position &amp; Position Control Number</u>					
*Insert details to describe position duties as it relates to the funding (specific program objectives)					
*Insert new row for each position funded or delete this row.					
<b>Total Fringe Cost</b>					\$ -
<b>Total:</b>					\$ -

## APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

### Budget Narrative Instructions

All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes for SFY20. 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 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 work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and employee name, if 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).

**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.

### **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.

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

### SECTION B

#### Description of Services, Scope of Work and Deliverables

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

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

\*\*\*Include projected service numbers

#### Scope of Work for **Subrecipient**

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

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	2.	XX/XX/XX	2.

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

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

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

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

## APPENDIX C: GMU SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFA 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.

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. Project Narrative	70
B. Budget	20
C. Agency Self-Assessment	10
D. Past Performance with DCFS GMU	10
E. Funding Request	20
<b>Total</b>	<b>125</b>



## APPENDIX D: NOTICE OF SUBAWARD



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

Subaward #:   
Budget Account: \_\_\_\_\_  
Category: \_\_\_\_\_  
GL: \_\_\_\_\_  
Job Number: \_\_\_\_\_

### NOTICE OF SUBAWARD

<b>Program Name:</b> Victims of Domestic Violence		<b>Subrecipient's Name:</b> Name		
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009		<b>Address:</b> Street address City, State Zip		
<b>Project Period:</b> July 1, 2019 through June 30, 2020		<b>Subrecipient's:</b>  EIN: _____ Vendor #: _____ Dun & Bradstreet: _____		
<b>Budget Period:</b> July 1, 2019 through June 30, 2020				
<b>Purpose of Award:</b> Shelter, services to Victims of Domestic Violence				
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____				
<b>Approved Budget</b>		<b>Categories</b>		<b>Award Computation</b>
1. Personnel		\$0.00		Total Obligated by This Action: <span style="float: right;">\$0.00</span>
2. Travel/Training		\$0.00		Cumulative Prior Awards this Budget Period: <span style="float: right;">\$0.00</span>
3. Operating		\$0.00		Total Federal Funds Awarded to Date: <span style="float: right;">\$0.00</span>
4. Equipment		\$0.00		Match Required <span style="float: right;">Yes/No</span>
5. Contractual/Consultant		\$0.00		Amount Required this Action: <span style="float: right;">\$0.00</span>
6. Other		\$0.00		Amount Required Prior Awards: <span style="float: right;">\$0.00</span>
<b>TOTAL DIRECT COSTS</b>		<b>\$0.00</b>		Total Match Amount Required: <span style="float: right;">\$0.00</span>
				Research and Development (R&D) <span style="float: right;">Yes/No</span>
<b>Source of Funds:</b>		<b>CFDA:</b>	<b>FAIN:</b>	<b>Federal Grant #:</b>
<b>Federal Grant Award Date by Federal Agency:</b>		N/A		
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that:				
<ol style="list-style-type: none"> <li>1. This award is subject to the availability of appropriate funds.</li> <li>2. Expenditures must comply with appropriate state statutory guidelines and/or federal regulations, the DCFS Grant Instructions and Requirements, and the State Administrative Manual.</li> <li>3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.</li> <li>4. Quarterly progress reports are due by the 15<sup>th</sup> of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.</li> <li>5. Financial Status Reports and Requests for Funds must be submitted by the 15<sup>th</sup> of each month, unless specific exceptions are provided in writing by the grant administrator.</li> <li>6. The recipient of these funds agrees to stipulations listed in the incorporated documents.</li> <li>7. Match must be provided equal to 20% of the total award and described in the budget narrative.</li> </ol>				
<b>Incorporated Documents:</b>		Section D: Financial Status Reports and Requests for Funds		
Subrecipient Agreement		Section E: Audit Information Request;		
Section A: Assurances;		Section F: Current/Former State Employee Disclaimer;		
Section B: Description of Services, Scope of Work and Deliverables;		Section G: Confidentiality Addendum; and		
Section C: Budget and Financial Reporting Requirements;		Section H: Program Specific Assurance		
<b>Authorized Official Name</b>		<b>Signature</b>		<b>Date</b>
Grants & Project Analyst II				
for Ross E. Armstrong Administrator, Division of Child & Family Services				



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Subrecipient Questionnaire**

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

SECTION A: GENERAL INFORMATION	
Project Title:	
Point of Contact for matters concerning this project:	Name:
	Address:
	Phone: <span style="float: right;">Fax:</span>
	Email: <span style="float: right;">URL:</span>
	DUNS #: <span style="float: right;">EIN:</span>
	Reg. in SAM? Yes      No      Number of Employees:
	Exp. Date of Current SAM Registration: _____
SECTION B. SUBRECIPIENT ELIGIBILITY	
Is your organization or your organization’s principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?	
Yes	No
If yes, please skip the rest of the questionnaire, sign and return the questionnaire with the Project Evaluation Packet.	
SECTION C. SUBRECIPIENT ORGANIZATION INFORMATION (please fill out the information below, as appropriate)	
1. Type of organization (check all that apply):	
University	Government Entity
Non-Profit Org	For-Profit Org
	Foundation
	Other _____
2. Fiscal year dates (month and year):	
3. Name of designated federal cognizant agency, if applicable:	

<b>4. Negotiated Indirect Cost Rate:</b>		
Yes	No	URL: _____
If yes, please provide a copy of your current agreement or the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2 CFR 200.414; or, the maximum allowable percentage of administrative expenses according to the funding source.		
<b>5. Fringe Benefit rate:</b>		
Yes	No	URL: _____
If yes, please provide a copy of your current fringe benefit rate memorandum or provide the URL.		
<b>6. Has organization received in the past the same or similar Federal subawards to the current subaward? (2 CFR 200.331)</b>		
Yes	No	
If yes, subrecipient hereby agrees to provide further documentation upon request.		
<b>7. Does organization have on-going direct Federal awards? (2 CFR 200.331)</b>		
Yes	No	
If yes, is the awarding agency currently monitoring subrecipient activity?		
Yes	No	
If yes, please describe:		
<b>8. Please certify policies and/or procedures exist that address the following:</b>		
Pay Rates and Benefits	Conflict of Interest	Purchasing
Time and Attendance	Travel	Equipment & Inventory
Leave		
By signing this document, subrecipient certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by the State's policies and/or procedures.		
<b>9. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?</b>		
Yes	No	N/A

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

Yes

No

If yes, please explain:

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

Yes

No

If yes, please explain:

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

Yes

No

If yes, please indicate the expenditure amount:

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

Yes

No

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

Yes

No

N/A

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

Yes

No

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

Yes

No

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

Yes

No

If no, please explain below:

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

Yes

No

If no, please explain below:

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

Yes

No

If no, please explain below:

20. Are all bank accounts reconciled monthly?

Yes

No

If no, please explain below:

21. Are payroll charges checked against program budgets?

Yes

No

If no, please explain below:

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

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

Yes

No

If no, please explain below:

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

Yes

No

If no, please explain below:

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

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

Yes

No

If no, please explain below:

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

Yes

No

If no, please explain below:

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

Authorized Representative Approval

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

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name & Title

For DHHS Use Only:

Risk Level Determination: \_\_\_\_\_ Lower      \_\_\_\_\_ Medium      \_\_\_\_\_ Higher

Notes: \_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**DIVISION OF CHILD AND FAMILY SERVICES  
NOTICE OF SUBAWARD****SECTION A****Assurances and Certification**

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

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



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

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

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

Mail:

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

Email: [oig.hotline@usdoj.gov](mailto:oig.hotline@usdoj.gov)

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

Or Hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig)

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

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

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

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

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -**

**Lower Tier Covered Transactions**

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Grantee Legal / Corporate Entity Name

\_\_\_\_\_  
Date

**DIVISION OF CHILD AND FAMILY SERVICES  
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**Certification Regarding Drug-Free Workplace Requirements**

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

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

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

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

**Alternate I - Grantees Other Than Individuals**

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

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

**DIVISION OF CHILD AND FAMILY SERVICES  
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workplace and specifying the actions that will be taken against employees for violation of such prohibition;

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

PLACE OF PERFORMANCE:

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STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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Are there workplaces on file that are not identified here?       YES       NO

**Alternate II - Grantees Who Are Individuals**

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

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

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Signature

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Title

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Grantee Legal / Corporate Entity Name

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Date

**DIVISION OF CHILD AND FAMILY SERVICES  
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**CERTIFICATION REGARDING LOBBYING**

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

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

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Signature

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Title

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Grantee Legal / Corporate Entity Name

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Date



**DIVISION OF CHILD AND FAMILY SERVICES  
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**Certification Regarding Environmental Tobacco Smoke**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Grantee Legal / Corporate Entity Name

\_\_\_\_\_  
Date

**DIVISION OF CHILD AND FAMILY SERVICES  
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**Certification Regarding Equal Treatment for Faith-Based Organizations**

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

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

Issues include:

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

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

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

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

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Signature

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Title

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Grantee Legal / Corporate Entity Name

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Date

**DIVISION OF CHILD AND FAMILY SERVICES  
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**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

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

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

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

4. What is the official name of your organization? \_\_\_\_\_

5. How often is your organization audited? \_\_\_\_\_

6. When was your last audit performed? \_\_\_\_\_

7. What time period did your last audit cover \_\_\_\_\_

8. Which accounting firm conducted your last audit? \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

**DIVISION OF CHILD AND FAMILY SERVICES  
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**SECTION F**

**Notification of Utilization of Current or Former State Employee**

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

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

- YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

**SECTION G**

**Confidentiality Addendum**

BETWEEN

**Nevada Division of Child and Family Services**

Hereinafter referred to as "Division"

and

**Agency Name.**

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Division and Subrecipient agree as follows:

**I. DEFINITIONS**

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

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

**II. TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

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

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

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

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

**V. USE OR DISCLOSURE OF INFORMATION**

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

1. The disclosure is required by law; or

**DIVISION OF CHILD AND FAMILY SERVICES  
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**SECTION H**

**Victims of Domestic Violence Assurance**

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

1. The organization is a non-profit corporation, incorporated and qualified in the State of Nevada and has filed all required reports with the Secretary of State and all filings are current.
2. The organization provides services exclusively for victims of domestic violence and only within the State of Nevada.
3. The organization, if operating a shelter, will make the shelter available to all programs throughout the State of Nevada.
4. The organization will provide shelter to victims any day, at any hour, except those counties whose population is less than 100,000.
5. The organization will provide facilities where food can be stored and prepared, except those counties whose population is less than 100,000.
6. The organization must be able to provide a telephone service capable of receiving emergency calls on any day, at any hour.
7. The organization will provide counseling or make referrals for counseling, for victims or spouses of victims and their children.
8. The organization will assist victims in obtaining legal, medical, psychological or vocational help.
9. The organization will provide education and training for members of the community on matters which relate to domestic violence.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

VI. **OBLIGATIONS OF SUBRECIPIENT**

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

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

**SUBRECIPIENT’S ORGANIZATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**DIVISION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
for Ross E. Armstrong

\_\_\_\_\_  
Administrator,  
Division of Child and Family Services

\_\_\_\_\_  
Title