BRIAN SANDOVAL
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way – 3rd Floor
Carson City, Nevada 89706
(775) 684-4400

Request for Proposals

STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES
TITLE IV-B, SUBPART II: PROMOTING SAFE AND STABLE FAMILIES PROGRAM
REQUEST FOR PROPOSAL

Release date: **MARCH 18, 2016**

ALL PROPOSALS MUST BE RECEIVED NO LATER THAN 5:00PM ON FRIDAY, APRIL 22, 2016

Postmarks will not be used to determine eligibility.

NO FAXES OR E-MAILS WILL BE ACCEPTED.
Applications may be mailed or hand-delivered to:

James T. Thorne, Grants & Projects Analyst II
Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
(775) 684-4426
JThorne@dcfs.nv.gov

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

GRANTS MANAGEMENT UNIT

TITLE IV-B, SUBPART II REQUEST FOR PROPOSALS

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FUNDING PERIOD:	Grants may be awarded for a 36 month period: July 1, 2016 through June 30, 2019. Please Note: Awards for funding will be evaluated annually with special emphasis given to regional needs. Based upon changes in such needs, awards may be increased or reduced with 30 day notice to sub grantees on an annual basis.
PROPOSAL DEADLINE:	**Friday, April 22, 2016, no later than 5:00 p.m.** Proposals with postmarks dated April 22, 2016 that arrive late (after 5:00 p.m.) will NOT be accepted.
COPY REQUIREMENTS:	One (1) original hard copy, one (1) electronic copy in a single PDF formatted document included on CD or Flash drive (not email). All graphics and logos must be removed from electronic copy. Unrequested attachments will not be accepted. No staples or paperclips. Rubber bands are acceptable.
ELIGIBILITY:	Any community-based organizations, school district, tribal government, or local government agency is eligible to receive federal money for Title IV-B, Subpart II Safe and Stable Families programs.
RFP AVAILABILITY:	Beginning Friday, March 18, 2016, Request for Proposal (RFP) packets may be obtained on the Division of Child and Family Services webpage **http://www.dcfs.nv.gov** or by contacting James Thorne at JThorne@dcfs.nv.gov

OPTIONAL PRE-APPLICATION WORKSHOP will be conducted as noted below. Attendance by a representative of the applicant agency is requested. It is highly recommended that conference attendees are the Executive Director, fiscal agent or the Grant Manager from each program submitting an application.

March 24, 2016 from 9am-11am

To connect with the webinar, please go to www.odesinc.org.

Call-In Phone Number: 1-888-363-4735
Access Code: 1250640

*Please note that you will need access to the Internet and a phone to participate in the Webinar.

Introduction

The State of Nevada Department of Health and Human Services, Division of Child and Family Services (DCFS) will accept written proposals for Title IV-B, Subpart II funding. This funding may be used to provide family support, family preservation, time-limited family reunification, and/or adoption promotion/support services to children and families involved with, and referred by, the local child welfare agency.

Proposals must emphasize service delivery objectives as noted in this document to be directly related to the Division's federal requirements for safety, permanency and well-being outcomes; systemic factors and items pertaining to the Title IV-B, Subpart II Service Areas of Family Support; Family Preservation; Time-limited Family Reunification Services; Adoption Promotion and Support Services.

The funding cycle covers three years; however, funds will be allocated annually and will be contingent on the availability of funding. Each sub grantee must submit their proposals with their annual budget based on the state fiscal year, July 1 through June 30. Year end Monthly Financial Status and Request for Funds Reports along with programmatic reports will be required at the end of each state fiscal year.

Proposals will be accepted to provide services in all geographic areas of the state. Proposals must adequately describe community needs and address services to be provided to meet these needs. Proposals will be evaluated on a competitive basis for a funding period between twelve (12) to thirty six (36) months. The Division anticipates awarding approximately $2,000,000 statewide in these service categories:

- Family Support;
- Family Preservation;
- Time-limited Family Reunification Services;
- Adoption Promotion and Support Services

The **approximate** percentage of funds will be allocated for the following geographical areas:
Clark County - 70%
Washoe County - 20%
Rural Region (all rural counties) - 10%

All awards are contingent upon availability of funds. The Division reserves the right to modify or reject any or all proposals. Proposals must conform to the conditions or guidelines contained in this Request for Proposal (RFP). **There is no appeals process.**

Preference will be given to applicants proposing to provide those services identified as priority services by each region (Clark, Washoe and the Rural Region). The following section lists priority services by region.

If funded, agencies will be required to collaborate with DCFS and regional designated Child Welfare representative(s) to develop appropriate outcome measures, which will be reported through ODES, Inc. online.

Please note that all applicants must demonstrate how they will ensure ongoing collaboration with their local child welfare agency in all aspects of service provisions (under Proposal Narrative Section, item 3).

SERVICE PRIORITIES

Preference will be given to respondents in Rural Counties who are requesting funding to provide services in the following targeted areas:

SERVICE CATEGORY	SERVICE DESCRIPTION
Family Preservation	1. Provide in-home family crisis stabilization services: In-home case managers will provide initial crisis assessment and crisis counseling: link family to immediate service needs to stabilize home environment; as well as intensive therapeutic case management services which includes up to three home visits per week and; Service should help stabilize the crisis, target the family's ability to manage crisis situations, and include follow-up and ongoing care referrals. Providers will use a strength based model and follow systems of care principles. Provider will have the ability to work with English and Spanish speaking clients. 2. Provide In Home Family Support services: In-home case managers will provide intensive case management services which includes up to three home visits per week focusing on enhancing caregivers parenting skills; teach and demonstrate skills required to successfully manage and maintain a home, and meet the needs of children in that setting. The demonstrated skills to include home safety, cleanliness, nutrition, budgeting, etc. Services to parents will be offered in both English and Spanish. 3. Provide in-home outpatient individual and family mental health screenings, assessments, and/or counseling to natural, adoptive, and foster families. Service should promote psychological, social, and occupational functioning and wellbeing. Provider will have the ability to work with English and Spanish speaking clients. 4. In-home safety management services which includes up to three home visits per week to provide case management to mitigate safety and risk factors; designed to help children at risk of foster care placement to remain safely in their homes with their family; or where safe and appropriate, return to families from which they have been removed. 5. Provide training to community stakeholders in evidence based or empirically supported interventions for children and families involved with the child welfare system. Trainings to include but not limited to: Parental Capacity, Parent Child Interaction Therapy, Brief Solution Oriented Family Training, Parent Management Training, Taking Action, Trauma Focused CBT, Coping CAT and CAT Project for Anxiety Disorders, and Seeking Safety, etc.
Family Support	1. Provide community based and/or in-home outpatient substance abuse screenings, assessments, and/or counseling services to natural, adoptive, and foster families. Services should enhance the family member's recovery and promote their ability to remain in their home with their children. Provider will have the ability to work with English and Spanish speaking clients.

	2. Provide community based, court approved domestic violence and anger management classes and workshops to natural, foster, and adoptive families. Services should support the family's ability to problem solve without physical violence and/or verbal abuse. Provider will have the ability to work with English and Spanish speaking clients. 3. Provide community based and/or in-home parenting training and/or workshops to natural, foster, and adoptive families. Services should support the family's ability to provide age appropriate care and supervision for their children, to keep their children safe, and to address and control risk factors that can result in child abuse and neglect. Services should also help families better understand family dynamics and family systems. Provider will have the ability to work with English and Spanish speaking clients. 4. Provide community based and/or in-home homemaker and/or budgeting classes and/or workshops to natural, foster, and adoptive families. Services must support families in their abilities to appropriately manage and sustain their households. Provider will have the ability to work with English and Spanish speaking clients. 5. Provide training to community stakeholders in evidence based or empirically supported interventions for children and families involved with the child welfare system. Trainings to include but not limited to: Parental Capacity, Parent Child Interaction Therapy, Brief Solution Oriented Family Training, Parent Management Training, Taking Action, Trauma Focused CBT, Coping CAT and CAT Project for Anxiety Disorders, and Seeking Safety etc.
Time-limited Reunification	1. Provide individual and family counseling to support children returning home from foster care. Services must be strength based and individualized to meet the needs of the child and family. Other services include parent training, clinical coordination, visitation coaching and support. Services may be provided up to 180 days and may begin within 60 days of anticipated reunification date. Services to parents should be offered in both English and Spanish. 2. Provide training to community stakeholders in evidence based or empirically supported interventions for children and families involved with the child welfare system. Trainings to include but not limited to: Parental Capacity, Parent Child Interaction Therapy, Brief Solution Oriented Family Training, Parent Management Training, Taking Action, Trauma Focused CBT, Coping CAT and CAT Project for Anxiety Disorders, Seeking Safety, and Adoptive Disruption/Reactive Attachment, etc.
Adoption Promotion and Support Services	1. Provide community based and/or in-home advanced parenting training, counseling, and/or workshops to pre- and post-adoptive families. Services should help families understand various adoption issues including but not limited to; birth and adoptive sibling dynamics, adoptive family fears and concerns, developmental stages, adoptive family dynamics. Provider will have the ability to work with English and Spanish speaking clients 2. Provider will complete or update SAFE home studies and complete initial or update social summaries for children awaiting adoption to provide a complete child and family history for the purposes of full disclosure and best practice. Provider will receive referrals from DCFS and complete social summaries or social summary updates or home study update within 30 days of the receipt of the case to facilitate timely adoption referrals**.**

	3. DCFS has a need for numerous pre service training for foster and adoptive parents throughout rural Nevada. Currently the approved training is PRIDE and all trainers would need to be CWLA trained. 4. Provide training to community stakeholders in evidence based or empirically supported interventions for children and families involved with the child welfare system. Trainings to include but not limited to: Parental Capacity, Parent Child Interaction Therapy, Brief Solution Oriented Family Training, Parent Management Training, Taking Action, Trauma Focused CBT, Coping CAT and CAT Project for Anxiety Disorders, Seeking Safety, and Adoptive Disruption/Reactive Attachment, etc.

Preference will be given to respondents in Washoe County who are requesting funding to provide services in the following targeted areas:

SERVICE CATEGORY	SERVICE DESCRIPTION
Family Preservation	1. Provide In Home Family Crisis Stabilization services: In-home case managers will provide initial crisis assessment and crisis counseling and intensive therapeutic case management services which includes up to three home visits per week. Services to parents will be offered in both English and Spanish. 2. Provide In Home Family Support services: In-home case managers will provide intensive case management services which includes up to three home visits per week focusing on enhancing caregivers parenting skills; teach and demonstrate skills required to successfully manage and maintain a home, and meet the needs of children in that setting. The demonstrated skills to include home safety, cleanliness, nutrition, budgeting, etc. Services to parents will be offered in both English and Spanish. 3. Provide prioritized intake appointments weekly for WCDSS clients. Prioritized intake appointments will allow for comprehensive assessments in substance abuse and mental health. Assessments can be completed in the home when transportation is a barrier. Provider will have the ability to work with English and Spanish speaking clients. Emergency intake appointments will also be accommodated at the request of the agency.
Family Support	1. Provide substance abuse, mental health, and family/parenting services to families to prevent removal of the child from the home. Services will include home based services as well as parenting groups, including services specific for youth to prevent removal from the home. Services to parents will be offered in both English and Spanish. Services will be strength based, family centered, and individualized to meet the needs of the family. 2. Provide community evidence-based domestic violence and anger management classes, workshops, and therapy to families. Provider will have the ability to offer services in English and Spanish.
Time Limited Reunification	1. Provide safety services to promote the safety and well-being of children and families designed to increase in-home safety plans. Safety managers may carry a caseload mutually agreed to depending on the safety service level

	categories. Safety services must be available in both English and Spanish. 2. Provide facilitators to conduct safety team meetings within 72 hours of removal or to prevent removal from the child's home. The Facilitators should be trained in Family Solution Team meetings and will be responsible for contacting family members and agency staff to schedule the meeting. Facilitators will be responsible for accurate data tracking to include outcome measurements determined jointly by WCDSS. Facilitators must be available at times convenient for WCDSS and family members and must possess appropriate criminal and CPS background checks.
Adoption Support	1. Provider will update home studies and complete initial or update social summaries for children awaiting adoption to provide a complete child and family histories for the purposes of full disclosure and best practice. Provider will receive referrals from WCDSS and complete social summaries or social summary updates or home study update within 30 days of the receipt of the case to facilitate timely adoption referrals.

Preference will be given to respondents in Clark County who are requesting funding to provide services in the following targeted areas:

SERVICE CATEGORY	SERVICE DESCRIPTION
Family Preservation	1. Provide Medical Wraparound services designed to help children, where safe ad appropriate, return to families form which they have been removed, provide follow-up medical case management services to families to whom a child has been returned after a foster care placement; providing medical case management services to improve parenting skills, and respite services when funds are unavailable through other sources. To ensure safety, permanency , and wellbeing of the target population, the Program continues to be consistent with outcomes identified in the Nevada's 2009 Child and Family Services Review (CFSR) and Round 3 CFSR including Safety Outcomes #2, Children are safely maintained in their homes whenever possible and appropriate; Well Being Outcome #1, Families have enhanced capacity to provide for their children's needs; and Well Being Outcome #3, Children receive adequate services to meet their physical and mental health needs.
Family Support	1. Community based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development.
Time-Limited Reunification	1. Provide facilitators to conduct safety team meetings. Facilitators will facilitate safety team meetings for all children in the following three situations: • Within 48 hours of removal of a child from his or her home on an emergency basis; • Prior to removal for non-emergency placements or for imminent

	placement disruptions; and • When a case is transitioned from child protective services to the permanency unit. 2. The facilitator must make initial contact with the family within four (4) hours of referral from DFS. Following contact, the facilitator will work with the core family members to identify family support participants and to explain the purpose and structure of the meeting. The meeting organizer will contact provider participants, arrange a meeting location and schedule, and invite all participants in sufficient time to allow their involvement in the meeting. The facilitator must develop a meeting plan according to the elements required in the safety team decision making model in conjunction with all applicable members of the family and DFS in order to facilitate the reunification of the child safely and appropriately within a timely fashion. The provider must guarantee that all employees, volunteers and contractors who provide services to families as part of the safety meeting facilitation and logistics project have a criminal clearance that states that they do not have a criminal history that would compromise the safety of children and is in compliance with NRS Foster Care Licensing standards. The provider will agree to have all staff, interns, and volunteers attend training offered thru DFS around the following topics: identification of child safety issues, mandated reporting laws and requirements, engaging vulnerable families, identifying and building on a family strengths, Accurate record-keeping procedures and completion of record-keeping tools, appropriate assessment processes, successful facilitation strategies in response to various scenarios, and connecting families to community and partner services and resources. The provider must have operation hours that meet the needs of families, up to and including standard business hours, after hours and weekend services. 3. Provide prioritized intake appointments weekly for DFS clients. Prioritized intake appointments will allow for comprehensive assessments in substance abuse and mental health. Assessments can be completed in the home when transportation is a barrier. Provider will have the ability to work with English and Spanish speaking clients. 80 families a month will be served at designated intake assessment appointments. Emergency intake appointments will also be accommodated at the request of the agency.
Adoption Support	1. Provide services to complete initial home studies and home study updates and also complete initial social summaries and social summaries updates for children awaiting adoption in an effort to provide complete child and family histories for the purposes of full disclosure and best practice. Social summaries or social summary updates or initial home studies or home study updates will be completed within 30 days of referral in order to facilitate timely adoption referrals. Completed initial social summaries will be paid at $300 and completed social summary updates will be paid at $150. Initial home studies will be paid at $50 per hour not to exceed $700 and home study updates will be paid at $50 per hour not to exceed $400.

BACKGROUND AND DEFINITIONS OF TITLE IV B, SUBPART II SERVICES

The Division of Child and Family Services (DCFS) is requesting proposals from applicant agencies to provide family support, family preservation, time-limited family reunification, and adoption promotion/support for the period of **July 1, 2016 through June 30, 2019**.

Funds will be granted to community-based organizations, school districts, tribal governments, or local governments throughout Nevada to ensure that Title IV-B, Subpart II services are provided statewide (north, south, and rural) to:

- Families whose children are at risk of being removed from their home due to abuse or neglect;
- Families referred by a state or county child protective services / child welfare agency;
- Foster or relative caregiver families;
- Families with special needs adoptive children

Proposals must address any of the following four (4) specific program areas: 1) Family Support (Prevention and Support Services); 2) Family Preservation; 3) Time-Limited Family Reunification Services; 4) Adoption Promotion/ Support Services.

Successful applicants will be required to provide at least twenty-five percent (25%) of the total program cost in cash or in-kind match.

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

SERVICE CATAGORIES DEFINITION:

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

    A. Service programs designed to help children:
        i. Where safe and appropriate, return to families from which they have been removed; or
        ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;
    B. Preplacement preventive services programs, such as intensive family preservation programs, designed to help children at risk for foster care placement remain safely with their families;
    C. Services programs designed to provide follow-up care to families to whom a child has been retuned after a foster care placement;
    D. Respite care of children to provide temporary relief for parents and other caregivers (including foster parents)*;
    E. Services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them identify where improvement is needed and to

obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition

*Respite Care Services are services provided to individuals unable to care for themselves in a variety of settings on a regular or intermittent basis to meet planned or emergency needs of the primary caretakers. Must demonstrate funds are unavailable through other sources. The parent/step parent or the primary caretaker of the individual cannot be the provider of respite care. Respite can be provided in: the individual's homes, foster care homes, group homes, licensed child care facilities, certified respite homes, social day care facilities, recreation programs, and camp programs. (Training of respite care providers and "training of trainers" of respite care providers is included in the definition of respite care services.)

2) FAMILY SUPPORT SERVICES – community based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development.

3) TIME-LIMITED FAMILY REUNIFICATION SERVICES – services and activities described below that are provided to a child that is removed from the child's home and placed in foster family home or a child care institution and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15 month period that begins on the date that the child, pursuant to section 475(5)(F) of the Social Security Act, is considered to have entered foster care.
   A. Services and activities include:
      i. Individual, group, and family counseling.
      ii. Inpatient, residential, or outpatient substance abuse treatment services.
      iii. Mental health services.
      iv. Assistance to address domestic violence.
      v. Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries.
      vi. Transportation to or from any of the services and activities described in this subparagraph.

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

   A. Specific adoption promotion and support services include:
      i. Recruitment and preparation of adoptive families interested in the placement of children awaiting adoption;
      ii. Completion of adoption home-study assessments or social summaries of children waiting to be adopted;
      iii. Post placement supervision of children in adoptive placement;

iv. Counseling, treatment intervention, support group activities for adoptive families of special-needs children; and
v. Respite care services to adopted special-needs children.

GRANT APPLICATION PROCESS AND INSTRUCTIONS

PROPOSAL NARRATIVE, SEQUENCE AND SCORING

Complete all items as outlined below.
All forms and documentation listed should be attached to the narrative.
Note: **Items 1-4 are not to exceed 8 typed** pages (this is the narrative portion of the proposal).

1) Proposal Cover Page (1 page maximum)

2) Organizational Summary (1 page maximum) - 10 points possible

a) Describe the organization - history, mission
b) Organization Budget and list of funding sources;
c) Provide a list of programs/services currently offered;
d) Frequency of programs and services;
e) Describe agency key staff and their qualifications

3) Proposed Services to be funded (4 page maximum) - 40 points possible

a) Clearly describe the services and activities for the targeted geographic area. Please indicate clearly which services or activities apply to the specific service category (Family Preservation, Family Support, Time Limited Family Reunification, or Adoption Promotion and Support Services) identified previously. Clearly describe the services to be provided and the method(s) for delivery of those services (each of the four service categories must be listed separately within the 4 page maximum limit for this section);
b) Provide a program implementation timeline that shows when each program component will be initiated.
c) Describe how proposed services will be staffed and staff qualifications;
d) Describe collaboration and communication with the local child welfare agency throughout the service provision process (from referral process through service completion). If available, provide a copy of any Memorandum of Understanding (MOU) or letter of collaboration.
e) Describe targeted child/family population to be served; include how many of these children/families will be served during a one year period;
f) Describe the targeted service area and the specific needs of that area (geographic);
g) Include a statement of agreement to participate in the on-site review process.

4) Scope of Work – 15 points possible

Should address goals and objectives based on the Regional Service Priorities. Each service category (Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support) will require a separate Scope of Work.

TITLE IV-B SUBPART II SCOPE OF WORK FORM

AGENCY/LEGAL NAME: _____

PROJECT NAME: _____ **SERVICE CATEGORY:** _____

DATE: _____ **STATE AWARD NUMBER:** _____

Target Population: _____
Please complete a Scope of Work Form for each target population you propose to serve.

Goal: Global Problem Statement	Objective and Timeframe:	Documentation: (How will it be measured?)	Projected Services #:	Cost:
EXAMPLE Increase public awareness of domestic violence in Northern NV	_____ Agency will provide 10 presentations and 20 public service announcements in Northern NV each year	Calendar, sign in sheets media records, spreadsheets etc.	10 presentations 20 public service announcements	$0.00
				1. Personnel: $
				2. Operating: $
				3. Travel: $
				4. Contractual: $
Indirect Cost Rate: %				5. Indirect Cost: $
				6. Other (Admin): $
TOTAL				**$**

5) Evaluation [4 page maximum]-Evaluations should be based on measurement related to the four service categories: Family Support, Family Preservation, Time Limited Family Reunification, Adoption Promotion. (Each of the four service categories must be evaluated separately) – 15 points possible

a) For programs currently receiving Title IV-B, Subpart II funding: Provide an analysis of year to year outcomes achieved for children and families as a result of previous Title IV-B, Subpart II funding. If there has been a decrease in outcome(s) achieved, please provide justification, and describe how the proposed scope of work will address this decrease. Please summarize any data obtained to evaluate services provided via Title IV-B, Subpart II funding during this time frame and attach any evaluation instruments used.

b) For programs not currently receiving Title IV-B, Subpart II funding: Document the agency's capacity to track and report data required by the grant and/or DCFS. Reporting will include negotiated outcome measures as well as client utilization and demographic data related to the proposed service(s) as well as financial information used to gather and evaluate unit cost of service, per each service category. Please also describe methods and system(s) being used by the agency currently to evaluate success in achieving outcomes for non-IV-B, Subpart II existing programs.

6) Budget for Each Service Category, Project Budget, Program Revenues, Personnel Funding Table, and Optional Indirect Cost Rate Proposal Please use the form provided in a separate attachment **"IV-B RFP Excel Budget Workbook".** **-** 20 points possible**.**

a) Please also include a Budget Narrative that accurately describes each expense listed in the budget detail. A separate Budget Narrative must be provided for each service category.

ADDITIONAL ATTACHMENTS

a) A copy of an organizational chart with current and proposed staff specific to this project. Clearly delineate positions proposed for funding through Title IV-B, Subpart II;
b) List of Board or Governing Body with Officers', Affiliations and Terms;
c) Copy of current IRS designation 501(c)(3), if applicable;
d) Indirect Cost Rate Proposal Federal Certificate, if applicable;
e) Memorandum(s) of Understanding or letter(s) of collaboration;
f) Balance Sheet and income/expense statement from most recent organization audit;
g) Management letter(s) from most recent Audit and Schedule of Questionable Costs;
h) Copies of Insurance Coverage (not applicable to local government agencies):

1) Commercial General Liability;
2) Professional Liability;
3) Business Auto;
4) Worker's Compensation;
5) Other Insurance Policies

BUDGET REQUEST AND JUSTIFICATION
IV-B RFP Excel Budget Workbook

The Detailed Budget Report for each of the four service categories of the first year funding cycle (which will also provide a total program cost), the Program Revenue Report, and the Personnel Funding Table templates are all included in the **IV-B RFP Excel Budget Workbook**. A separate budget will need to be provided for each service category as outlined in the packet. On the Detailed Budget for each service category budget tab, enter personnel and staff's full annual salary. In the next column, enter the percentage of effort that the staff member will be working on the activities in the proposed grant per service category. This will automatically calculate the salary that is being requested from the grant. In the next column include fringe benefits. If there are no fringe benefits being applied to this grant, enter $0. In the match column enter the dollar amount that will be applied towards the match requirement. If no match is to be applied, enter $0.

A match of 25% of Total Program Costs is required. Match is calculated by requested amount divided by .75 equals Total Program Cost, times by .25 = Match. **Example: $100,000 requested divided by .75 times .25 equals $33,333.33 match.** Match does not have to be by category, but in total. The required Match amounts may exceed the Federal formula amount in order to provide the Match necessary to administer the grant by DCFS. In order to be considered for Title IV-B, Subpart II funding the agency must be able to meet the required Match. Match reported by the sub grantee must also be necessary and reasonable for accomplishment of the project or program objectives and an integral part of the approved project or program. See Federal Super Circular Sec. 75.306 for further details on what is considered allowable Match.

Below the Personnel Section of the budget form list the expenses and show calculations (how you arrived at the dollar amount). Under "Grant Funds Requested", show the amount of funds being requested to support the proposed project. In the next column, show the amount of all other funds to be used for the project (match, in-kind, cash). The "Total Program Budget" column will automatically calculate with the total funds being requested for each service category. Match of 25% of Total Program Costs is required and will calculate separately on the bottom of the spreadsheet entitled "Total Match". Please do this for each service category to which you are applying, all included in the IV-B RFP Excel Budget Workbook. The "Total Budget Form" will automatically calculate all service categories of funding requested and required match. Please include a separate narrative justification for all expenses.

Use the following instructions as a guide for describing each category of expense:

A. PERSONNEL: Positions to be funded, total annual salaries of each, percentage of time the person will work on the project and the total fringe. Payroll Taxes and Fringe Benefits: Rate for each position multiplied by each salaried person. Subtotal for personnel costs will calculate automatically in the last column of the spreadsheet entitled "Total Program Budget".

B. CONTRACTUAL SERVICES: List all independent contractors and consultants. Describe each consultant's scope of work, list rate, hours, and cost. DCFS approval is required prior to the use of subcontractors. Subtotal all contractual services costs.

C. EQUIPMENT: This includes all equipment purchased by the grant (all non-consumable items.) Equipment under $5,000 should be included under Operating Costs, Supplies. All equipment costing $5,000 and over must be listed separately and itemized. An inventory must be kept for all equipment purchased and must be provided to DCFS. All equipment purchased with Title IV-B, Subpart II funds must be marked as IVB-2 property and remains the property of the Division of Child and Family Services (DCFS). A clear audit trail must be maintained through accounting records that show the source of funds. Subtotal all equipment costs.

D. OPERATING COSTS:

1. *Occupancy:* Detail all costs associated with maintaining a facility including rent, utilities, basic maintenance, repairs, etc. Example: IV-B funds may be used to buy paint if your organization provides the labor. Mortgage, construction, remodeling, and repairs to current structures are not allowed.

2. *Communications:* This includes the costs of telephones, fax, postage, etc.

3. *Supplies:* This includes the cost of all consumable items needed for the project such as office supplies, client supplies, etc.

4. *Other (operating costs):* This could include insurance, dues, conference fees, subscriptions, program costs, and costs not covered in the other categories. Only consumer/service delivery activities are reimbursable. Does not include Indirect Cost.

E. TRAVEL: Detail all costs showing rates or allowances for transportation, lodging, food and any other allowable travel associated costs. Travel costs cannot exceed the GSA federal rates. Current statewide rates are available on the GSA website: http://www.gsa.gov

F. INDIRECT COSTS: Indirect costs are those that have been incurred for common or joint purposes and benefit more than one cost objective that is not easily assigned to a specific Federal award. Applicants may request an indirect cost rate of up to 10% with DCFS by completing the Indirect Cost Rate Proposal tab in the IVB-2 RFP Excel Budget Workbook. Indirect Cost Rate Proposals exceeding 10% must be submitted to the Federal awarding agency. Federal Indirect Cost Rate Proposal instructions can be found in 2 CFR Part 225.

If the applying agency already has a federally approved Indirect Cost Rate they must provide their Certificate of Indirect Cost Rate with their RFP application. To be eligible for reimbursement of indirect costs the Federal Certificate of Indirect Cost Rate or the completed Indirect Cost Rate Proposal tab of the IVB-2 Excel Budget Workbook must be included in the RFP application. Furthermore, the indirect cost rate may not be renegotiated during the grant award period. Applicants awarded an indirect cost rate must calculate and request indirect costs based on the allowable direct expenses listed in each Request for Funds. Quarterly or annual requests for indirect costs are not allowed. Any item included in an approved indirect cost rate cannot be charged as a direct cost.

G. OTHER EXPENSES: This category includes everything not covered by the above. Note: Federal law prohibits the provision of food, liquor, or employee moral as a reimbursable item.

Wraparound funds are allowable for such items as rental assistance, transportation, utilities, children's clothing, etc. Programs requesting these funds must adhere to the following

requirements: 1) Maximum per family per year = $2,000; 2) Grantees must document that there was an attempt to access all other possible resources prior to use of wraparound funds; 3) Detailed documentation of funds where these services were used. Add all subtotals to show the grand total for the proposed project.

BUDGET FORM: PROGRAM REVENUES

In the IV-B RFP Excel Budget Workbook, under the Program Revenues tab, please explain any revenue that is secured as well as revenue that is pending. Pending means that you have applied for funding from another source but have not yet received a Notice of Grant Award.

BUDGET FORM: PROGRAM REVENUES EXAMPLE

All revenue for the agency/organization must be listed on this form.

Funding Source	Pending or Secured	Time Period	Amount
Title IV B/2	Pending	7/01/07-06/30/10	$80,000
Children's Trust Fund	Secured	10/01/06-9/30/07	$40,000
WIC	Secured	10/01/06-9/30/07	$20,000
March of Dimes	Pending	01/01/07-12/31/07	$20,000
United Way	Secured	07/01/06-06/30/07	$15,000
Nevada State Welfare	Secured	07/01/06-06/30/07	$10,000
Funds for Healthy Nevada	Secured	07/01/06-06/30/07	$10,000

Total Revenue: _____$195,000_____

BUDGET FORM: PERSONNEL FUNDING TABLE

Included in the IV-B RFP Excel Budget Workbook, Personnel Funding tab is the template to breakdown all secured and pending funding sources for personnel costs. List all personnel that will be funded through this RFP. Include their name or position, the funding agency, the percentage of salary they are being funded by your agency and match. The last column calculates automatically.

BUDGET FORM: INDIRECT COST RATE PROPOSAL

Included in the IV-B RFP Excel Budget Workbook, Indirect Cost Rate Proposal tab is the template to complete an **optional** Indirect Cost Rate Proposal. This only applies to agencies who would like to be reimbursed for common or joint expenditures that benefit more than one cost objective that is not easily assigned to a specific Federal award. Additionally, this only applies to those agencies who don't already have a federally approved Indirect Cost Rate.

Technical Assistance

James Thorne, Grants and Projects Analyst, is available to help applicants requiring clarification or technical assistance in preparing the proposal. Please contact him by email at JThorne@dcfs.nv.gov or by phone at 775-684-4426.

Submission Requirements

1. The proposal must be typed single spaced on white paper in Times New Roman, size 12, black font, kept within specified page limits. (Do not use binders or covers). Illegible material will be returned without consideration. Check for spelling mistakes, redundancies, factual omissions and unsupported assumptions.

2. The name of the agency and page numbers must be included in the footer of every page.

3. The original (hard copy) and one (1) electronic copy must be submitted. Do not use binders, paper clips or staples. Rubber bands are acceptable. Your electronic copy must be included on a Flash drive or CD and must be compiled into a single PDF document. All graphics and logos must be removed from electronic copy.

4. Any materials previously submitted are not valid for consideration as part of this application for funds.

5. All material submitted by an applicant becomes property of the Division of Child and Family Services.

6. Additional application materials not requested by the Division are not necessary and will not be considered as part of the grant application.

7. All required information must be submitted with the application in order to be considered.

8. The Division reserves the right to make or deny an award without requesting further clarification of the proposal received. Therefore applicants are encouraged to submit proposals that are technically correct and self-explanatory. All applications should be prepared simply and economically and should provide a straightforward and concise description of the proposed services and the applicant's ability to meet the program requirements.

9. Late or incomplete applications will not be considered for funding.

10. The Department of Health and Human Services, Division of Child and Family Services is not responsible for any costs incurred by applicants responding to the RFP.

11. Awards for funding will be a three (3) year provisional award.

Proposal Review Process

Each application will undergo a technical review of their proposal that will be conducted by DCFS staff and application review panel members. The purpose of the review will be to determine if an applicant meets the minimum eligibility requirements, has adhered to the application procedures outlined in this document and has submitted all required materials. Applications that do not technically comply with the minimum requirements of the application procedures will not be considered.

Under no circumstances will late or incomplete applications be considered for review or funding. Postmarks will not be used to determine eligibility. **All eligible applications must arrive by mail or be hand delivered before 5:00pm on the deadline date of April 22, 2016.**

Delivery address:
Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Attn: James Thorne

All applications, which have met minimum eligibility and technical requirements, will be evaluated. Various factors will be considered in the merit review of applications. The considerations addressed in this document will be included. While the organizational / administrative and budget / fiscal sections will be carefully reviewed, the primary factor in the analysis of applications will be the description of the proposed service program.

Decision Letter and Awards

Applicants will be notified in writing of the decision by DCFS regarding their application. Applicants are cautioned to make no assumptions about funding for their program until they receive written notification from the DCFS.

Those who are preliminarily selected for funding will be given the opportunity to revise their budget or clarify programmatic issues. A Notice of Sub-Grant Award must be executed and approved by all required parties prior to start-up date of the project, July 1, 2016.

In the best interest of the Division, the Division reserves the right to reject any and all proposals or waive any minor irregularity or technicality in proposals received. There is no appeal process.

Upon Approval of Funding

Upon approval of funding, the Division will provide each grantee or sub grantee with the following documents and information:

A. A Notice of Sub-grant Award for Title IV-B, Subpart II will be mailed to the sub grantee / grantee. Two copies must be returned with original signatures to the Division at the following address:
Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Attn: James Thorne

B. Monthly Financial Status and Request for Funds Report Filing

SITE REVEIWS AND MONITORING: DCFS will conduct a minimum of one on-site review annually. By signing the subgrant award, the subgrantee agrees to collaborate with designated reviewing staff during the site visit process. These site reviews will include the following areas:

- Program evaluation/outcome measures;
- Program effectiveness;
- Human resources/policies and procedures;
- Trustee or advisory board activities;
- Fiscal policies and procedures;
- Verification of expenditures

A formal site visit will result in a written report of findings with corresponding corrective action steps and deadlines. If additional information is required, sub grantee agrees to provide the requested documentation. Should site review results highlight fiscal vulnerabilities, an independent audit may be required.

REPORTING REQUIREMENTS: There are two (2) types of required reports. The first is a financial report entitled "Monthly Financial Status and Request for Funds Report" which requires submission on a monthly basis by the fifteenth of each month for the previous month. These Requests will be emailed to FundsRequest@dcfs.nv.gov.

The second is an on-line report entitled the "Title IV-B, Subpart II Monthly Program Report" (Page 27) to be submitted by the fifteenth of each month for the previous month as well as a year-end summary report, all completed electronically via ODES, Inc. the online reporting system. By signing the sub grant award, the subgrantee agrees to provide these reports within requested timelines.

Sub grantee Non-Compliance: DCFS will maintain close scrutiny over the following:

- Reporting deadlines (both financial and programmatic reports);
- Compliance with Scope of Service (Page 16);
- Cooperation with program evaluation initiatives;
- Site visit responses;
- Fiscal audit responses;
- DCFS may require a corrective action plan to overcome barriers to outcomes noted through evaluation processes

DCFS reserves the right to terminate any funding if there is a pattern of non-compliance or if there are questions of fiscal mismanagement.

PROPOSAL COVER PAGE

TITLE IV-B, SUBPART II: PROMOTING SAFE AND STABLE FAMILY SERVICES
Submit this cover page with the completed proposal, **no later than April 22, 2016 5:00 p.m.**
Do not leave any line blank.

Applicant Organization: _____
Project Name: _____
Mailing Address: _____
Physical Address: _____
Contact Person: _____
Phone: _____ Fax:_____E-Mail Address: _____
DUNS #: _____ SAM expiration: _____ Tax ID #:_____

Brief description of proposed services: _____
_____
_____

Program Category	Washoe	Clark	Rural
Family Preservation			
Family Support			
Time-Limited Family Reunification			
Adoption Promotion and Support Services			

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

Children: ____ Families:____ Single Heads of Households: ____ Persons with Disabilities: ___
Children receiving services from DCFS or County child welfare agency (Washoe DSS or Clark DFS) as a result of CPS involvement or referral: ____
Families receiving services from a public child welfare agency, DCFS or counties: ____

Funding Request	Amount:
Family Preservation	$
Family Support	$
Time-Limited Family Reunification	$
Adoption Promotion and Support Services	$
Total SFY 17 Request	$

Submit to:

Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Attn: James T. Thorne, Grants and Projects Analyst II

CHECKLIST TO ASSIST IN SUBMITTAL OF THE
TITLE IV-B, SUBPART II SAFE AND STABLE FAMILIES PROGRAM GRANT PROPOSAL

(Please attach to proposal)

_____ Completed Cover Sheet
_____ Checklist
_____ Organizational Summary
_____ Proposed Services to be funded
_____ Completed Scope of Work per each service category
_____ Evaluation for New Applicants or Existing Sub Grantees
_____ IV-B RFP Excel Budget Workbook
  _____ Budget Form: Per each service category
  _____ Budget Form: Total Project Budget
  _____ Budget Form: Program Revenues
  _____ Budget Form: Personnel Funding Table
  _____ Budget Form: Indirect Cost Rate Proposal (Optional)
_____ Budget Narrative/Justification
_____ Organizational Chart
_____ List of Board or Governing Body with Officers' Affiliations and Terms
_____ If applicable, attach a copy of IRS designation 501(c) (3)
_____ If applicable, attach a Indirect Cost Rate Proposal Federal Certificate
_____ Memorandum(s) of Understanding or letter(s) of collaboration
_____ Balance Sheet and income/expense statement from most recent organization audit
_____ Management letter(s) from most recent Audit and Schedule of Questionable Costs
_____ Copies of Insurance Coverage (not applicable to local government agencies):

  _____ Commercial General Liability
  _____ Professional Liability
  _____ Business Auto
  _____Worker's Compensation
  _____Other Insurance Policies

_____ One (1) original hard copy, plus one (1) electronic copy on CD or Flash drive.
_____ Additional Requirements/Assurances
_____ Certifications 1–5

NOTE: Please do not submit the monthly reporting forms with your proposal. They have been attached to this RFP for your reference, only.

Fiscal Reporting Instructions

When submitting monthly Request for Funds (RFF) to the Grants Management Unit (GMU), it's **required** to include the signed Monthly Financial Status and Request for Funds Report, Microsoft Excel Workbook, Breakdown of Expenditures, and Match breakdown to FundsRequest@dcfs.nv.gov by the 15th of each month. All other supporting documents such as receipts, statements, and time-sheets should be kept on file for review during the annual on-site review. If RFF's are not submitted by the 15th of each month the designated Grants & Project Analyst (GPA), James Thorne must be contacted.

The Breakdown of Expenditures and Match included with the monthly RFF must be clear, accurate, allowable, and equal to the amounts requested in their respective categories. If upon review the GPA assigned to the grant/sub grant determines that it's not clear, correct, and/or complete, the GPA will contact the sub grantee for clarification or to inform them of any corrections required.

When submitting the RFF, please only send to FundsRequest@dcfs.nv.gov. Do not send to the assigned GPA. Failure to submit all components will result in a delay of your reimbursement. Please see below an example of a monthly RFF, Breakdown of Expenditures, and two Match examples. To ensure accuracy and completeness all items numbered on the monthly RFF must be complete. For questions please contact the designated GPA. Thank you.

Following are instructions, which correspond to the numbers indicated on the attached sample worksheet, for the lines that require input:

1. Indicate whether this a final report for the grant by marking an "X" next to Yes or No.

2. Indicate whether this is an amended report for the period by marking an "X" next to Yes or No.

3. Enter your name as the preparer of the report even if you are not signing the report.

4. Enter the current month's expenses for each of the budgeted categories. Please note that reimbursement may only be requested for expenditures within approved budget categories. Key in WHOLE dollar amounts only, DO NOT enter cents. If the total for a category is $100.50 round up to $101, otherwise round down to the next whole dollar amount.

5. Enter the amount of advance funds you are currently requesting. Please remember that any advance of funds requires prior approval.

6. Enter the amount of the current month's expenses that are to be applied to a previous advance, if any. For example, if you had received a $5,000 advance and your current month's expenses are $10,000, you can enter 0 here, thereby requesting reimbursement for the full $10,000 or enter an amount to be applied to the advance, which would reduce the current month's draw request by that amount. Please remember that all advanced funds must be expended in accordance with your grant agreement prior to the end of the budget period.

9. The form should be printed, signed and dated by an authorized person.

The electronic version of the request must be emailed to DCFS at FundsRequest@dcfs.nv.gov by the 15th of the month for the previous month.

If you receive a payment from DCFS in excess of your reported expenses or you receive a duplicate payment, please notify James Thorne at 775-684-4426.

The bottom section of the Request for Funds Report is for the state's use. Do not complete this section.

DCFS staff will review the forms. If any corrections are required, DCFS staff will contact you to make the necessary changes and ask you to resubmit the form. Due to DCFS' Internal Control policies, reimbursements cannot be processed until an identical electronic form and signed original is received and verified.

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF CHILD AND FAMILY SERVICES
MONTHLY FINANCIAL STATUS AND REQUEST FOR FUNDS REPORT

FOR STATE USE ONLY

Job#: _____ BA#: 3145 Category #: 20 CFDA #: N/A

CONTACT INFORMATION

Vendor Name: _____ **Vendor Number:** _____
Program Name: _____ **Email address:** _____
Street/P.O. Box: _____ **Telephone:** _____
City: _____ **Fax:** _____
Zip Code: _____ **Tax ID Number:** _____
Contact Person: _____ **Fiscal Agent:** _____

GRANT REPORTING INFORMATION

State Grant #: _____ Month Year
Award Period: _____ to _____ **Report Period:** January 2006
1. Final Report: _____ yes _____ no **3. Prepared by:** _____
2. Amended Report: _____ yes _____ no

EXPENDITURES

Category	Approved Budget	Previously Reported Expenditures	4. Current Period Expenditures	Year to Date Costs	Budget Balance	Percent Expended
Personnel	$ 10,000	$ -		$ -	$ 10,000	0%
Operating	5,000	-		-	5,000	0%
Contractual	4,000	-		-	4,000	0%
Travel	-	-		-	-	N/A
Other	1,000	-		-	1,000	0%
SUBTOTAL	20,000	-	-	-	20,000	0%
Required Match	5,000	-		-	5,000	0%
TOTALS	25,000	-	-	-	25,000	0%

CASH FLOW

5. Current request for advance funds (prior approval required): _____
Year to date total expenditures: -
Less: prior reimbursements received: -
6. Less: expenses applied to advance: _____
CURRENT REQUEST: $ -

Total grant award: $ 20,000
Less: advance funds received: -
Less: prior reimbursements received / requested: -
TOTAL FUNDS AVAILABLE: 20,000
Less: current request: -
BALANCE OF REMAINING FUNDS: $ 20,000

I certify that, to the best of my knowledge and belief, the data reported represents actual receipts and actual expenditures which have been incurred in accordance with the approved grant documents, and are based on official accounting records and supporting documents which will be maintained for purposes of audit.

7. Signature of Authorizing Subgrantee Official Date Title

Reimbursement is correct and accepted as presented: ☐ Reviewer's initials: _____ Date: _____
Request is approved in the amount of: $_____ Job # _____ BA# _____ Category: _____
Recommended for Payment By: _____ Title: _____ Date: _____
Approved for Payment By: _____ Title: _____ Date: _____
Approved for Processing By: _____ Title: _____ Date: _____

File Last Modified 8/8/06

BREAKDOWN OF EXPENDITURES EXAMPLE

Vendor Name: Title IV-B-2 # 15-235 February

Personnel				
Position	**Name**	**Salary**	**Fringe**	**Total**
Executive Director	J. Doe	$218.49	$45.17	$263.66
Program Director	K. Smith	$218.49	$45.17	$263.66
Office Coordinator	T. Johnson	$187.84	$37.82	$225.66
			Total:	**$752.98**

Operating				
Occupancy	North Brooke	2/01/15-2/28/15		$200.00
Office Supplies	Office Depot	2/01/15-2/28/15		$6.76
Internet/Phone	AT&T	2/01/15-2/28/15		$19.87
			Total:	**$226.63**

Travel				
Name	**Miles**	**Date**	**Mileage Cost**	
J. Doe	42	2/01/15-2/28/15	0.51	$21.42
K. Smith	92	2/01/15-2/28/15	0.51	$46.92
T. Johnson	15	2/01/15-2/28/15	0.51	$7.65
			Total:	**$75.99**

Contractual				
R. Wilson		2/15/2015		$350.00
			Total:	**$350.00**

Other (Admin)				
None				
			Total:	**$0.00**

The Breakdown of Expenditures must be clear, accurate, allowable, and equal to the amounts requested in their respective categories. If upon review the GPA assigned to the grant/sub grant determines that it's not clear, correct, and/or complete, the GPA will contact the sub grantee for clarification or to inform them of any corrections required. Cooperation in this process is necessary to ensure that the RFF is completed in a timely manner and reimbursement of funds is not delayed any further. For questions regarding allowable expenditures, it is best to contact GMU before committing grant funds to any item which might be disallowable.

MATCH EXAMPLE

MATCHING FUNDS AND IN-KIND CONTRIBUTIONS FORM FOR GRANTS

Vendor Name:	Kraft Families
Grant Award Number:	Title IV-B-2 # 15-235
Report Month:	February

Date/Month:	**Source of Funds:** (Grant name and award number)	**Description of Contribution:** (items, services, funds, payroll, etc.)	**Match or In-Kind:**	**Total:**	**Contribution made with Federal Funds:**
February 2015	CCD BSA 1252	J. Doe Foundation	Match	$1,200.00	No
February 2015		Client Services	In-Kind	$2,750.00	No
February 2015		Volunteer Hours	In-Kind	$86.50	No
			Overall Total:	**$4,036.50**	

As per Federal Super Circular Sec. 75.306, all contributions, including cash, third party in-kind contributions, must be accepted as part of the non-Federal entity's matching when such contributions meet all of the following criteria:

1. Are verifiable from the non-Federal entity's records;
2. Are not included as contributions for any other Federal award:
3. Are necessary and reasonable for accomplishment of project or program objectives;
4. Are allowable if the service is an integral and necessary part of an approved project or program.
5. Are not paid by the Federal Government under another Federal award, unless authorized.

Match contributions do not need to be applied at the exact time or in proportion to the obligation of the Federal funds. <u>However, the full matching share must be obligated by the end of the award period in order to be considered for future funding opportunities.</u>

SAMPLE PROGRAM REPORTING FORM

Title IV-B, Subpart II Report

1. Grantee Information

Grantee	
Service Category	
Address	
Telephone	
Email	
Prepared By	
Report for	

2. Referrals received

From DCFS:	
From Washoe:	
From Clark:	
Self Referral:	
From Other Agencies:	

3. Total Title IVB-2 clients served during reporting period

	New	Carried Over
Individuals Served		
Families Served		
Children Served		
Persons with a disability served		
Single heads of household served		

4. Of the clients you served, how many were in the Child Welfare System

	New	Carried Over
Unduplicated Families Served		
Unduplicated Children Served		
Unduplicated Persons with a disability served		
Unduplicated Single heads of household served		

5. Grantee Outcomes

6. Services Provided

Please approximate the total time (hours) spent providing Title IV-B services this month:	

Basic Needs:

Child Safety Seats	
Holiday	
Transportation Assistance	
Clothing	
Housing	
Utility Assistance	
Food	
Rental Assistance	
Other Basic Needs:	

Children/Youth Development

Child Care	
Development Screening	
Pre-Kinder classes	
Child Development Classes/Activities	
Mentor Program	
Teen/Youth Support Group	
Day Care Assistance	
Playgroup	
Tutoring	

Health:

CPR Education	
Nutrition Classes	
Health Education	
Health Screening	

Information & Referral:

Community Awareness Campaign	
Referrals to Outside Agencies	
Resource Library	

Life skills/Development Training:

Budget/Financial Counseling	
GED Classes	

Life skills Group	
Employment Training	
Homemaker Services/Training	
Literacy Training	
ESL Classes	
Job Search/Placement Assistance	
Parenting Classes/Training	

Support Services:

Assessment Services	
Crisis Intervention	
Home Visits	
Respite	
Case Management	
Domestic Violence Services	
Individual Counseling	
Support Groups	
Client Advocacy	
Family Counseling	
Relative Searches	
Therapy	

7. Story Maps

Setting:
e.g. class, home visit, support group, etc.

Clients/Participants:
Please describe clients/participants (do not use names)

Problems/Circumstances:
Circumstances leading to overall problem and/or success

Interventions:

Solutions/Outcomes:

Solutions/Outcomes:

ADDITIONAL REQUIREMENTS AGREED TO BY SUB GRANTEE IN RECEIVING FUNDS PURSUANT TO THIS AWARD OR IN APPLICATION FOR SAME

1. The sub grantee agrees to abide by all appropriate provisions and procedures of the Division of Child and Family Services (DCFS).

2. The sub grantee agrees to comply with arrangements for review of accounting procedures, back-up documentation and programmatic information, as initiated by DCFS.

3. The sub grantee agrees to facilitate and participate in annual on-site reviews, where fiscal and programmatic documents will be reviewed and discussed.

4. The sub grantee agrees to comply with the Basic Accounting Requirements.

5. The sub grantee agrees to provide the agreed upon Scope of Service(s).

6. The sub grantee agrees to comply with general financial requirements and submit the Monthly Financial Status and Request for Funds Report form (Reimbursement form) as prescribed by DCFS Grants Management Unit (GMU). Payment for services rendered under this grant will only be made after the complete and correct financial request has been approved by the GMU.

7. The sub grantee agrees to submit quarterly program performance reports utilizing the online reporting system.

8. The sub grantee certifies that the proposal upon which these grant funds are based was authorized by the governing body of the applicant.

9. The sub grantee agrees to comply with Public Law 103-227, Part C, Environmental Tobacco Smoke (Pro Children Act of 1994) requiring that smoking not be permitted in any portion of any indoor area routinely owned or leased or contracted for by any entity and used routinely or regularly for provision of 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 imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant certifies that the agency/organization will comply with this Act (Public Law 103-227).

10. The sub grantee acknowledges that this grant/sub grant award may be terminated with 30 days written notice by either party.

11. The sub grantee 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).

12. The sub grantee 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.

13. Require its employees, board members and volunteers to maintain the confidentiality of any information, which would identify persons receiving services.

14. The sub grantee agrees to mark equipment purchased with grant funds with the grant name, track equipment by the acquisition date, cost, percentage of grant funds used and disposition information. Equipment must be returned to DCFS if the sub grant is terminated or if the sub grantee is no longer funded by the particular grant source in the following grant cycle.

15. The sub grantee acknowledges that this sub grant award is contingent upon available funding and may be reduced within the sub grant period.

16. The sub grantee agrees to have a 5-year record retention schedule for the ML / DV, FVPSA and VOCA sub-grant documentation.

17. The sub grantee 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.

18. The sub grantee must promptly refer to the Department of Justice (DOJ) Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, contractor, subgrantee, 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 sub recipients. Potential fraud, waste, abuse or misconduct should be reported to the OIG by:

    Mail:

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

    Email: oig.hotline@usdoj.gov

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

    Or Hotline fax: (202) 616-9881

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

19. Sub grantee 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).

20. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving", 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages sub grantees and sub recipients 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.

21. The sub grantee 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 sub grantee and first-tier sub recipients of award funds. Such data will be submitted to the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS). The details of sub grantee 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).

22. The sub grantee 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 sub-grant is offered and must be adhered to by the sub grantee. Additional requirements of the sub-grantee may also apply.

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

BASIC ACCOUNTING REQUIREMENTS (ATTACHMENT A)

Accounting for grant funds will be 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.

SUPPORTING RECORDS OF GRANT EXPENDITURES MUST BE IN SUFFICIENT DETAIL TO SHOW THE EXACT NATURE OF EXPENDITURES. WHERE COSTS APPLY TO TWO OR MORE PROJECTS, SUCH COSTS WILL BE PRORATED TO EACH GRANT.

1. Establish a system of FUND ACCOUNTING approved by the Division of Child and Family Services or establish a separate bank account for each grant award.

2. Establish a filing system by State grant identification number. For example:

   A. One folder for each grant's transactions should suffice where transactions are few.
   B. Where transactions are many, originate a folder for each cost category described in the grant.

3. Spend only within categories allocated in the grant award.

4. Expenditures accumulated prior to the beginning date of the grant cannot be paid from grant money.

5. Obligations incurred during the grant period may be paid from grant funds after the ending date. All such obligations must be liquidated within 45 days after the end of the project period. Any obligations made after the ending date of the grant cannot be paid from grant money.

6. Any changes to the amounts, periods, and other terms and conditions listed in the notice of grant award must be requested and approved in writing.

7. Budget Category changes: <u>All changes greater than 10% in any category must be approved in writing</u> in advance by the granting agency.

8. Board of Directors for the project should establish a written travel policy prior to the start of the grant. Approval of this policy should be available for audit review. Travel reimbursement is limited to State rates.

NEVADA DIVISION OF CHILD & FAMILY SERVICES

NEVADA DIVISION OF CHILD & FAMILY

SUBJECT:	**HIPAA Business Associate Addendum and Confidentiality Agreement Policy**
POLICY NUMBER:	0003-2004
NUMBER OF PAGES:	**9**
EFFECTIVE DATE:	**Upon Approval or April 20, 2005**
ISSUED DATE:	**March 18, 2004**
REVIEWED:	
DATE:	**03/18/04 BY: Pete Galantowicz, Psychologist I**
	09/01/04 BY: DHR HIPAA Core Team
	09/14/04 BY: DCFS HIPAA Review Team
	04/01/05 BY: DCFS Policy Clearance Review
SUPERSEDES:	*n/a*
PAGES:	
APPROVED BY:	Signature on file
NAME/TITLE:	**Diane Comeaux, Administrator Division of Child & Family Services**
REFERENCES:	**45 CFR §§ 160 and 164**
ATTACHMENTS:	**Business Associate Addendum (BAA)**
	Confidentiality Agreement (CA)

A. Purpose

The purpose of this policy is to implement the requirements of the final Health Insurance Portability and Accountability Act (HIPAA) privacy and security rule outlined 45 CFR §§ 160 and 164. The regulations require a covered entity to have a written contract or other arrangement documenting satisfactory assurance that a business associate will appropriately safeguard client protected health information.

The Division of Child and Family Services (DCFS) has business activities that include both covered and non-covered functions as defined by HIPAA. Therefore, DCFS is a hybrid entity.

As a hybrid entity, DCFS is required to designate the health care components covered under HIPAA. The designated health care components are the functions performed by the Northern and Southern Nevada Child and Adolescent Services.

B. Intent

The intent of this policy is to provide the procedures and forms for DCFS to determine what type of contracts or other agreements require a Business Associate Addendum (BAA) and/or a Confidentiality Agreement (CA).

C. Definitions

Business Associate:

A business associate is a person or organization that performs functions on behalf of a covered entity or provides services to a covered entity that *involve* the use or disclosure of client protected health information.

A member of the DCFS workforce is not a business associate. A business associate may be another covered entity.

A contract with an outside provider to furnish client assessments, such as, a licensed psychologist, would be considered a business associate.

Non-Business Associate:

A non-business associate is a person or organization that performs certain functions or activities that *do not involve* the use or disclosure of client protected health information, and where any access to client protected health information by such persons would be *incidental*, if at all.

An example of a non-business associate would be an individual or organization contracted to provide building maintenance or janitorial services.

Protected Health Information (PHI) and Electronic Protected Health Information (ePHI):

Protected health information is any information, whether oral or recorded in any form or media, that:

- A covered entity creates or receives;
- Relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment of health care to an individual;
- Identifies the client or there is reasonable basis to believe that the information could be used to identify the individual; and
- Is ePHI if transmitted by electronic media, maintained in any media described as electronic media, or transmitted or maintained in any other form or media.

D. Procedures for Contracts, Sub-Grants and Inter-local Agreements

DCFS may disclose protected health information to a business associate and/or organization and may allow a business associate and/or organization to create or receive protected health information on its behalf. However, DCFS must ensure that proper safeguards are in place.

Certain contractors may be considered part of the DCFS covered component's workforce, if the following criteria apply:

1. The workstation of the individual under contract is on the covered health care component's premises; and
2. The person performs a substantial proportion of his/her activities at this location.

Contractors, meeting the definition of a workforce member, do not require a business associate addendum.

DCFS will obtain satisfactory assurances that the contracts or other arrangements between DCFS and its business associates comply with the procedures described herein.

1. DCFS will identify existing contracts or other arrangements with individuals or organizations that meet the definition of a business associate.
2. DCFS will obtain satisfactory assurances that contracts or other arrangements with individuals or organizations, meeting the definition of a business associate, will include the BAA.
3. DCFS, upon learning that a pattern of activity or practice of an individual or organization constitutes a material breach or violation of the BAA obligation under the contract or other arrangement, will take

reasonable steps to cure the breach or end the violation, as applicable. If such steps are unsuccessful, DCFS will:

a. Terminate the contract or arrangement, if feasible; or
b. Report the problem to the Department of Health and Human Services if termination is not feasible.

DCFS will obtain satisfactory assurances that inter-local agreements with *other government agencies* include a CA. DCFS, upon learning that a pattern of activity or practice by an individual or organization constitutes a violation of the CA under the inter-local agreement, will take reasonable steps to cure the breach or end the violation, as applicable.

Unless bound by Federal regulations or State statutes that are more restrictive, covered and non-covered programs administered by DCFS will follow this policy to safeguard individually identifiable health information, as applicable.

The Business Associate Addendum attached to this policy fulfills all the requirements specified by HIPAA privacy and security standards with regard to business associate relationships. The Confidentiality Agreement promotes the exercise and practice of due diligence in protecting the client personal information that may be made available to other government entities.

E. Guideline for Identification

This guideline identifies when to use a BAA, CA, or when standard document language is recommended.

Inter-local Agreements**:** An inter-local agreement is an arrangement between government agencies. Although these arrangements are not required to have a BAA, HIPAA regulations recommend a form of understanding be utilized to protect the covered entity. Therefore, the Confidentiality Agreement (CA) should be attached to all inter-local agreements.

Independent Contracts**:** These contracts must be reviewed based on covered and non-covered components.

Covered Components:

All contracts must have a BAA attached where services *directly involve* the use or disclosure of client protected health information.

All contracts for services *not directly involving* client protected health information do not require a BAA. The State independent contract template, which has been approved by the Attorney General's Office, provides the requirements for confidentiality.

Non-covered Components:

For contracted services having *direct access* to client protected health information, it is *recommended* the contract have a BAA attached. For the non-covered components within DCFS, these contracts normally will be with individuals or organizations providing direct services, such as, a licensed psychologist, who is providing assessments for child welfare services.

Contractors who *do not require access* to client protected health information do not require a BAA. The State contract template provides the confidentiality requirements. An example of this type of contract would be a contract providing lawn service for a juvenile justice office.

Provider Agreements: All provider agreements for covered or non-covered components of DCFS are recommended to have a BAA.

Leases: Lease agreements for covered or non-covered components are not required to have a BAA.

Sub grants: Sub grants requiring access to PHI must have the BAA as an attachment to the award notification. The sub grants not requiring access to PHI do not require a BAA. The sub grant specifications and requirements provide the conditions for confidentiality.

Record Retention for any contract or other agreement for a covered or non-covered health care component having a BAA attached must have a record retention period of a minimum of six (6) years.

F. Business and Non-Business Associate Tracking

DCFS designated staff will maintain a log to track the business and non-business associate contracts, grants/sub grants, inter-local agreements and other arrangements. The log will be provided to the DCFS HIPAA Privacy and Security Officer as necessary to review compliance.

ASSURANCES AND AGREEMENTS – FEDERAL GRANTS

As the duly authorized representatives of the applicant organization, we certify that by submitting this proposal, the applicant will:

1. Establish 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.

2. Have a copy of its official organizational by laws and amendments available for review. (Required of Community Based Organizations only)

3. Have resumes for key personnel on file.

4. Initiate and complete the Scope of Work within the applicable time frame after receipt of approval from the Division of Child and Family Services (DCFS).

5. Inform the awarding agency within 30 days of any substantial material situations affecting the successful completion of this project.

6. 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.

7. 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.

8. Comply with P.L. 93-348 regarding the protection of human subjects involved in research, development and related activities supported by this award.

9. Comply with all applicable requirements of all other State and Federal laws, executive orders, regulations and policies governing the program.

10. Abide by all appropriate provisions and procedures of DCFS.

11. Comply with the DCFS Business Associate Addendum (effective 4-20-05).

12. Comply with the minimum wage and maximum hours of the Federal Fair Labor Standards Act.

13. Provide reports as required by the awarding agency as well as additional information requested by the awarding agency.

14. 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 $500,000.00 or more in Federal funds during a Federal Fiscal Year.)**

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

CERTIFICATION OF APPLICATION

The applicant certifies the following:

To the best of our knowledge and belief, the information in this application is true and correct and all documents requiring signature and date have been appropriately signed and dated. The application for funds has been authorized by the governing body of the applicant. The applicant will comply with the Assurances and Agreements if the application is funded.

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

CERTIFICATION OF REPORTING REQUIREMENTS

The applicant certifies the following:

By signing this certification, the agency certifies that it can meet the reporting requirements for the funds which include all required program and financial reports to be submitted to DCFS within 15 calendar days after the end of the month for financial reports and 15 calendar days after the end of the quarter for programmatic reports.

The following personnel will be responsible for ensuring that the reporting data is submitted to DCFS on-time:

Primary Person's Contact Information:

Name:	
Phone Number:	
Email Address:	

Secondary Person's Contact Information (Financial Contact preferred):

Name:	
Phone Number:	
Email Address:	

_____ _____
Printed Name Title

_____ _____
Signature Date

_____ _____
Grantee Legal / Corporate Entity Name Date

CERTIFICATION # 1

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

Instructions for Certification

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.

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

CERTIFICATION # 2

Certification Regarding Drug-Free Workplace Requirements

Instructions for Certification

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 Nonprocurement 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 statues;
   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 sub-recipients 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 workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs;
(4) The penalties that may be imposed upon employees or drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(g) The grantee may insert the space provided below the site(s) for the performance of work done in connection with the specific grant:

PLACE OF PERFORMANCE:

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

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

Alternate II - Grantees Who Are Individuals

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in conducting any activity with the grant;

(b) If the convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include identification number(s) of each affected grant.

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

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION # 3

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, loam 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 sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION #4

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 sub awards which contain provisions for children's services and that all sub grantees shall certify accordingly.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION # 5

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 sub-grantees 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, sub-grantees, 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 though 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 sub grantees, 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.

Signature	Title
Grantee Legal / Corporate Entity Name	Date