



# State of Nevada

Department of Health and Human Services  
**Division of Child and Family Services**  
Grants Management Unit

## **Educational and Training Vouchers (ETV) Program**

### **Notice of Funding Opportunity**

State Fiscal Year 2026 Award

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

# Section I: Opportunity Summary

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## Opportunity Summary

The Chafee Education and Training Voucher (ETV) is a federally funded program aimed at supporting youth and young adults currently in or formerly in foster care in their post-secondary education and training needs. Eligible youth and young adults can receive up to \$5,000 per year to help alleviate the financial burden of completing a post-secondary education. Funding is for activities and services as defined in SSA 477(i).<sup>1</sup>

The Division of Child and Family Services (DCFS) Grants Management Unit (GMU) seeks a qualified agency to administer Nevada's ***Education and Training Voucher Program (ETV)*** through State Fiscal Year 2026. The ETV program allows DCFS to expand and supplement assistance currently being provided to former and eligible foster care youth and young adults and specifically helps them to begin, continue or complete their educational and vocational goals. This Notice of Funding Opportunity (NOFO) implements a funding process that combines a review of applications with grant allocations for specific program services throughout the geographic areas in Nevada. Funds awarded are for programs to begin July 1, 2025, and expire on June 30, 2026. **This is a competitive process. Current subrecipients are not guaranteed funding in SFY 2026 and applicants who receive awards through this NOFO are not guaranteed future funding.**

## Funding Details Summary

- **Total Available Funding:** \$453,000.00
- **Funding Performance Period:** July 1, 2025 – June 30, 2026
- **Funding Considerations:** Awards amounts are determined based on availability of funding, along with compliance with grant requirements, and eligibility criteria.
- **Award Guarantees:** Current subrecipients are **not guaranteed** funding in SFY 2026, and awards granted through this NOFO do not ensure future funding.
- **Match Funds:** Mandatory 20% minimum for each ETV funding award.<sup>2</sup>

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<sup>1</sup> [SSA 477\(i\)](#)

<sup>2</sup> [SSA 474\(a\)\(4\)](#)

# Funding Guidelines

## OVERVIEW

This Notice of Funding Opportunity (NOFO) invites applications for funding through the John H. Chafee Education and Training Vouchers for State Fiscal Year 2026.

This Notice of Funding Opportunity will award funding for State Fiscal Year 2026. Funds awarded for the ETV program will begin July 1, 2025, and expire on June 30, 2026. Funding for SFY 2026 will be dependent upon availability of funding, compliance with grant requests and scope of work.

## POPULATIONS TO BE SERVED

As described in [42 U.S. Code § 677](#), the ETV grant aims:

1. to make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care;
2. to provide the services referred to in this subsection to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and
3. to ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11).

As described in [42 U.S. Code § 677](#), youth and young adults eligible for the ETV grant award:

- Are at least 14 years old and under the legal custody of the state or;
- Have exited foster care to adoption or kinship guardianship at 16 years of age or older or;
- Have exited foster care by aging out at 18 years of age and;
- Have not yet reached the age of 26

## ALLOWABLE ACTIVITIES

As described in [20 U.S. Code § 1087II](#), the ETV grant supports eligible youth and young adults achieve their post-secondary educational goals by funding the following approved activities under cost of attendance:

1. Tuition and fees normally assessed a student carrying the same academic workload as determined by the institution;

2. An allowance for books, course materials, supplies, and equipment, which shall include all such costs required of all such students in the same course of study, including a reasonable allowance for the documented rental or upfront purchase of a personal computer, as determined by the institution;
3. An allowance for transportation, which may include transportation between campus, residences, and place of work, as determined by the institution;
4. An allowance for miscellaneous personal expenses, for a student attending the institution on at least a half-time basis, as determined by the institution;
5. An allowance for living expenses, including food and housing costs, to be incurred by the student attending the institution on at least a half-time basis, as determined by the institution, which shall include:
  - a. For a student electing institutionally owned or operated food services, such as board or meal plans, a standard allowance for such services that provides the equivalent of three meals each day;
  - b. For a student not electing institutionally owned or operated food services, such as board or meal plans, a standard allowance for purchasing food off campus that provides the equivalent of three meals each day;
  - c. For a student without dependents residing in institutionally owned or operated housing, a standard allowance determined by the institution based on the average or median amount assessed to such residents for housing charges, whichever is greater;
  - d. For a student with dependents residing in institutionally owned or operated housing, a standard allowance determined by the institution based on the average or median amount assessed to such residents for housing charges, whichever is greater;
  - e. For a student living off campus, and not in institutionally owned or operated housing, a standard allowance for rent or other housing costs;
  - f. For a dependent student residing at home with parents, a standard allowance that shall not be zero determined by the institution;
  - g. For a student living in housing located on a military base or for which a basic allowance is provided under section 403(b) of title 37, a standard allowance for food based upon such student's choice of purchasing food on-campus or off-campus (determined respectively in accordance with subparagraph (A) or (B)), but not for housing costs; and
  - h. For all other students, an allowance based on the expenses reasonably incurred by such students for housing and food;

6. For a student engaged in a program of study by correspondence, only tuition and fees and, if required, books and supplies, travel, and housing and food costs incurred specifically in fulfilling a required period of residential training;
7. For a confined or incarcerated student, only tuition, fees, books, course materials, supplies, equipment, and the cost of obtaining a license, certification, or a first professional credential in accordance with paragraph (14);
8. For a student enrolled in an academic program in a program of study abroad approved for credit by the student's home institution, reasonable costs associated with such study (as determined by the institution at which such student is enrolled);
9. For a student with one or more dependents, an allowance based on the estimated actual expenses incurred for such dependent care, based on the number and age of such dependents, except that:
  - a. such allowance shall not exceed the reasonable cost in the community in which such student resides for the kind of care provided; and
  - b. the period for which dependent care is required includes, but is not limited to, class-time, study-time, field work, internships, and commuting time;
10. For a student with a disability, an allowance (as determined by the institution) for those expenses related to the student's disability, including special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided for by other assisting agencies;
11. For a student receiving all or part of the student's instruction by means of telecommunications technology, no distinction shall be made with respect to the mode of instruction in determining costs;
12. For a student engaged in a work experience under a cooperative education program, an allowance for reasonable costs associated with such employment (as determined by the institution);
13. For a student who receives a Federal student loan made under this subchapter or any other Federal law, to cover a student's cost of attendance at the institution, an allowance for the actual cost of any loan fee, origination fee, or insurance premium charged to such student or the parent of such student on such loan, or the average cost of any such fee or premium, as applicable; and
14. For a student in a program requiring professional licensure, certification, or a first professional credential, the cost of obtaining the license, certification, or a first professional credential.

## APPLICANT ELIGIBILITY

The state of Nevada will provide ETV services or contract with an approved agency(ies) to provide the related service.

As described in Nevada's Statewide Policy 0809 Education and Training Vouchers <sup>3</sup>, the approved agency(ies) will confirm eligibility, review applications and provide a variety of services to youth and young adults who are eligible to receive the ETV.

Agencies eligible to apply may include:

- Nonprofit
- Community-based organizations
- School districts
- Tribal governments
- Local government agencies.

Funding may be awarded to ONE agency to provide services statewide or TWO separate agencies to provide services in the northern and southern regions of Nevada.

## FUNDING ALLOCATION AND DISTRIBUTION

The Division anticipates awarding funding statewide.

All awards are contingent upon availability of funds. The Division reserves the right to modify or reject applications. Applications must conform to the conditions or guidelines contained in this Notice of Funding Opportunity (NOFO).

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

**DCFS reserves the right to fund or not fund any project based on scoring, available funds, or past grant performance.**

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<sup>3</sup> [Statewide Policy 0809 Education and Training Vouchers](#)

## FUNDING REQUIREMENTS

### Participant Eligibility Requirements

The Education Training Voucher (ETV) Program may be available to youth and/or young adults who meet the following federal<sup>4</sup> and state<sup>5</sup> requirements:

- 1) Have attained 14 years of age and are otherwise eligible for services under the state program  
OR
- 2) Have attained 16 years of age and have been adopted from, or have entered a kinship guardianship from foster care in the U.S. OR
- 3) Have aged out of foster care in the U.S. at 18 years of age, AND
- 4) Have completed FAFSA (Free Application for Federal Student Aid) for current academic year, AND
- 5) Maintain cumulative grade point average (GPA) of 2.0 or higher on 4.0 scale, AND
- 6) Have not reached their 26<sup>th</sup> birthday, AND
- 7) Have not participated in ETV program for than more 5 years, AND
- 8) Are not currently receiving ETV in a different state

### Participant Program Requirements<sup>6</sup>

The ETV Program may allow participating youth and/or young adults to remain eligible until they reach 26 years of age as long as they are enrolled in an accredited postsecondary education program (including vocational/ trade options) and are making satisfactory progress toward completion of that program, but in no event may a youth or young adult participate in the program for more than 5 years (whether or not consecutive).

While in the ETV Program, eligible participants must comply with the following federal and state requirements:

- 1) Students must apply each academic year.
- 2) Students must attend, at least half-time, an accredited school that (as defined by the institution):
  - a. Awards a bachelor's degree or not less than a 2-year program that provides credit towards a degree,
  - b. Provides no less than 1-year of training towards gainful employment, or
  - c. Is a vocational program that provides training for gainful employment and has been in existence for at least two years;
- 3) Students must maintain a GPA of 2.0 and/or make satisfactory progress in their educational goals
- 4) Youth and/or young adults receiving ETV from their original state of residence will continue to do so if they have moved to Nevada with the sole purpose of attending postsecondary or vocational school

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<sup>4</sup> [42 U.S. Code § 677](#)

<sup>5</sup> [Statewide Policy 0809 Education and Training Vouchers](#)

<sup>6</sup> [Statewide Policy 0809 Education and Training Vouchers](#)

## **Eligible Expenses <sup>7</sup>**

Eligible expenses are limited to a maximum annual amount of \$5,000. There is a five-year limit on the total length of time a youth or young adult can receive an ETV voucher. Eligible expenses may include the following:

- Accommodation related to the student's disability, such as a personal assistant or specialized equipment that is not paid for by another source.
- Tuition and fees
- Room and board (both on campus and off campus)
- Books and school supplies
- Transportation
- Computer, software, and equipment
- Childcare
- Miscellaneous personal/education related expenses
- Monthly personal stipend
- Student loans for current year

## **Administrative Services Requirements <sup>8</sup>**

The awarded agency/ies will complete the following administrative tasks:

- Process ETV applications
  - Obtain verification of participant's eligibility.
  - Issue vouchers in accordance with federal, state and agency policies.
  - Ensure there is no duplication of funding for students from other states who move to NV and wish to reside permanently in the state.
- Monitor and support the participant's progress.
- Required Reports
  - Monthly Request for Reimbursement
  - Monthly Financial Reports due the 15<sup>th</sup> of each month for the previous month
  - Bi-annual program reports due the 15<sup>th</sup> of the month following the closure of the reporting period
- Record and invoice for ETV participants separately from other student populations.
- Confidentiality
  - Ensure confidentiality regarding communications between students, volunteers and your agency, while ensuring open and complete communication between your agency and the state IL Program Specialist on all matters associated with the ETV Program.

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<sup>7</sup> [20 U.S. Code § 1087I](#)

<sup>8</sup> [Statewide Policy 0809 Education and Training Vouchers](#)



- Coordinate with state, county and other service providers to provide ETV information to youth and young adults as well as organizations that may serve this population. The information should include links to resources for eligible youth and young adults as well as colleges, high schools, etc.
- Participate in quarterly Statewide IL meetings, Nevada LIFE, other Youth Advisory Board meetings as requested.
- Engagement of stakeholders and youth in continuous quality improvement (CQI) and system improvement efforts.

### **Case Management <sup>9</sup>**

The awarded agency/ies will:

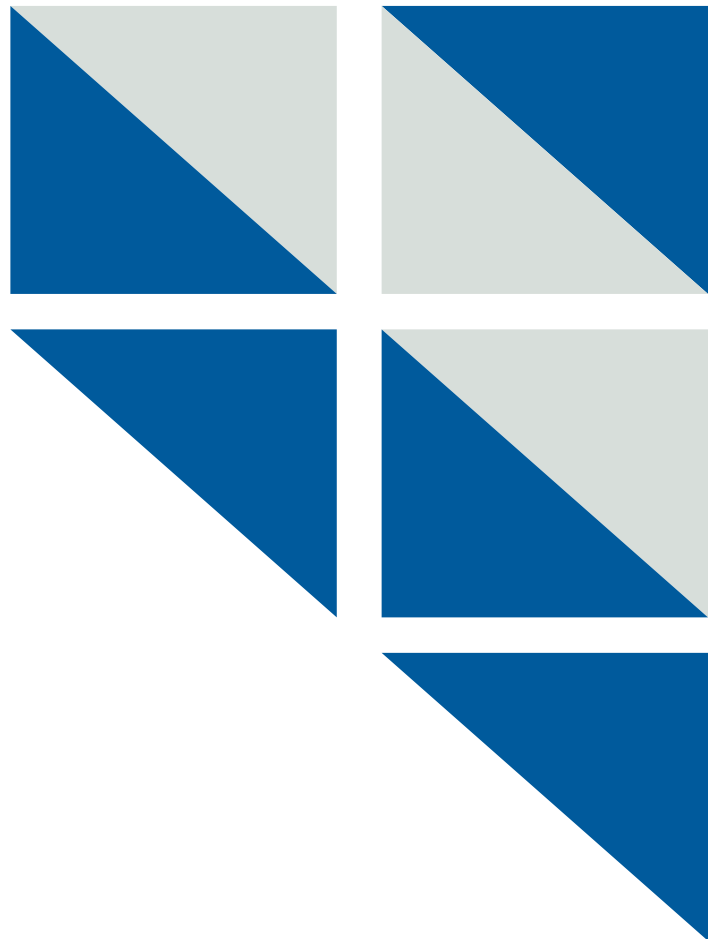
- Assist students with postsecondary education planning including, but not limited to the items listed below:
  - Budgeting
  - Completion of FAFSA (Free Application for Federal Student Aid) and other financial aid applications
  - Referring students to all needed resources
- Maintain contact with students throughout the school year based on the students' needs, ETV communication sharing, at the student's request, due to the student's grades, or the student's SAP (Satisfactory Academic Progress) status that is posted by their postsecondary education institution.

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<sup>9</sup> [Statewide Policy 0809 Education and Training Vouchers](#)

## QUESTION AND ANSWER SESSION

A Question-and-Answer session will begin the first day of the NOFO release and will continue until Monday, April 21, 2025, at 5pm. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Friday April 25, 2025. To submit your questions please e-mail to DCFS GMU at [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov).



## Section II: Application Process

### Award Overview Timeline (Tentative)

Event	Date/Time
Grant opportunity announced	Friday April 11, 2025
Questions and Answers posted to DCFS GMU webpage	Friday April 25, 2025
Deadline for submission	Monday May 12, 2025, at 5 PM PST
Evaluation period (approximate time frame)	Mid-May to Early June
Announcement of awards	June 2025
Performance Period	July 1, 2025, to June 30, 2026

### Application Review

DCFS staff will review and evaluate each application, see Appendix C: Scoring Matrix. The evaluation of applications received in response to this NOFO will be conducted in a comprehensive, fair and impartial manner.

The review process will include a thorough technical review of the applicant's submission, focusing on project information, budget justification, cost effectiveness, and overall project sustainability. Reviewers will use structured, quantitative scoring methods to ensure an objective evaluation. By submitting an application, the applicant agrees to comply with all special conditions identified by the Grants Management Unit (GMU).

### Evaluation Process

Applications received by the published deadline of **5:00 pm Monday May 12, 2025**, will be processed as follows:

#### STEP 1: Technical Review

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

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

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

- A. Each application that passes the technical review will be evaluated for content and scored by at least two review panel members using the Scoring Matrix (See Appendix C).
- B. As part of the review process, the reviewers 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 reviewers will submit review panel recommendations to the Administrator of DCFS or designee for final approval.

## **STEP 3: 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.**

## **Notification and Awarding Process**

Successful applicants will be notified of their application status with a Letter of Intent after funding decisions have been made in June 2025.

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

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

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

## Post Award Requirements

### A. Monthly Financial Status and Request for Reimbursement Reports Filing<sup>10</sup>

DCFS requires the use of a standardized Excel spreadsheet workbook 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 15th of the month for the previous month. GMU staff will provide instructions and technical assistance upon the grant award. **Note: A signed GIRs is required before Request for Funds can be approved.**

Failure to submit timely quarterly report will result in the withholding of requests for reimbursement.

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.

Note: Time and effort reports must reflect actual hours worked. **Budgeted time and effort reports will be rejected.**

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<sup>10</sup> [2 CFR 200.328](#) and [CW - CHAPTER 08:00 INDEPENDENT LIVING FOR YOUTH](#)

## B. Subrecipient Monitoring <sup>11</sup>

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.

## C. Quarterly Performance Reports <sup>12</sup>

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

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

Failure to submit timely quarterly report will result in the withholding of requests for reimbursement.

## D. Compliance with Changes to Federal and State Laws <sup>13</sup>

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.

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<sup>11</sup> [2 CFR 200.332](#)

<sup>12</sup> [2 CFR 200.332](#) and [CW - CHAPTER 08:00 INDEPENDENT LIVING FOR YOUTH](#)

<sup>13</sup> [2 CFR 200.300\(a\)](#)

## E. Collaboration with Child Welfare Agencies

All applicants must demonstrate how they will ensure ongoing collaboration with their local child welfare agency in all aspects of service provisions. If funded, agencies will be required to collaborate with DCFS and regional designated child welfare representatives to develop appropriate outcome measures to be reported monthly.

## F. Data Collection and Performance Measurement

As described in Nevada Statewide Policy 0809 Education and Training Vouchers, a semi-annual report will be submitted to the Family Programs Office (FPO) by the 15th of the month following the end of the reporting period.

## G. Confidentiality

As described in SSA 471(a)(8), 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.

## H. Programmatic<sup>14</sup> and Financial<sup>15</sup> Standards

All successful applicants must adhere to the **Grant Instructions and Requirements (GIRS)** and follow best practices in **financial management, program oversight, and reporting** to ensure the **effective and compliant use of funding**. Agencies are expected to:

- **Maintain financial integrity** by ensuring all expenditures align with the approved budget.
- **Submit accurate and timely Requests for Reimbursement (RFRs)** with minimal discrepancies, ensuring that all requested reimbursements are for **allowable and budgeted costs**.
- **Ensure programmatic compliance** by actively cooperating with DCFS in all aspects of grant oversight, including:
  - **Information requests** – Providing requested data and documentation in a timely manner.
  - **Adherence to SOW** – Operating in accordance with their **Scope of Work (SOW)** as outlined in their grant application.
  - **Participation in subrecipient monitoring** – Engaging in ongoing technical support and compliance reviews conducted by DCFS.

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<sup>14</sup> [2 CFR 200.303](#)

<sup>15</sup> [2 CFR 200.302](#)

- **Quarterly reporting** – Submitting program performance reports through an online reporting form as required. Submitted reports must only contain data specifically for this funding opportunity, data that is duplicated from other funding sources are not to be included.
  - Failure to submit timely quarterly report will result in the withholding of requests for reimbursement.

Failure to comply with **programmatic standards** may impact current and future funding eligibility. Agencies that do not demonstrate **fiscal responsibility, cooperation, and adherence to program requirements** risk funding adjustments (up to funding recission), additional conditions, or ineligibility for future awards.

DCFS will provide **ongoing guidance and technical assistance** to help agencies meet these standards and support long-term program success.

## Questions?

Contact the DCFS GMU at [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov)



# Section III: Application Instructions

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## Application Instructions

An application packet, which includes this application and the required data sources, is available through the **online application form**. There will be **no paper application form**.

**To apply, click here:** [https://nvdcfs.qualtrics.com/jfe/form/SV\\_5iiKU9y3iNrJJLU](https://nvdcfs.qualtrics.com/jfe/form/SV_5iiKU9y3iNrJJLU)

The **application deadline is May 12th at 5:00 PM PST**. The online application form will **not accept submissions after that deadline**.

Late and/or incomplete applications will not be scored or considered for funding. The total possible score for the entire application is 150 points.

## Application Checklist

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

## Section A – Application Form (5 Points) Must be Completed

- Complete the Application Form
- Sign the form.

## Section B – Proposal Narrative (100 Points)

- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins. Responses for each question cannot exceed the character limits on the online application form.
- Note: Responses must specifically be tailored to this funding opportunity. If your organization is applying for other child welfare or victim services funding, applicants should provide original content and avoid duplicating verbiage from other applications.
- Complete Section B: Proposal Narrative on the Online Application Form.

Overview	
Maximum Possible Points	Instructions
10	<p>Provide an introduction to your agency, including its mission, experience, and qualifications relevant to the Educational and Training Voucher (ETV) program.</p> <ol style="list-style-type: none"> <li>1) Describe the mission of your organization and its role in supporting youth and young adults pursuing post-secondary education or training.</li> <li>2) Outline your agency's history and experience in serving foster youth or other vulnerable student populations.</li> <li>3) Define the geographic area served and any key partners, subcontractors, or collaborative agencies involved in service delivery.</li> <li>4) Provide a summary of your agency's service numbers over the past two years related to ETV or similar educational support services.</li> </ol>

Statement of Need	
Maximum Possible Points	Instructions
15	<p>Detail the community need for ETV services and describe the target population.</p> <ol style="list-style-type: none"> <li>1) Explain how your organization assesses the need for ETV services in your area. What tools (e.g., community data, surveys, needs assessments) are used?</li> <li>2) Describe the demographic, geographic, and socioeconomic characteristics of the youth and young adults your program intends to serve.</li> <li>3) Discuss the degree of need in your service area and any disparities in educational access or outcomes among the target population.</li> <li>4) If your organization is a current recipient of ETV funds, briefly analyze outcomes from the previous funding cycle and how those findings inform your approach.</li> </ol>

Services Proposed	
Maximum Possible Points	Instructions
40	<p>The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.</p> <ol style="list-style-type: none"> <li>1. Describe the services that will be delivered with ETV funding and how those services meet the needs of participants.</li> <li>2. Provide a brief summary of your proposed project and its purpose.</li> <li>3. Identify specific services that will be provided under this funding opportunity, including academic advising, financial aid navigation, tutoring, life skills training, or other supports.</li> <li>4. Estimate the number of youth and young adults that will be served with this grant.</li> <li>5. Describe how participants are referred to your agency and how services will be customized to their needs.</li> <li>6. Identify which areas of service delivery will be supported by grant funds, and confirm alignment with the Scope of Work and Deliverables in Appendix B.</li> <li>7. Address how your agency will meet the compliance requirements of the Statewide ETV Policy.</li> <li>8. Explain key differences in how the program will be administered compared to the previous year (if applicable), noting barriers encountered and successful strategies.</li> </ol>

Goals, Objectives and Timelines	
Maximum Possible Points	Instructions
15	<p>Clearly define what your agency aims to achieve with this funding.</p> <ol style="list-style-type: none"> <li>1. Describe your agency's goals and measurable objectives for SFY 2026.</li> <li>2. Provide projections for the number of clients served, number of services provided, and anticipated service outcomes.</li> <li>3. Outline anticipated start and completion dates for major milestones or activities.</li> <li>4. Provide separate projections if your organization is serving multiple categories of ETV youth.</li> <li>5. Include activities or trainings for staff and participants, along with expected completion dates and participant counts.</li> </ol> <p>Ensure all information is consistent with your Budget Narrative and Scope of Work.</p>

Methods of Accomplishment	
Maximum Possible Points	Instructions
10	<p>Describe the plan to implement and track your program successfully.</p> <ol style="list-style-type: none"> <li>1. Explain how, when, where, and by whom the proposed services and goals will be implemented.</li> <li>2. Detail how your agency will ensure timely submission of documentation and program deliverables.</li> <li>3. Identify the staff or teams responsible for carrying out activities and how capacity is managed.</li> <li>4. Describe how your agency measures success, including evaluation tools, surveys, outcome tracking systems, or performance metrics.</li> <li>5. Provide examples of past or current program evaluation practices and how these methods inform your continuous improvement strategy.</li> <li>6. Describe how the program ensures equitable access and service delivery to all eligible participants.</li> </ol>

Community Coordination/Collaboration	
Maximum Possible Points	Instructions
10	<p>Explain how your agency will work with partners to deliver high-quality, comprehensive services.</p> <ul style="list-style-type: none"> <li>• Describe your collaboration with local child welfare agencies, including joint development of outreach materials, program policies, and performance metrics.</li> <li>• Explain how you coordinate with schools, colleges, training providers, or other education partners to support student success.</li> <li>• Detail how your agency tracks expenditures and outcomes across partnerships and ensures clear roles, reporting, and data sharing.</li> <li>• Highlight key partnerships that strengthen your service delivery and reduce duplication of services.</li> <li>• Explain how your agency ensures that services remain accessible, inclusive, and sustainable through diverse funding sources and collaborative approaches.</li> </ul>

## Section C – Services Quality Narrative (15 Points)

- Services Quality Narrative should not exceed the character limits of the Online Application Form.
- This section should detail activities in regard to direct services and/or shelter quality as it relates to **this funding opportunity**.
  - **If your organization does not offer direct services**, outline why you don't offer direct services. If you contract out direct services to another organization, please respond to the question below using that organization's information.

Direct Services Quality Narrative
Instructions
<ol style="list-style-type: none"> <li>1) Please provide a description of your direct services (e.g.: <b>tuition and fees assistance, room and board support, books, supplies, and equipment, etc.</b>) including service locations, populations served, and any relevant information about your approach.</li> <li>2) Describe how your organization maintains the quality of direct services.</li> <li>3) Identify and detail the steps that your organization takes to handle complaints.</li> <li>4) Identify and detail how your organization ensures client satisfaction on services provided.</li> <li>5) Identify, outline, and detail the minimum standards that the organization adheres to, including how services are provided, the procedures followed, and any relevant protocols.</li> </ol>

## Scoring Rubric

Score	Criteria	Details
<b>5</b>	Lacks detail or clear processes	<ul style="list-style-type: none"> <li>Narrative is vague or incomplete.</li> <li>No clear explanation of how quality is maintained.</li> <li>Little or no mention of steps to address complaints.</li> </ul>
<b>10</b>	Adequate but not comprehensive	<ul style="list-style-type: none"> <li>Narrative provides some detail but lacks depth.</li> <li>Quality assurance steps are mentioned but not thoroughly explained.</li> <li>Complaint process described minimally.</li> </ul>
<b>15</b>	Detailed, well-structured, and demonstrates proactive quality assurance	<ul style="list-style-type: none"> <li>Comprehensive and clear narrative.</li> <li>Specific steps for maintaining high-quality services or shelter conditions are outlined.</li> <li>Detailed process for addressing complaints.</li> <li>Proactive measures, such as staff training and regular quality reviews, are included.</li> </ul>

## Section D – Scope of Work (15 Points)

- Complete the Scope of Work (SOW), which is part of the Online Application form.
- Download the form from the Online Application Form, fill it out, and upload it back to the Online Application Form.
- See instructions on completing the SOW Table in Appendix C

## Section E – Budget (20 Points)

- Use Arial 11-point font on single-spaced pages with one-inch margins.
- Download the Budget Narrative Form from the Online Application Form, fill it out, and upload it back to the Online Application Form.
- See Appendix A: Budget Narrative Instructions

Proposed Project Budget	
Maximum Possible Points	Instructions
<b>5</b>	<ul style="list-style-type: none"> <li>Use the provided table and designate a whole dollar amount for the (7) seven budget categories; or use a zero (0) to indicate that no funds are being requested.</li> <li>Add these numbers to get the sum of the total amount of funding requested for a one-year project period.</li> </ul>

Budget Narrative	
Maximum Possible Points	Instructions
15	<ul style="list-style-type: none"> <li>• Include a detailed description of the project budget for the grant funding requested.</li> <li>• The budget should be an accurate representation of the funds necessary to carry out the proposed Scope of Work and achieve the projected outcomes.</li> <li>• The Budget Narrative should align with the Narrative's Goals, Objectives and Outcomes to be achieved.</li> </ul>

## Section F – Past Performance with DCFS GMU

Applicants must submit their most recent Single Audit or Financial Opinion. New applicants should only respond to questions in the first field, while previous awardees must respond to questions in all fields.

Field Name
Single Audit or Financial Opinion
Timeliness and Accuracy of Request for Funds
Subrecipient Monitoring Findings
Subrecipient Response to Technical Assistance

## Overview of Grant Conditions and Assurances

### General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.

3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - a. The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - a. The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

## **Grant Assurances**

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.



4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any recipient or employee because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR part 35.
7. Compliance with the Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended—Contracts and subgrants of amounts in excess of \$150,000.00 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for subrecipients that expend \$750,000.00 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular.
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:

- a. Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
- b. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
- c. Any attempt to influence:
  - i. The introduction or formulation of federal, state or local legislation; or
  - ii. The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
- d. Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
- e. Any attempt to influence:
  - i. The introduction or formulation of federal, state or local legislation;
  - ii. The enactment or modification of any pending federal, state or local legislation; or
  - iii. The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
- f. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

- g. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:

- a. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
- b. Not specifically directed at:
  - i. Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
  - ii. Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
  - iii. Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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

## Annual Agency Self-Assessment

Complete and submit your organization's annual self-assessment questionnaire for the upcoming fiscal year. **If your organization has already completed the self-assessment for the funding opportunity's fiscal year, you do not need to submit it again.** If any significant changes occur within your organization, an updated assessment will be required

Complete the Agency Self-Assessment through the Online Form:  
[https://nvdcfs.qualtrics.com/jfe/form/SV\\_0pUs4eTCp2sbhwa](https://nvdcfs.qualtrics.com/jfe/form/SV_0pUs4eTCp2sbhwa)

## Submission Instructions

- **The grant application deadline is 5:00 pm on Monday May 12, 2025.**
- All applications **must be submitted through the online application form**. There will be **no paper applications accepted**, and applicants **should not submit their application via email**.
- The online system will automatically **close at the deadline**, and no submissions will be accepted after 5:00 PM on May 12, 2025.
- If you need to provide an update or clarification after submitting your application, you may email the Grants Management Unit (GMU) at [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov). Please include the NOFO title in the subject line (e.g., "ETV NOFO Update from [Name of Applicant]").
- Once your application is submitted through the online system, no changes or corrections can be made until the negotiation period.
- You will receive an on-screen confirmation through the **online application form** once your submission has been successfully received. If you would like additional confirmation, you may also email **Lorena Bojorquez** at [lbojorquez@dcfs.nv.gov](mailto:lbojorquez@dcfs.nv.gov) to **verify receipt 3 days after application submission**.

## Contact Information

Contact Name	Email	Web Address / Phone Number
DCFS GMU	<a href="mailto:dcfsgrants@dcfs.nv.gov">dcfsgrants@dcfs.nv.gov</a>	<a href="https://dcfs.nv.gov/Programs/GMU/GMU/">https://dcfs.nv.gov/Programs/GMU/GMU/</a>
Lorena Bojorquez	<a href="mailto:lbojorquez@dcfs.nv.gov">lbojorquez@dcfs.nv.gov</a>	(702) 486-6121

# Application Checklist

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

## Section A: Application Form

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

## Section B: Proposal Narrative

- ☐ Overview
- ☐ Statement of Need
- ☐ Services Proposed
- ☐ Goals, Objectives and Timelines.
- ☐ Methods of Accomplishment
- ☐ Community Coordination and Collaboration
- ☐ Completed Quarterly Report from previous year, if the organization received ETV funds prior
- ☐ Character limits are not exceeded; Arial 11-point font and one-inch margins are retained

## Section C: Services Quality Narrative

- ☐ Completed Quality Narrative
- ☐ Character limits have not been exceeded

## Section D: Scope of Work

- ☐ Completed Scope of Work
- ☐ Uploaded Scope of Work on the Online Application Form

## Section E: Budget

- ☐ Proposed Project Budget completed for each line item.
- ☐ Budget Narrative (must match the proposed budget) completed
- ☐ Uploaded Budget Narrative Form on the Online Application Form

## Application Submission/Attachments on the Online Application Form

- ☐ Included resumes and copies of licenses of key personnel (including subcontractors)
- ☐ A copy of the negotiated indirect agreement (if applicable)
- ☐ If not previously submitted for SFY 2026, a completed Agency Self-Assessment Online Form

## Application Submission

- ☐ Completed the Online Application Form with all required documentation no later than Monday, May 12, 2025, by 5:00 p.m. PST

# Section B: Proposal Narrative

## Application Narrative (100 Points)

- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins. Responses for each question cannot exceed the character limits on the online application form.
- **Note:** Responses must specifically be tailored to this funding opportunity. If your organization is applying for other child welfare or victim services funding, applicants should provide original content and avoid duplicating verbiage from other applications.
- **Complete Section B: Proposal Narrative on the Online Application Form.**

Overview
Instructions
<p>Provide an introduction to your agency, including its mission, experience, and qualifications relevant to the Educational and Training Voucher (ETV) program.</p> <ol style="list-style-type: none"><li>1) Describe the mission of your organization and its role in supporting youth and young adults pursuing post-secondary education or training.</li><li>2) Outline your agency's history and experience in serving foster youth or other vulnerable student populations.</li><li>3) Define the geographic area served and any key partners, subcontractors, or collaborative agencies involved in service delivery.</li><li>4) Provide a summary of your agency's service numbers over the past two years related to ETV or similar educational support services.</li></ol>

Statement of Need
Instructions
<p>Detail the community need for ETV services and describe the target population.</p> <ol style="list-style-type: none"><li>1) Explain how your organization assesses the need for ETV services in your area. What tools (e.g., community data, surveys, needs assessments) are used?</li><li>2) Describe the demographic, geographic, and socioeconomic characteristics of the youth and young adults your program intends to serve.</li><li>3) Discuss the degree of need in your service area and any disparities in educational access or outcomes among the target population.</li><li>4) If your organization is a current recipient of ETV funds, briefly analyze outcomes from the previous funding cycle and how those findings inform your approach.</li></ol>

Service Proposed
Instructions
<p>The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.</p> <ol style="list-style-type: none"> <li>1) Describe the services that will be delivered with ETV funding and how those services meet the needs of participants.</li> <li>2) Provide a brief summary of your proposed project and its purpose.</li> <li>3) Identify specific services that will be provided under this funding opportunity, including academic advising, financial aid navigation, tutoring, life skills training, or other supports.</li> <li>4) Estimate the number of youth and young adults that will be served with this grant.</li> <li>5) Describe how participants are referred to your agency and how services will be customized to their needs.</li> <li>6) Identify which areas of service delivery will be supported by grant funds, and confirm alignment with the Scope of Work and Deliverables in Appendix B.</li> <li>7) Address how your agency will meet the compliance requirements of the Statewide ETV Policy.</li> <li>8) Explain key differences in how the program will be administered compared to the previous year (if applicable), noting barriers encountered and successful strategies.</li> </ol>

Goals, Objectives and Timelines
Instructions
<p>Clearly define what your agency aims to achieve with this funding.</p> <ol style="list-style-type: none"> <li>1) Describe your agency's goals and measurable objectives for SFY 2026.</li> <li>2) Provide projections for the number of clients served, number of services provided, and anticipated service outcomes.</li> <li>3) Outline anticipated start and completion dates for major milestones or activities.</li> <li>4) Provide separate projections if your organization is serving multiple categories of ETV youth.</li> <li>5) Include activities or trainings for staff and participants, along with expected completion dates and participant counts.</li> </ol> <p>Ensure all information is consistent with your Budget Narrative and Scope of Work.</p>

Methods of Accomplishment
Instructions
<p>Describe the plan to implement and track your program successfully.</p> <ol style="list-style-type: none"> <li>1) Explain how, when, where, and by whom the proposed services and goals will be implemented.</li> <li>2) Detail how your agency will ensure timely submission of documentation and program deliverables.</li> <li>3) Identify the staff or teams responsible for carrying out activities and how capacity is managed.</li> <li>4) Describe how your agency measures success, including evaluation tools, surveys, outcome tracking systems, or performance metrics.</li> <li>5) Provide examples of past or current program evaluation practices and how these methods inform your continuous improvement strategy.</li> <li>6) Describe how the program ensures equitable access and service delivery to all eligible participants.</li> </ol>

Community Coordination/Collaboration
Instructions
<p>Explain how your agency will work with partners to deliver high-quality, comprehensive services.</p> <ol style="list-style-type: none"> <li>1) Describe your collaboration with local child welfare agencies, including joint development of outreach materials, program policies, and performance metrics.</li> <li>2) Explain how you coordinate with schools, colleges, training providers, or other education partners to support student success.</li> <li>3) Detail how your agency tracks expenditures and outcomes across partnerships and ensures clear roles, reporting, and data sharing.</li> <li>4) Highlight key partnerships that strengthen your service delivery and reduce duplication of services.</li> <li>5) Explain how your agency ensures that services remain accessible, inclusive, and sustainable through diverse funding sources and collaborative approaches.</li> </ol>



## Section C: Services Quality Narrative

- Services Quality Narrative should not exceed 3 pages.
- If the applicant provides direct services, you must respond with the questions in the **Direct Service Quality Narrative** section. If the applicant provides shelter services, you must respond with the questions in the **Shelter Quality Narrative** section. If the applicant provides both Direct Services and Shelter Services, the applicant must respond to both the questions in the **Direct Service Quality Narrative** section and the **Shelter Quality Narrative** section.
- This section should detail activities in regard to direct services and/or shelter quality as it relates to **this funding opportunity**.
  - **If your organization does not offer shelter services**, outline why you don't offer shelter services. If you contract out shelter services to another organization, please respond to the question below using that organization's information.

Direct Services Quality Narrative
Instructions
<ol style="list-style-type: none"><li>1) Please provide a description of your direct services (e.g., counseling, advocacy, case management), including service locations, populations served, and any relevant information about your approach.</li><li>2) Describe how your organization maintains the quality of direct services.</li><li>3) Identify and detail the steps that your organization takes to handle complaints.</li><li>4) Identify and detail how your organization ensures client satisfaction on services provided.</li><li>5) Identify, outline, and detail the minimum standards that the organization adheres to, including how services are provided, the procedures followed, and any relevant protocols.</li></ol>

## (EXAMPLE of Form) Scope of Work – SFY 2026

**SUBRECIPIENT NAME**, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

### Scope of Work for **SUBRECIPIENT NAME**

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
#	Specify if your target number is duplicated. If yes, explain to what goal, objective, or grant	1. These are specific objectives that need to be made to achieve the Goal. These need to be measurable.	1.1 These are the activities that can or need to be accomplished to achieve the Objectives		1. What documentation do you have to show this objective was accomplished? How will you measure the information to show the objective is being met? 2. Report to the GMU Quarterly Report.
#		2.	2.1		1. 2. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported					#

Goal 2: Describe the secondary goal the program wishes to accomplish with this subaward.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
		1.	1.1		1. 2. Report to the GMU Quarterly Report.
		2.	2.1		1. 2. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported					

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

**Note to Preparer:** Copy the table to add additional goals as needed. Add rows to the table as necessary to include all objectives for each goal under this subaward. Ensure that activities, target numbers, documentation, and measurements align correctly with their corresponding objective rows.

## Section E: Budget

### Proposed Project Budget - **SAMPLE**

- Download the SFY 2026 Budget Narrative on the Online Application Form. Fill out the Budget Narrative Form.
- Submit the completed SFY 2026 ETV Budget Narrative Template as an attachment on the Online Application Form.
- Copy the total amounts for each budget category from the Budget Narrative Template into the rows below.

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

# 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.

Applicant Name:				Form 1	
BUDGET NARRATIVE - SFY26					
Total Personnel Costs		Including Fringe		Total:	\$0.00
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. As part of the Division of Child and Family Services' commitment to diversity, equity, and inclusion, it is encouraged that each agency pay staff a living wage and offer a health insurance option.					
	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
Length of time in Position					
*Insert brief details to describe position duties as it relates to the funding.					\$0.00
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
Length of time in Position					
*Insert brief details to describe position duties as it relates to the funding.					\$0.00
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
Length of time in Position					
*Insert brief details to describe position duties as it relates to the funding.					\$0.00
Name of Employee (if known, otherwise state new position).					
Title of position & Position Control Number					
Length of time in Position					
*Insert brief details to describe position duties as it relates to the funding.					\$0.00
*Insert new row for each position funded, or delete this row.					
Total Fringe Cost		\$0.00	Total:		\$0.00

Travel/Training					Total:	\$0.00
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to <a href="http://www.gsa.gov">www.gsa.gov</a> ) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.						
<b>Mileage</b>						\$0.00
Justification of need. Mileage is only reimbursable if it is for client transport, client assistance, or if it is a justifiable expense to provide client services. It is not reimbursable from employees home to/from workstation.						
<b>Agency Vehicle</b>						\$0.00
Justification of need. Example: vehicle maintenance (explain type eg: tires, oil change, etc.) and gas.						
<b>Out-of-State Travel</b>						\$0.00
Title of Trip & Destination such as CDC Conference: San Diego, CA	Cost	# of Trips	# of Days	# of Staff		
Registration fee						\$0.00
Airfare: Cost per trip (origin & destination) x # of trips x # of staff						\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						\$0.00
Ground Transportation: \$ per trip x # of trips x # of staff						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
<b>Justification:</b>						
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. Travel/Training must be related to grant objectives and allow abilities.						
If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip						
<b>In-State Travel</b>						\$0.00
Title of Trip & Destination such as CDC Conference: Las Vegas, NV	Cost	# of Trips	# of Days	# of Staff		
Registration fee						\$0.00
Airfare: cost per trip (origin & designation) x # of trips x # of staff						\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						\$0.00
Ground Transportation/Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
<b>Justification:</b>						
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. Travel/Training must be related to grant objectives and allow abilities.						
If traveling to more than 1 in-state destination, copy section above, revise formula in F48 and complete for each trip.						

Operating					Total:	\$0.00
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated agency expenses should be included.						
Rent Office: \$ per month x 12 months x allocation %						\$0.00
Communications Internet/phone Office: \$ per month x 12 months x allocation %						\$0.00
Utilities Office: \$ per month x 12 months x allocation %						\$0.00
Supplies Office: \$ per month x 12 months x allocation %						\$0.00
Janitorial Office: \$ per month x 12 months x allocation %						\$0.00
Printing services/rental: \$ per month x 12 months x allocation %						\$0.00
Insurance						\$0.00
Audit						\$0.00
Client software (specify, eg: Apricot, Datafirm, etc.)						\$0.00
Rent Shelter: \$ per month x 12 months x allocation %						\$0.00
Communications Internet/phone Shelter: \$ per month x 12 months x allocation %						\$0.00
Communications Cable Shelter: \$ per month x 12 months x allocation %						\$0.00
Utilities Shelter: \$ per month x 12 months x allocation %						\$0.00
Supplies Shelter: \$ per month x 12 months x allocation %						\$0.00
Janitorial Shelter: \$ per month x 12 months x allocation %						\$0.00
<b>Justification:</b>						
Provide narrative to explain specifics of line items. Example: Utilities include power, water, sewer, etc.						

Equipment					Total:	\$0.00
List Equipment purchase costing \$5,000 or more, and justify these expenditures. Also list any computers, cellular phones, iPods, iPads, Tablets, etc. to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Operating. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.						
Describe equipment						\$0.00

Contractual					Total:	\$0.00
Agency must be able to provide documentation for full and open competition, develop clear descriptions of duties provided by Contractor, ensure maximum open and free competition, and verify that Contractor is not on the suspended and debarred list (SAM.gov). Agencies must follow their procurement policies to enter into contracts. Copies of contracts are <u>required</u> . Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.						
Name of Contractor/Subrecipient:						\$0.00
Method of Selection: Explain, i.e. sole source or competitive bid						
Period of Performance: July 1, 2022 - July 31, 2023						
Scope of Work: Briefly Define Scope of Work						
Justification: Define if sole source method and explain how it is sole source; explain contract approval.						
Method of Accountability:						
Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.						
*Add additional Contractor/Subrecipients here with justification or delete this row.						
						\$0.00

Other		Total:	\$0.00
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as emergency client services, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.			
Emergency client services (define)		\$0.00	
Food gift cards		\$0.00	
Clothing gift cards		\$0.00	
Counseling/support group supplies		\$0.00	
Client transportation		\$0.00	
Brochures/flyers/educational information for program		\$0.00	
Public Presentations		\$0.00	
Volunteer Appreciation (not to exceed \$25/volunteer/year)		\$0.00	
Justification: Include narrative to explain generalized line items such as emergency client services (motel nights, etc.), transportation (gas card, bus pass, etc.), supplies, etc.			

Indirect		Total:	\$0.00
Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Modified Total Direct Cost (MTDC). Note that the formula in Cell F125 will automatically calculate 10%. Applicants may override this formula only if requesting a LOWER rate <u>or</u> providing a copy of their current Federally Approved Indirect Cost Rate Letter.			
Identify Indirect Expenses (List what items indirect will be allocated to)		\$	-
MTDC is Personnel, Travel, Operating, and the first \$25,000 of Contract ONLY. Enter that number in this section if requesting indirect. The total will automatically calculate the allowable 10% de minimis.			
TOTAL BUDGET		Total:	\$0.00

Applicant Name:		Form 2							
PROPOSED BUDGET SUMMARY - SFY24 (Form Revised November 2022)									
A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS									
<b>FUNDING SOURCES</b>	V OCA	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED	Pending								
TYPE (Federal, State, Private, etc.)	Federal								
ENTER TOTAL REQUEST	\$0.00							\$0.00	\$0.00
EXPENSE CATEGORY									
Personnel	\$0.00							\$0.00	\$0.00
Travel/Training	\$0.00							\$0.00	\$0.00
Operating	\$0.00							\$0.00	\$0.00
Equipment	\$0.00							\$0.00	\$0.00
Contractual/Consultant	\$0.00							\$0.00	\$0.00
Other Expenses	\$0.00							\$0.00	\$0.00
Indirect	\$0.00							\$0.00	\$0.00
TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Indirect Cost	\$0.00							Total Agency Budget	\$0.00
Indirect % of Budget	#DIV/0!							Percent of Agency Budget	#DIV/0!

## 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 workspace & 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:  $(\$28.00/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763.00$

Intake Specialist:  $(\$20.00/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840.00$

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 \$.70), 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 \$5,000.00 should be included under Operating Costs and Supplies. All equipment costing \$5,000.00 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 VOCA. 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, emergency services, etc. Programs requesting these funds must adhere to the following requirements: 1) Maximum per family per year = \$2,000.00; 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 15% *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 \$25,000.00 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 \$25,000.00. [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 requested from the DCFS for the proposed project will represent.

## BUDGET SUMMARY FORM 3

After completing Budget Narrative Forms 1 and 2, turn to Budget Summary Form 3 to provide Match Information. Identify and justify match of 20% for the subaward project. All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period.

# Appendix B: Scope of Work Instructions

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## Scope of Work (SOW) Purpose

The Purpose of the Scope of Work (SOW) Table is to provide a clear and concise description of the services that will be provided with this grant funding. This description needs to contain measurable deliverables so that the Grant Management Unit staff can objectively measure if the program met its goals.

## SCOPE OF WORK REQUIREMENT

The goal of Nevada's ETV program is to provide personal and financial support eligible youth and young adults need to attend and complete post-secondary training and education programs. ETV provides funding with support and guidance to youth and young adults ages 14-26 as needed throughout their participation in a post-secondary or vocational training program. The ETV program will complement DCFS' Independent Living Program and provide a continuum of state services to help youth and young adults become educated, trained and ready to enter the workforce.

## Determining the Difference Between Goals, Objectives, Activities

**Goal:** The object of the agency's ambition or effort; and aim or desired result. This is a very broad statement on what your agency plans to do with this funding. It should establish the big picture and include the target population and what benefits/assistance they will receive.

**Objective:** A concrete, measurable milestone on the way to achieving the goal they relate to.

**Activity:** Things that happen or are being done to accomplish the objective they relate to.

**Documentation:** Material that provides official information or evidence or serves as a record of the activities and objectives will be completed.

## SOW Best Practices

The **Scope of Work (SOW)** must align with the **Victims of Crime Act (VOCA)** programmatic requirements, focusing on services directly related to victims of crime, including but not limited to domestic violence, sexual assault, child abuse, and underserved victims. The SOW should clearly define the agency's objectives, activities, and measurable outcomes to meet these programmatic goals.

### 1) Align with the ETV Program's Purpose

- The Scope of Work (SOW) must support Nevada's ETV program goal to:
  - Complement DCFS Independent Living (IL) Services
  - Support youth ages 14–26 with personal and financial resources
  - Enable post-secondary and vocational education completion
  - Promote readiness for workforce entry
- Required Programmatic Focus:
  - Direct financial support for cost of attendance (tuition, housing, books, transportation, etc.)
  - Ongoing case management and post-secondary advising
  - Alignment with Statewide ETV Policy and IL coordination
  - Regular communication and monitoring of youth academic progress and needs

### 2) Define Allowable Services

The Scope of Work (SOW) must support Nevada's ETV program goal to:

- Complement DCFS Independent Living (IL) Services
- Support youth ages 14–26 with personal and financial resources
- Enable post-secondary and vocational education completion
- Promote readiness for workforce entry
- Required Programmatic Focus:
  - Direct financial support for cost of attendance (tuition, housing, books, transportation, etc.)
  - Ongoing case management and post-secondary advising
  - Alignment with Statewide ETV Policy and IL coordination
  - Regular communication and monitoring of youth academic progress and needs

### 3) Make Goals and Objectives Measurable

Goals should represent broad intentions, while objectives must be specific, quantifiable, and time-bound.

Examples:

- Goal: Support 100 eligible youth in achieving academic milestones during SFY 2026.
- Objective 1: Award ETV vouchers to at least 85 unduplicated students by June 30, 2026.
- Objective 2: Ensure 70% of participants maintain a GPA of 2.0 or higher.
- Objective 3: Refer 100% of students to academic or community-based support services as needed.

Each objective should have:

- Target numbers (youth served, vouchers issued)
- Due dates (not to exceed June 30, 2026)
- Documentation methods (e.g., signed ETV agreements, FAFSA confirmations, case notes, GPA reports)

#### **4) Ensure the SOW is Attainable**

Ensure all goals and deliverables reflect:

- Your geographic reach (northern/southern Nevada or statewide)
- Your organizational capacity, staffing, and experience with ETV or IL youth
- The estimated number of eligible youths in your catchment area
- Lessons learned from prior funding cycles (e.g., administrative barriers, communication gaps)

#### **5) Design for Reportability and Monitoring**

The SOW must facilitate effective documentation and reporting, including:

- Monthly Financial Reports (due the 15th of each month)
- Quarterly Performance Reports with:
  - Number of youths served
  - Number of voucher applications processed
  - Number of students retained, graduated, or transferred
- Separate ETV tracking for services and expenditures from other IL or Chafee funds

Reports must be supported by:

- Intake forms
- Voucher logs
- Academic records (transcripts, SAP reports)
- Case management records

## 6) Prioritize Core ETV Outcomes

SOWs must show a direct connection to the following program goals:

- Promote post-secondary education access and success
- Stabilize youth through financial support
- Build youth independence and readiness for employment
- Provide equity-focused, person-centered guidance throughout the academic journey

## 7) Collaborate and Coordinate with Community Agencies

SOWs must demonstrate **collaboration with:**

- **DCFS and IL Regional Specialists** (e.g., youth referrals, policy alignment, CQI participation)
- **Post-secondary institutions and vocational schools** (e.g., enrollment verification, SAP monitoring)
- **Community-based organizations** (e.g., tutoring, housing, mental health, childcare)
- **Tribal, and rural-serving partners** to ensure inclusive and equitable access

### Required Partnerships:

- Participation in **Statewide IL Meetings**
- Engagement in **Nevada LIFE and Youth Advisory Boards**
- Active referral systems and **joint planning for service coordination**

## 8) Documentation and Reporting Requirements

- a) **Quarterly Performance Reports:** Report progress towards goals, objectives, and service numbers.
- b) **Monthly Financial Reports:** Provide financial accountability and transparency in fund usage.
- c) **Outcome Measurement and Evaluation:** Collect and analyze data on service outcomes to measure impact and improve service delivery.

## How to Complete the SOW

**If you are requesting funding for multiple priority categories, each category must have its own set of goals, objectives, and activities.**

1. Replace the red text that says “Subrecipient’s Name” with the name of your agency/organization in the sentence under the document name. Please note that this should be the name on your application.
2. Replace the red text that says “Subrecipient Name” with the name of your agency/organization in the “Scope of Work for Subrecipient Name” line of the document. Please note that this should be the name on your application.

3. Determine how many goals the program funded with this grant will have. You will need to have one goal statement and table with details for each goal.
  - a. If your program has only one goal, delete the second goal statement table from the template form.
  - b. If your program has more than two goals, copy the goal statement and table and paste it below the second table. Remember to change the numbering. Repeat this until you have the correct number of goals for your program.
4. Type the first goal statement for your program above the first table after where it says, "Goal 1:" See below for more details on the differences between a goal, an objective, and an activity.
5. Determine the target number of the objective(s) you are going to provide to meet your goal. Example below. **Add a new table row for each objective.**
6. Determine if your target number will be duplicated with another funding source. Enter what funding source your target number will be duplicated with. For example, The target number is 25, it will be duplicated with CHAFEE funding.
7. Determine the objective(s) that will show how your agency is going to demonstrate that it met its goal and type them in the first column of the table labeled "Objectives".
  - a. Number each objective in the table.
  - b. Each goal must have at least one objective.
  - c. Objectives need to be specific and measurable. This means that they most likely will have a number in them.
8. Put the target number for each objective in the column labeled "Target Number."
  - a. These should be numbered to match the number of the objective that they are connected to.
  - b. Identify if the target number is a duplicated amount. If the target number is duplicated, explain what it is duplicated with.
  - c. Identify what the target number represents (individuals, classes, groups, families).
9. Determine the Activities that the agency/organization will need to complete to accomplish the objective.
  - a. Each objective must have at least one activity.
  - b. Number each activity with the number of the objective that it applies to then point and the number of the activity. Example: If the first objective had three activities, they would be numbered 1.1, 1.2., 1.3, then the second objective had two activities, they would be numbered 2.1, and 2.2.

10. Determine the amount of time it will take to accomplish each objective. This can be any period between the start and end date of the grant award period but not exceed the grant award period.
  - a. This is just the end date, not a range and should not be “continuing.”
  - b. These should line up with each objective in the table.
11. Determine the specific documentation needed to measure the objectives and activities to show that they were completed. This documentation may be reviewed at the request of the Grant Management Unit.
  - a. The numbering of the documentation should match the objective that the documentation will support.
  - b. Please also include in the GMU Quarterly Reports
12. Enter the total amount of services that will be assisted by each goal’s objective on the **Total Service Numbers to be Reported** box. This is the amount that will align with your quarterly reporting.

# Appendix C: Application Scoring Matrix

## GMU Application 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 ETV program guidelines.

**Points will be assigned for each item listed as follows:**

Maximum Points	Criteria
80% - 100% of Maximum Points	Applicant's proposal or capability is superior and exceeds Expectations for this criterion.
60% - 79% of Maximum Points	Applicant's proposal or capability is satisfactory and meets Expectations for this criterion
40% - 59% of Maximum Points	Applicant's proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
0 – 39% of Maximum Points	Applicant's proposal or capability is not acceptable or Applicable for this criterion.

\*With the exception of the Servicers Quality Narrative, which will have its own point award criterion as listed in Section 3.

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

Proposal Component	Potential Maximum Score
A. Application Form	5
B. Proposal Narrative	100
C. Services Quality Narrative	15
D. Scope of Work	15
E. Budget	20
<b>Total</b>	<b>150</b>



# Sample: Notice of Subaward (NOSA)

**Notice:** The following pages provide sample versions of the Notice of Subaward document. These samples are for reference only and should not be considered as the final version of the document.

<b>Program Name:</b> Community-Based Child Abuse Prevention Act DCFS Grants Management Unit dcfsgrants@dcfs.nv.gov		<b>Subrecipient's Name:</b> Name Contact Name / Email Address																					
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009		<b>Address:</b> Street address City, State Zip																					
<b>Subaward Period:</b> July 1, 2020 through June 30, 2020		<b>Subrecipient's:</b> EIN: _____ Vendor #: _____ Dun & Bradstreet: _____																					
<b>Purpose of Award:</b> Short description about the purpose of the subaward.																							
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____																							
<b>Approved Budget Categories:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td></td></tr> <tr><td>2. Travel</td><td></td></tr> <tr><td>3. Operating</td><td></td></tr> <tr><td>4. Equipment</td><td></td></tr> <tr><td>5. Contractual/Consultant</td><td></td></tr> <tr><td>6. Training</td><td></td></tr> <tr><td>7. Other</td><td></td></tr> <tr><td><b>TOTAL DIRECT COSTS</b></td><td><b>\$0.00</b></td></tr> <tr><td>8. Indirect Costs</td><td></td></tr> <tr><td><b>TOTAL APPROVED BUDGET</b></td><td><b>\$0.00</b></td></tr> </table>		1. Personnel		2. Travel		3. Operating		4. Equipment		5. Contractual/Consultant		6. Training		7. Other		<b>TOTAL DIRECT COSTS</b>	<b>\$0.00</b>	8. Indirect Costs		<b>TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>	<b>FEDERAL AWARD COMPUTATION:</b> Total Obligated by this Action: \$ 0.00 Cumulative Prior Awards this Budget Period: \$ 0.00 Total Federal Funds Awarded to Date: \$ 0.00  Match Required <input type="checkbox"/> Y <input type="checkbox"/> N Amount Required this Action: \$ 0.00 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: \$ 0.00 Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>Federal Budget Period:</b> Start Date through End Date <b>Federal Project Period:</b> Start Date through End Date  <b>FOR AGENCY USE, ONLY</b>	
1. Personnel																							
2. Travel																							
3. Operating																							
4. Equipment																							
5. Contractual/Consultant																							
6. Training																							
7. Other																							
<b>TOTAL DIRECT COSTS</b>	<b>\$0.00</b>																						
8. Indirect Costs																							
<b>TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>																						
<b>Source of Funds:</b> Community-Based Child Abuse Prevention Act	<b>% Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>																				
		<b>Federal Grant #:</b>	<b>Federal Grant Award Date by Federal Agency:</b>																				
<b>Agency Approved Indirect Rate:</b> 0.00%		<b>Subrecipient Approved Indirect Rate:</b> Enter %; de minimis or N/A																					
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>1. This award is subject to the availability of appropriate funds.</li> <li>2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.</li> <li>3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.</li> <li>4. Subrecipient must comply with all applicable Federal regulations.</li> <li>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.</li> <li>6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.</li> </ol>																							
<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; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required)																					
Authorized Subrecipient Official's Name Title (Enter Name & Title)		Signature	Date																				
Grants & Project Analyst II For Administrator, Division of Child & Family Services																							

## SECTION A

### GRANT CONDITIONS AND ASSURANCES

#### General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an “independent contractor” with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as “Department”) shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers’ Compensation Insurance as the Recipient is an independent entity.

2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient’s performance or nonperformance of the services or subject matter called for in this Agreement.

3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.

- The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.

4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

- The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department’s grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

#### Grant Assurances

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

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

14. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.

15. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:

- Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
- Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
- Any attempt to influence:
  - The introduction or formulation of federal, state or local legislation; or
  - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
- Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
- Any attempt to influence:
  - The introduction or formulation of federal, state or local legislation;
  - The enactment or modification of any pending federal, state or local legislation; or
  - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
- Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

16. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:

- Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
- Not specifically directed at:
  - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
  - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
  - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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

## Scope of Work – SFY 2026

**SUBRECIPIENT NAME**, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

### Scope of Work for **SUBRECIPIENT NAME**

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
#	Specify if your target number is duplicated. If yes, explain to what goal, objective, or grant	1. These are specific objectives that need to be made to achieve the Goal. These need to be measurable.	1.1 These are the activities that can or need to be accomplished to achieve the Objectives		1. What documentation do you have to show this objective was accomplished? How will you measure the information to show the objective is being met? 2. Report to the GMU Quarterly Report.
#		2.	2.1		1. 2. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported					#

Goal 2: Describe the secondary goal the program wishes to accomplish with this subaward.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
		1.	1.1		1. 2. Report to the GMU Quarterly Report.
		2.	2.1		1. 2. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported					

## SECTION C

### Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number Community- Based Child Abuse Prevention Act. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the State of Nevada.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number Community- Based Child Abuse Prevention Act.

Subrecipient agrees to adhere to the following budget:

<b>Approved Budget Categories:</b>	
1. Personnel	
2. Travel/Training	
3. Operating	
4. Equipment	
5. Contractual/Consultant	
6. Other	
<b>TOTAL DIRECT COSTS</b>	
7. Indirect Costs	
<b>TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Note: the redistribution cannot alter the total amount of the subaward. Modifications in excess of 10% require a formal amendment.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees to:

- Request reimbursement according to the schedule specified below for actual expenses related to the Scope of Work during the subaward period.
  - Total reimbursement through this subaward will not exceed \$ Enter Amount.
  - Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
  - Additional expenditure detail and/or supporting documentation will be provided to the Department upon request.

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

The Department agrees to:

- Identify specific items the program must provide or accomplish to ensure successful completion of this project.
- Provide technical assistance, upon request from the Subrecipient.
- Issue prior approval of reports or documents to be developed.

Both parties understand:

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

#### Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures with accompanying proof of payment.
- Payment will not be processed unless all reporting requirements are current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentations are submitted to and accepted by the Department.



**Department of Health and Human Services  
Division of Child and Family Services - Grants Management Unit  
Request for Funds Reimbursement and Financial Reporting**

Agency Ref #   
Budget Account: \_\_\_\_\_  
Category \_\_\_\_\_  
Job #   
ALN \_\_\_\_\_

**SAMPLE SECTION D  
Request for Reimbursement**

<b><u>Program Name:</u></b>	<b><u>Subrecipient Name:</u></b>
<b><u>Address:</u></b> 4126 Technology Way 3rd Floor Carson City, NV 89706-2009	<b><u>Address:</u></b>
<b><u>Subgrant Period:</u></b>	<b><u>Subrecipient's:</u></b>  EIN: Vendor #:

**REQUEST FOR REIMBURSEMENT and FINANCIAL REPORT  
(must be accompanied by cost allocation and back-up documentation)**

	Month:	Calendar Year:	Original	Revised		
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
2 Travel/Training	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
3 Operating	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
4 Equipment	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
5 Contractual/Consultant	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
6 Other	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
7 Indirect	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

**Additional Financial Reporting  
(must be accompanied by cost allocation and back-up documentation)**

Budget Item	Required Amount	Total Prior Months	Current Amount	Year-to-Date Total	Budget Balance	Percent Provided
1 NO MATCH REQUIRED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature	Title	Date
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**OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY**

Program contact necessary? ☐ Yes ☐ No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Recommended for Payment By: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Review/Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

**SAMPLE SECTION E**

**Audit Information Request**

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

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

**\*\* SAMPLE NOSA – DO NOT RESPOND OR SIGN \*\***

**SAMPLE SECTION F**

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

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

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

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

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

Name

Services


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

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

\*\* SAMPLE NOSA – DO NOT RESPOND OR SIGN \*\*

**SAMPLE SECTION G**

**Confidentiality Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

Hereinafter referred to as "Department"

and

**Subrecipient**

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Department and Subrecipient agree as follows:

**I. DEFINITIONS**

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

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

**II. TERM**

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

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

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

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

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

**V. USE OR DISCLOSURE OF INFORMATION**

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

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

**VI. OBLIGATIONS OF SUBRECIPIENT**

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

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

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