



## **State of Nevada**

### **Department of Health and Human Services**

#### **Division of Child and Family Services**

##### **Grant Management Unit**

### **Notice of Funding Opportunity**

## **Children's Justice Act**

### **Federal Fiscal Year 2022 Award for State Fiscal Year 2024**

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

# Opportunity Summary

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## Summary

The Children's Justice Act (CJA) provides grants to States to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. CJA grantees are responsible for implementing the requirements of the CJA grant program to reform state processes for responding to child abuse and neglect.

This Notice of Funding Opportunity (NOFO) is for competitive applications to be funded through the CJA Federal Fiscal Year 2022 award for State Fiscal Year (SFY) 2024. This NOFO implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) and the Division's internal Grants Management Unit (GMU). Applications will be reviewed and awarded by the CJA Task Force.

**Total Funding Amount: \$100,000.00:** Funding will be distributed to support one or multiple projects which further the goals of the CJA. **The CJA Task Force has discretion to restrict amounts awarded based on available funds and the number of applications received. There is no guarantee that any application will be approved or receive funding.**

The CJA Task Force has identified specific goals for the triennial reporting period of 2021-2023. These goals were refined and revised with technical assistance and approval from the Children's Bureau. Review of progress on these goals are reviewed at quarterly meetings and projects funded by CJA should further these goals.

**Goal 1:** Provide child protection workers and stakeholders "front end" specialty, discipline specific and advanced training. Training should be prioritized, but not limited to, training requirements of CARA and JVTA Program Improvement Plans, child protection model assessments, ICWA, sexual abuse, domestic violence, forensic interviewing, trauma-informed practices, substance use and co-occurring mental health disorders and training needs identified in collaboration with Court Improvement Program. (ABC)

**Goal 2:** Support the implementation of the Commercially Sexually Exploited Child (CSEC) Model Coordinated Response Protocol and provide training and support for the formation of Multidisciplinary Teams (MDT) and Task Forces. (ABC)

**Goal 3:** Support the establishment of new Children's Advocacy Centers (CACs) or other multidisciplinary team approaches and improve the capacity of existing CACs to provide a multidisciplinary response for victims of child sex abuse and exploitation, physical abuse, and child victims with disabilities. Activities may include the development of a strategic action plan for project implementation, identification of rural health care providers, investigation of funding opportunities for infrastructure and operating costs, and the use of telehealth and telemedicine statewide. (AB)

**Goal 4:** Fund technology requests to improve the investigation, assessment and prosecution of child abuse and neglect through use of latest technology and to support use of new and existing training technologies. (AB)

**Goal 5:** Identify new or needed changes to policy, regulation and/or legislation to meet requirements of federal program improvements plans and other federal and state initiatives. Support training and policy needs related to new or revised policy, regulation, and legislation. (C)

**Key: Required categories for use of CJA funds:**

*A= Investigative, administrative, and judicial handling of cases of child abuse and neglect.*

*B= Experimental, model and demonstration programs for testing innovative approaches.*

*C= Reform of state laws, ordinances, regulations, protocols, and procedures.*

## Funding Guidelines

### Examples of Types of Activities Supported by CJA Grant Funds Include:

- Regional collaborations to enhance capacity and resource sharing;
- Regional and local multidisciplinary trainings;
- Development of resources, tools or technical assistance to address a specific regional or community need that will improve the investigation and/or prosecution of child abuse and neglect cases.

### Activities Supported Will Result In:

- Enhanced community stakeholder collaborations around proactive planning and resource development to meet the needs of child victims and their supportive caregivers;
- Improved investigations and prosecutions of cases of child abuse and neglect;
- Trauma-informed systems;
- Improved community-wide, coordinated, planned response to cases of child abuse and neglect.

### Please Note:

CJA funds are to be primarily focused on the front-end, intake, assessment, investigative, and prosecutorial phases of child welfare. CJA Funds must not be used for prevention programs or treatment services. Projects selected by the Task Force should be mindful that funds must be spent to support efforts at the intake and investigative phase of child welfare.

Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested. The Task Force reserves the right to consider a preference to fund projects aimed at serving emerging, unserved, or underserved populations, and to consider the geographic distributions of CJA funds or distinctive project elements in its funding decisions. CJA grants are not intended to be used as a source of ongoing, continuous funding. **Funding will not be made available for the ordinary, routine operation of any organization or programs.** Applications will be scored, ranked by score, funded in whole or in part, based on scoring of applications until funds are exhausted.

## Program Requirements

### Applicant Eligibility

This NOFO is open to any Nevada state or local public agency, non-profit organization, educational or faith-based organizations to support programs and projects within the state to improve:

1. The assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family;
2. The assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities;
3. The investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and
4. The assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

## Questions?

For technical or application questions, contact DCFS GMU at [DCFSGrants@dcfs.nv.gov](mailto:DCFSGrants@dcfs.nv.gov). For programming questions, contact Dylan Nall at [dnall@dcfs.nv.gov](mailto:dnall@dcfs.nv.gov)

# Application Process

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## Award Time Line

Event	Date/Time
Grant opportunity announced	January 09, 2023
Deadline for submission	February 17, 2023
Evaluation period (approximate time frame)	March 2023 – April 2023
Announcement of awards	June 2023
Program start date	July 1, 2023
Program end date	June 30, 2024

## Application Review

The CJA Task Force will review and evaluate each application, see Appendix C: Scoring Matrix. The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly and impartially. The CJA Task Force will use structural, quantitative scoring techniques to maximize the objectivity of the evaluation. The review process will consist of a technical review of the applicant's information including the project and the budget (justification, cost effectiveness, project sustainability).

## Evaluation Process

Applications received by the published deadline of **5:00 pm on February 17, 2023** will be processed as follows:

### STEP 1: Application Review Panel

- A. Each application will be evaluated for content and scored by the CJA Task Force.
- B. As part of the review process, staff will identify strengths and weaknesses and may recommend, as a condition of funding the project, that
  - Specific revisions are made to the budget or Scope of Work, or
  - Special conditions are placed on the award (e.g., certain fiscal controls, more stringent performance requirements, or more frequent reviews).
- C. The review panel will identify specific line-item areas for revision if funding limitations result in a reduction of an overall proposed budget. In the event budget reductions are necessary, an equitable formula based on application ranking and scores will be developed and applied in an impartial manner.
- D. The CJA Task Force will submit review panel recommendations to the Administrator of DCFS or designee for final approval.

## STEP 2: Final Decisions

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

- Review panel scores;
- Geographic distribution of the proposed grant awards;
- Conflicts or redundancy with other funded programs, or potential for supplanting existing funds.

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

## Notification and Award Process

Successful applicants will be notified of their application status with a Letter of Intent after funding decisions have been made in June 2023.

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

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

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

## Post Award Requirements

### Monthly Financial Status and Request for Funds Report

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

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

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives.
- Examples of items that may support salaries and wages include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records will need to reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

## **Subrecipient Monitoring**

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

## **Performance Reports**

Subrecipients must complete performance reports on a quarterly basis and submit them as instructed by DCFS. Quarterly reports are due by the 15<sup>th</sup> of the month following the end of the quarter. Successful applicants will report the type of services provided, demographic information for individuals served and progress towards meeting Scope of Work commitments. DCFS will provide a data reporting workbook for subrecipients to document performance progress and outcomes. Subrecipients will be required to provide source documentation that corresponds to the data reported.

Additionally, subrecipients must complete performance reports on a quarterly basis according to the calendar of the CJA Task Force. The subrecipient may choose to provide the same updates to DCFS GMU and the CJA Coordinator to avoid duplication. CJA Task Force meetings are typically in January, April, July & October with updates due to the CJA Coordinator no later than two weeks prior to the meeting. Subrecipients will be provided a document to complete by the CJA Coordinator. It is highly recommended that each subrecipient have participation at the CJA Task Force meetings to provide updates verbally and to answer any questions the Task Force may have.

The Children's Justice Task Force is required to report out to the Children's Bureau, annually. It is expected that grantees provide information to include outputs, evaluations and outcomes to the CJA coordinator. For example, if the desired project includes a training, the grantee will need to provide the pre and post test results of the training, an evaluation of the training and/or trainer and the impact this training will have on future and current practice. Also, if possible, any other data information regarding this training is always welcome and helpful.

## **Compliance with Changes to Federal and State Laws**

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

## **Civil Rights Compliance**

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency.

# Application Instructions and Scoring

## Application Instructions

An application packet, which includes this application and the required data sources, is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>

Late and/or incomplete applications will not be scored or considered for funding. The total possible score for the entire application is 100.

All pages including attachments must list the applicant's name on the bottom of the page.

## Section A – Application Form

Complete the application form. The application form must be signed by the organization's authorized official.

## Section B – Narrative/ Scope of Work (70 points)

The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins. See page 16 for a for a template. Complete Appendix B: Descriptions of Services, Scope of Work and Deliverables.

<b>Field Name</b>	<b>Points</b>	<b>Instructions</b>
1. Organization Information	10	<ol style="list-style-type: none"><li>1. Give a brief description of your organization.</li><li>2. Describe the organization's mission and desired goals and outcomes.</li><li>3. Provide up to three (3) brief examples of the organization's successes.</li></ol>
2. Project Summary/ Abstract	10	<ol style="list-style-type: none"><li>1. Give a brief summary of the proposed project and its purpose.</li><li>2. Describe anticipated outcome(s) of the proposed project.</li></ol>
3. Target Population and Statement of Need	15	<ol style="list-style-type: none"><li>1. Describe the target population and the geographic area served by your project/program (including demographic characteristics, risk factors, geographic location, etc.)</li><li>2. Identify the need that the project seeks to address.</li><li>3. Detail how your region or community will benefit from this project and include documented statistics and research whenever possible.</li></ol>

4. Goals, Objectives and Timelines	15	<ol style="list-style-type: none"> <li>1. Describe the goals of the proposed project, including any desired change or impact you would like to achieve through this project.</li> <li>2. Identify the CJA Goal(s) the proposed project addresses. and how the proposed project will help CJA achieve it's goals.</li> <li>3. List the projected number of services that will be provided, either in clients served or services provided with these grant funds, or number of trainings/activities with the anticipated number of participants/activities/trainings that will be provided with these grant funds. Include anticipated dates for completion. These projections must match the Scope of Work and Budget Narrative.</li> <li>4. Complete SOW as detailed in Appendix B: Descriptions of Services, Scope of Work and Deliverables.</li> </ol>
5. Methods of Accomplishment	10	<ol style="list-style-type: none"> <li>1. Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved.</li> <li>2. What are the measurable expected outputs and outcomes for the project?</li> <li>3. Explain what measurements will be used to report on the proposed project's success. This includes any evaluation tools your organization will use to measure your outputs and outcomes and what data will be tracked. <i>Note: Grantees will be required to track activities and evaluations on the sheet provided by the CJA Coordinator quarterly.</i></li> </ol>
6. Community Coordination/ Collaboration	10	<ol style="list-style-type: none"> <li>1. Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration.</li> <li>2. For non-child welfare agencies that intend to provide service or training to child welfare agency: describe how your organization will collaborate with the child welfare agency on the proposed project. Include a letter of support from the child welfare agency for the proposed project.</li> </ol>
<b>7. Total for Narrative</b>	<b>70</b>	



## Section C – Budget (20 points)

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

<i>Field Name</i>	<i>Scoring Points</i>	<i>Instructions</i>
Proposed Project Budget	5	Use the provided table and designate a whole dollar amount for the seven budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for a one-year project period.
Budget Narrative	15	Include a detailed description of the project budget for the grant funding requested. The budget should be an accurate representation of the funds <u>necessary</u> to carry out the proposed Scope of Work and achieve the projected outcomes. The Budget Narrative should align with the Narrative’s Goals, Objectives and Outcomes to be achieved.
Total for Budget	20	

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

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

## Overview of Assurances and Certifications

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

1. The project described in this application meets all the CJA program requirements.
2. All information contained in the application is current and correct;
3. The applicant will gain an understanding and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
4. The applicant understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Notice of Subaward and Assurances and Certifications.

## Submission Instructions

- **The grant application deadline is 5:00 pm on Friday February 17, 2023.**
- Signed application must be submitted online by emailing all required documents and attachments in a single email to [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov). In the subject line of the email place the NOFO title, “CJA Program NOFO Response from [name of applicant].”  
If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal, more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., “Part 1 of 3”).
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- The GMU will reply to emails to acknowledge the receipt of applications.

# Application Checklist

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

## Section A: Application Form

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

## Section B: Narrative

- Organization Information
- Project Summary and Abstract
- Target Population and Statement of Need
- Goals, Objectives and Timelines. Include copy of completed Scope of Work and Deliverables
- Page limits are not exceeded; Arial 11-point font and one-inch margins are retained

## Section C: Budget

- Proposed Project Budget completed for each line item
- Budget Narrative (must match the proposed budget) completed

## Section D: Agency Self-Assessment

- Completed Agency Self-Assessment

## Application Attachments

- Résumés for key personnel listed on the Application
- A copy of the negotiated indirect agreement (if applicable)
- A PDF emailed to [DCFSGRANTS@DCFS.NV.GOV](mailto:DCFSGRANTS@DCFS.NV.GOV) with all required documentation no later than February 17, 2023.

# Application Form: Section A

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

## A. Applicant Organization

Name	
Mailing Address	
Physical Address	
City & State	Zip (9-digit)
Federal Tax ID #	
UEI #	
State Vendor #	

**B. Organization Type**    Government Agency    501(c)(3) Nonprofit

**C. Geographic Area of Services Delivery.** Check applicable boxes and provide a brief narrative of the service area

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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## E. Program Point of Contact

Name	
Title	
Phone	
Email	

## F. Fiscal Officer

Name	
Title	
Phone	
Email	

**G. Subcontracts**

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

**H. Key Personnel**

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**J. Funding Request.** List funding requested for the one-year award period.

Funding	SFY 24 Request
Children’s Justice Act	

**K. Certification by Authorized Official**

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

Name (type/print)	Phone
Title	Email
Signature	Date

# Application Narrative: Section B

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## Application Narrative (80 points)

Begin typing below each field header.

**1. Organization Information**

**2. Project Summary/Abstract**

**3. Target Population and Statement of Need**

**4. Goals, Objectives and Timelines**

**5. Methods of Accomplishment**

- *Make sure to describe the outputs, evaluation methods and outcomes for the desired project. Your agency may attach a logic model as well.*

**6. Community Coordination/Collaboration**

# Budget: Section C

## Budget (20 points)

### 1. Proposed Project Budget

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

Budget	Narrative	(1-2	pages)
<b>Applicant Name:</b>			
<b>BUDGET NARRATIVE-SFYXX</b>			
<b>Total Personnel Costs</b>			including fringe Total: \$ -
<b>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</b>			
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u> <u>Months</u> <u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>			\$0
<u>Title of position &amp; Position Control Number</u>			
*Insert details to describe position duties as it relates to the funding (specific program objectives)			
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u> <u>Months</u> <u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>			\$0
<u>Title of position &amp; Position Control Number</u>			
*Insert details to describe position duties as it relates to the funding (specific program objectives)			
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u> <u>Months</u> <u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>			\$0
<u>Title of position &amp; Position Control Number</u>			
*Insert details to describe position duties as it relates to the funding (specific program objectives)			
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u> <u>Months</u> <u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>			\$0
<u>Title of position &amp; Position Control Number</u>			
*Insert details to describe position duties as it relates to the funding (specific program objectives)			
*Insert new row for each position funded or delete this row.			
<b>Total Fringe Cost</b>			\$ - <b>Total:</b> \$ -

. For each service category, provide a line item budget justification. See Appendix A: Budget Narrative Instructions and Template.

## APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

### Budget Narrative Instructions

All applications must include a detailed project budget for the one-year funding cycle. The budget needs to accurately represent the funds necessary to carry out the proposed Scope of Work and to achieve the projected outcomes for the award funding period.

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

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

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

### Personnel:

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

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

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

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

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

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

Only those staff whose time can be traced directly back to the grant project should be included in this budget category, including those who spend only part of their time on grant activities.



Administrative/Executive Staff salaries that are not readily assignable to a particular project are not allowed.

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

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

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

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

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

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

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

### **Equipment:**

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

### **Contractual/Consultant Services:**

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

### **Other Expenses:**

This category includes any relevant expenditure associated with the project not covered by the above. Wraparound funds are allowable for such items as rental assistance, transportation, utilities, children's clothing, etc. Programs requesting these funds must adhere to the following

requirements: 1) Maximum per family per year = \$2,000; 2) Subgrantees must document that there was an attempt to access all other possible resources prior to use of wraparound funds; 3) Detailed documentation of where these funds were used is required.

### **Indirect Costs:**

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

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

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

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

### **Budget Summary Form 2**

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

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

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

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

## SECTION B

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

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

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

\*\*\*Include projected service numbers

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

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

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

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

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

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

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

## APPENDIX C: SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

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

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

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

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

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

**0 - 39% of Maximum Points:** Applicant’s proposal or capability is not acceptable or applicable for the CJA grant project.

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

Proposal Component	Potential Maximum Score
A. Project Narrative	80
B. Budget	20
Total	100

**APPENDIX D: AGENCY SELF-ASSESSMENT**

**DEPARTMENT OF HEALTH & HUMAN SERVICES  
ANNUAL SUBRECIPIENT QUESTIONNAIRE**

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

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

5. Did your organization expend more than \$750,000 annually in Federal funds combined? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has your organization annual financial statements been audited by an independent audit firm? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has your organization received funds for activities which are like, or the same as the currently proposed subaward? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has your organization managed federal or state funds in the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. Organization Director has been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
10. Fiscal key personnel have been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
11. Program key personnel have been in place for:
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
12. Certify that checked policies and procedures exist within your organization:
<input type="checkbox"/> Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)
<input type="checkbox"/> Travel <input type="checkbox"/> Financial Management (including Purchasing, Receivables, and Payables) <input type="checkbox"/> Internal Controls
<input type="checkbox"/> Equipment & Inventory <input type="checkbox"/> All National Policy Regulations (i.e., Civil Rights, Disability etc.)
<b>Section B: BUDGET FORMATION &amp; ADMINISTRATION</b>
1. Does the organization have an operating budget for each of its grants? (UG §200.302) <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Who are the people responsible for developing and reviewing the budget(s) for your organization?
Names and titles:
3. Does the organization have fiscal controls that result in (UG §200.303):
a. Control of expenditures within the approved operating budget? <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Management review and approval prior to issuing budget amendments or incurring obligations or expenditures that deviate from the operating budget? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there timely, periodic financial reporting to management that permits (UG §200.308):
a. Comparison of actual expenditures with the budget for the same period? <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Comparison of revenue estimates with actual revenue (including program income, if applicable) for the same period? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the responsibility for maintain budget control established at all appropriate levels? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. What steps are taken if projected revenues were insufficient to cover actual expenditures?
Describe:
<b>Section C: INTERNAL CONTROLS</b>
1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise where they reside within your policies or procedures regarding segregation of responsibilities:
2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do the procedures for cash receipts and disbursements include the following safeguards?
a. Receipts are promptly logged, restrictively endorsed, and deposited in an insured bank account. <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records. <input type="checkbox"/> YES <input type="checkbox"/> NO

c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. <input type="checkbox"/> YES <input type="checkbox"/> NO	
e. Checks drawn to “cash” and advance signing of checks are prohibited. <input type="checkbox"/> YES <input type="checkbox"/> NO	
f. Multiple signatures are required on checks. <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Are individuals of trust required to take leave and delegate their duties to others while on leave? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Section D: ACCOUNTING</b>	
1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?	
a. Procurement	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Contract Administration	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Records to justify costs of salaries and wages	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Inventory	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Vendor payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Federal draws	<input type="checkbox"/> YES <input type="checkbox"/> NO
h. Grants budgeting and accounting	<input type="checkbox"/> YES <input type="checkbox"/> NO
i. Cash management	<input type="checkbox"/> YES <input type="checkbox"/> NO
j. Audit resolution	<input type="checkbox"/> YES <input type="checkbox"/> NO
k. Cash receipts	<input type="checkbox"/> YES <input type="checkbox"/> NO
l. Disbursements	<input type="checkbox"/> YES <input type="checkbox"/> NO
m. Records retention	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are all appropriate accounting staff trained on current federal policies, procedures, and instructions on accounting for, and expending, federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. What accounting system does your organization use (e.g., QuickBooks, Peachtree, Socrates Media or custom)? Describe:  How long has it been in use?	
5. Which accounting basis is used by your organization? <input type="checkbox"/> Cash basis <input type="checkbox"/> Accrual basis <input type="checkbox"/> Modified Accrual	
6. Are grant funds accounting for separately in your financial management system? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe.	
7. Does your organization use a chart of accounts and accounting manual? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. For each grant, does the accounting system provide the following information?	
a. Authorizations	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Obligations	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Funds received	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Program income	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Subawards	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Outlays	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Unobligated balances	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are obligations records by:	
a. Funding source	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Object codes	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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

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



# APPENDIX E: NOTICE OF SUBAWARD (NOSA)



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

Agency Ref. #: \_\_\_\_\_  
 Budget Account: \_\_\_\_\_  
 Category: \_\_\_\_\_  
 GL: \_\_\_\_\_  
 Job Number: \_\_\_\_\_

## NOTICE OF SUBAWARD

<b>Program Name:</b> The Children's Justice Act DCFS Grants Management Unit		<b>Subrecipient's Name:</b>	
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009		<b>Address:</b>	
<b>Subaward Period:</b> July 1, 2019 through June 30, 2019		<b>Subrecipient's:</b> EIN: _____ Vendor #: _____ Dun & Bradstreet: _____	
<b>Purpose of Award:</b> Increase and improve services and outreach to outlying counties			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties:			
<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 0.00
2. Travel/Training	\$0.00	Cumulative Prior Awards this Budget Period:	\$
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	0.00
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$
6. Other	\$0.00	Amount Required Prior Awards:	\$
<b>TOTAL DIRECT COSTS</b>	<b>\$0.00</b>	Total Match Amount Required:	\$
7. Indirect Costs	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>	<b>Federal Budget Period:</b> October 1, 2018 through September 30, 2021	
		<b>Federal Project Period:</b> October 1, 2018 through September 30, 2021	
<b>FOR AGENCY USE, ONLY</b>			
<b>Source of Funds Administration for Children &amp; Families</b> Children's Justice Act Sec 107 a-f CAPTA	<b>% Funds:</b> 100	<b>CFDA:</b> 93.643	<b>FAIN:</b> 1801NVCJA1
		<b>Federal Grant #:</b> 1801NVCJA1	<b>Federal Grant Award Date by Federal Agency:</b> 08/17/2018
<b>Agency Approved Indirect Rate:</b> 0.00%		<b>Subrecipient Approved Indirect Rate:</b> N/A	
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 15 <sup>th</sup> of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.			
<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;		Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Confidentiality Addendum	
<b>Authorized Subrecipient Official's Name and Title</b>		<b>Signature</b>	<b>Date</b>
Jean Booth Grants & Project Analyst II			
For Ross E. Armstrong Administrator, Division of Child & Family Services			