



State of Nevada

Division of Child and Family Services

Grant Management Unit

Family Violence Prevention and Services Act

Notice of Funding Opportunity (NOFO)

Federal Fiscal Year 2024 Award

Award Performance Period: 10/1/24-9/30/25.

NOTE: This document is available online at https://dcfs.nv.gov/VSC/VSU_GMU/

Opportunity Summary

Opportunity Summary

The Family Violence Prevention and Services formula grant (FVPSA) assists States and Territories to fund more than 1,600 local public, non-profit, and faith-based organizations demonstrating effectiveness in the field of domestic violence services and prevention. These domestic violence programs provide victims of family, domestic, and dating violence and their children with:

- Shelter
- Safety planning
- Crisis counseling
- Information and referral
- Legal advocacy
- Additional support services/Related Assistance

This Notice of Funding Opportunity (NOFO) is for competitive applications to be funded through the Family Violence Prevention and Services Act for Federal Fiscal Year (SFY) 2025. This NOFO implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) Grants Management Unit (GMU). Funds awarded as a result of this NOFO will begin on October 1, 2024, and expire on September 30, 2025. Unused funds from one year will not be automatically carried forward to the next year. Current subrecipients are not guaranteed funding in FFY25 and applicants who receive awards through this NOFO are not guaranteed future funding.

Total Funding Amount: \$1,516,546.00 Funding will be distributed to support community-based projects with demonstrated effectiveness carried out by non-profit, public, or private organizations; that have as their **primary purpose the operation of shelters for victims of family violence, domestic violence, and dating violence and their dependents** or those which provide counseling, advocacy, and self-help services to victims. Funds are awarded on an FFY basis through an NOFO process and are dependent upon availability of funding, compliance with grant requests, and scopes of work (SOW).

Funding preference will be given to culturally specific populations and underserved populations. Nevada's underserved populations include members of the:

- Commercial Sexual Exploitation of Children (CSEC)
- Ethnic minorities
- LGTBQ population
- Male victims, and
- Victims living in rural areas of Nevada.

Funding Distribution	Funding Allocations	Approximate Total of Awards
Immediate Shelter and Supportive Services	74% of the funding amount	\$1,117,455
Supportive Services and Prevention Services	26% of the funding amount	\$399,091
	Total	1,516,546.00

Applicants should not exceed the award amounts listed in this solicitation and should carefully consider the resources needed to successfully implement the proposed project. DCFS has the discretion to award grants for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to awarding a grant.

Grant Requirements

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

In order to ensure the safety of adult, youth, and child victims of family, domestic, or dating violence and their families, subrecipients receiving FVPSA funding must protect the confidentiality and privacy of such victims and their families.

Subrecipients are prohibited from the following:

- Disclosing any personally identifying information collected in connection with services requested through subrecipient’s programs.
- Revealing any personally identifying information without informed, written, reasonably time-limited consent by the person about whom information is sought.
- Require an adult, youth, or child victim of family, domestic, or dating violence to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the subrecipient.

Eligibility: This NOFO is open to any non-profit organization or faith-based organization that supports programs and projects within the state to prevent incidents of family, domestic, and dating violence and to provide immediate shelter and related assistance to victims of family violence and their dependents in order to prevent future incidents.

Program Services: Funds are awarded on an FFY basis and are dependent upon availability of federal funding, compliance with grant requirements and proposed activities outlined in the Scope of Work (SOW). New and current subrecipients are encouraged to propose projects that are innovative and reach populations throughout geographical regions in the State of Nevada.

Financial Reporting: Monthly Request for Reimbursement and Financial Reports along with programmatic reports will be required by the 15th of each month for the previous month.

A year-end report may also be required.

Match/Cost Sharing Requirement: Successful applicants will be required to match at least 20% of the total program cost in cash or in-kind. Match is determined with the following formula: award amount divided by 80% multiplied by 20%.

Risk Assessment and Subrecipient Monitoring: Successful applicants must participate in risk assessment and subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DCFS to the federal granting agency. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. For non-governmental agencies, at least one 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.

Unique Entity Identifier (UEI)

The Unique Entity Identifier, or the UEI, is the official name of the “new, non-proprietary identifier” that will replace the D-U-N-S® number, according to the General Services Administration (GSA). The UEI will be requested in, and assigned by, the System for Award Management (SAM.gov). The identifier is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients. Register for an UEI at <https://sam.gov/content/home>

Civil Rights Compliance

All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. In the event that a court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against a recipient of funds after a due process hearing, the recipient must agree to forward a copy of the finding to the Office for Civil Rights of the Department of Justice's Office of Justice Programs.

Services to Limited-English-Proficient (LEP) Persons

National origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with Title VI of the Civil Rights Act and the Omnibus Crime Control and Safe Streets Act, grant recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including interpretation and translation services, where necessary. Applicants are encouraged to consider the need for language services for LEP persons served or encountered both in developing their proposals and budgets and in conducting their programs and activities. Reasonable costs associated with providing meaningful access for LEP individuals are considered allowable program costs.

Program Requirements

Required Training: Subrecipients who receive an award will be required to have their direct services staff satisfactory complete the following trainings: (Training dates will be provided by the GMU):

- Service Data Program Report
- GMU Request for Reimbursement (RFR) Workbook Training
- GMU Grants Instructions and Requirements (GIRs) Training

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

Definitions

[Dating Violence](#) - Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship.
- The type of relationship; and
- The frequency of interaction between the persons involved in the relationship.

[Domestic Violence](#) - Felony or misdemeanors crimes of violence committed:

- By a current or former spouse or intimate partner of the victim.
- By a person with whom the victim shares a child in common.
- By a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- By a person similarly situated to a spouse of the victim.
- By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence of the jurisdiction.

[Family Violence](#) - Any act or threatened act of violence, including forceful detention of an individual, which:

- Results or threatens to result in physical injury, and
- Is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing.

[Shelter](#) - Provisions of temporary refuge and related assistance including safe homes, shelters, meals and related assistance to victims of family violence and their dependents.

Related Assistance - The provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts services for victims and their children, employment training, parenting and other educational services for victims and their children, preventive health services within domestic violence programs (including nutrition, disease prevention, exercise and prevention of substance abuse) domestic violence, prevention programs for school age children, family violence, public awareness campaigns, and violence prevention counseling services to abusers.

- Counseling with respect to family violence, counseling by peers individually or in groups, and referral to community social services.
- Transportation, technical assistance with respect to obtaining financial assistance under Federal and State programs and referrals for appropriate health-care services (including alcohol and drug abuse treatment), but shall not include reimbursement for any healthcare services;
- Legal advocacy to provide victims with information and assistance through the civil and criminal courts, and legal assistance; or
- Children’s counseling and support services, and childcare services for children who are victims of family violence or the dependents of such victims.

FVPSA Requirements

- A. Direct payments to any victim or dependent of a victim are not allowed.
- B. Services must be voluntary, and no conditions can be imposed on receipt of emergency shelter.
- C. Subrecipients may not apply inappropriate screening mechanisms, such as criminal background checks or sobriety requirements for victims to obtain shelter services.
- D. Income eligibility standard may not be applied to individuals receiving assistance or services.
- E. Written procedures must be present or be developed within 30 days of the award, to assure confidentiality of records pertaining to persons receiving assistance or service.
- F. No person shall on the ground of actual or perceived gender, including gender identity, be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or part through FVPSA.
- G. Subrecipients must provide comparable services to victims regardless of actual or perceived gender, including gender identity. This includes not only providing access to services for all victims, including male victims, of family, domestic, and dating violence regardless of actual or perceived gender, including gender identity, but also making sure not to limit services for victims with adolescent children on the basis of the actual or perceived gender, including gender identity, of the children.

DCFS is vested in supporting and funding programs that provide direct shelter and related services to children and families impacted by family violence. DCFS is particularly interested in enhancing shelter and related services to young children exposed to violence in the home environment. Applicants for family violence funding should do their best to describe any services provided to children and families.

Application Process: Section II

Award Overview TimeLine

Event	Date/Time
Grant opportunity announced	September 9, 2024
Questions and Answers posted to DCFS GM webpage	September 23, 2024
Deadline for submission	October 9, 2024
Evaluation period (approximate time frame)	October 21-24, 2024
Announcement of awards	End of October 2024
Performance Period	October 1, 2024, through September 30, 2025

Application Review

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

Funding decisions will be based on the following factors:

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

Evaluation Process

Applications received by the published deadline of **5 pm Wednesday October 9, 2024**, will be processed as follows:

STEP 1: Technical Review

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

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

STEP 2: Application Review Panel

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

STEP 3: Final Decisions

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

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

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

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

Notification and Award Process

Successful applicants will be notified of their application status with a Letter of Intent after funding decisions have been made in October 2024.

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 E: Notice of Subaward.

Post Award Requirements

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

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

B. Performance Report

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

Reporting Period	Type of Data Required	Due Date
October 1 st - December 31 st	Program Performance Measure	January 15 th
January 1 st - March 31 st		April 15 th
April 1 st - June 30 th		July 15 th
July 1 st - September 30 th		October 15 th

C. Subrecipient Monitoring

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

D. Compliance with Changes to Federal and State Laws

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

E. Nevada 2-1-1

All successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at www.nevada211.org within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

F. Client Grievance Process

All successful applicants will be required to adhere to the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) Client Grievance procedure. Additional information will be provided to successful applicants.

Questions?

Contact the DCFS GMU at dcfsgrants@dcfs.nv.gov

A Question-and-Answer session will begin the first day of the NOFO release and will continue until Monday September 23, 2024. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Friday September 27, 2024. To submit your questions please e-mail DCFS GMU at dcfsgrants@dcfs.nv.gov.

Submission Instructions

- The grant application deadline is **Wednesday October 9, 2024, at 5:00 pm.**
- Submit the signed, completed application with résumés and licenses of key personnel in a PDF document to dcfsgrants@dcfs.nv.gov.
- Application must be submitted online by emailing all required documents in a single email to dcfsgrants@dcfs.nv.gov In the subject line of the email place the NOFO title, “FVPSA NOFO Response from [name of applicant]”.
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- If you do not receive an email acknowledgment within 3 business days of submitting the application.
Please contact Elena Espinoza at meespinoza@dcfs.nv.gov or at (702)486-8708.
- Submitting a paper copy of the application is **not** required.

Application: Section III

Application Instructions and Scoring

- An application packet, which includes this application and the required data sources, is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>
- Late and/or incomplete applications will not be scored or considered for funding.
- The total possible score for the entire application is 100.
- Application should be in Arial 11-point font on single-spaced pages with one-inch margins. Narrative not to exceed 10 pages. All pages including attachments must have applicant's name on the bottom of the page.

Section A – Application Form (No rating)

- Complete the Application Form

Section II – Narrative (80 points)

- This Section has seven (7) fields assigned different numbers of points.
- The Statement of Need (field 2) must be substantiated with data.
- Use Arial 11-point font on single-spaced pages with one-inch margins.

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

		proposed services and provide the average length of wait and the number of prospective clients on the list.
4. Availability and Accessibility of Services	10	<ol style="list-style-type: none"> 1. Detail the availability of services within the organizations geographic area. 2. Identify other organizations providing similar services and describe why duplication of services is warranted. 3. Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.
5. Goals and Objectives	15	<ol style="list-style-type: none"> 1. Describe the organization's goals and objectives to meet the geographic area's needs. 2. Provide the projected number of services that will be provided, either in clients served or services provided with these grant funds. Note that these projections must match the Scope of Work and Budget Narrative. 3. Complete Appendix B: Section B- Descriptions of Services, Scope of Work and Deliverables
6. Methods of Accomplishment	10	<ol style="list-style-type: none"> 1. Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved. 2. Explain what measurements will be used to report on the program's success.
7. Community Coordination/Collaboration	10	<ol style="list-style-type: none"> 1) Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration. 2) Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services. 3) Include any current Memorandums of Understanding and/or Letters of Intent in your application packet.
Total for Narrative	80	

Section III – Budget (20 points)

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

<i>Field Name</i>	<i>Scoring Points</i>	<i>Instructions</i>
Proposed Project Budget	10	Use the provided table and designate a whole dollar amount for the seven (7) budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period.
Budget Narrative	10	All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds <u>needed</u> to carry out the proposed Scope of Work and achieve the projected outcomes for FFY25. This should align with the Narrative’s Goals and Objectives (Section II-4) and Methods of Accomplishment (Section II-5).
Total for Budget	20	

Overview of Certifications and Assurances

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

1. The project described in this application meets all the requirements of the Family Violence Prevention and Services Act;
2. All information contained in the application is correct;
3. The appropriate coordination with impacted organizations, including subcontractors, took place;
4. The applicant will read, understand, and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
5. The applicant further understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Notice of Subaward and Assurances and Certifications.

Application Form: Section IV

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

A. Applicant Organization

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

B. Organization Type 501(c)(3) Nonprofit

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

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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D. Victim Populations to be served:

(Check applicable boxes & provide brief narrative if serving culturally specific populations and/or underserved populations)

<input type="checkbox"/> Domestic Violence	Please Explain:
<input type="checkbox"/> Underserved Populations <ul style="list-style-type: none"> <input type="checkbox"/> Commercial Sexual Exploitation of Children (CSEC) <input type="checkbox"/> Ethnic minorities <input type="checkbox"/> LGTBQ population <input type="checkbox"/> Male victims, and <input type="checkbox"/> Victims living in rural areas of Nevada. 	
Please explain:	

E. Agency Mission Statement

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

Name	
Title	
Phone	
Email	

F. Fiscal Officer

Name	
Title	
Phone	
Email	

G. Subcontracting of Services

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

H. Key Personnel

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

I. Current Funding

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

J. Funding Request

Funding	FFY 24 Award	FFY 25 Request	Difference
Family Violence Prevention & Services (FVPSA)			

K. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the grant as indicated by FVPSA and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)	Phone
_____	_____
Title	Email
_____	_____
Signature	Date
_____	_____

Application: Section V

Application Narrative - 80 points
Begin typing below each field header.

1. **Overview**

2. **Statement of Need**

3. **Services Proposed**

4. **Availability and Accessibility of Services**

5. **Goals and Objectives**

6. **Methods of Accomplishment**

7. **Community Coordination/Collaboration**

Application: Section IV

Budget - 20 points

1. Proposed Project Budget

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

2. Budget Narrative

Application: Checklist

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

APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes for SFY25. If the project is not fully funded, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

Applicants must use the budget template form (Excel file) provided for downloading in the Budget Section of the online application. Use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

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

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

Personnel:

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

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

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

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

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

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

Travel/Training: Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently 54.5 cents), should be used unless the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program’s service area) should

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

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

Operating:

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

Equipment:

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

Contractual/Consultant Services:

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

Other Expenses:

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

Budget Summary Form 2

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

Complete Columns C through G of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source,

including in-kind, volunteer, or cash donations. Replace the words “Other Funding” in the cell(s) in Row 6 with the name of the funding source. Enter either “Secured” or “Pending” in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

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

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

Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for Subrecipient

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

Goal 1: Service Number Goal:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1.	1.	XX/XX/XX	1.	
2. Add more lines if necessary	2.	XX/XX/XX	2.	

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

Goal 2: Service Number Goal:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1.	1.	XX/XX/XX	1.	1.

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

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

APPENDIX C: GMU SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

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

Points will be assigned for each item listed as follows:

- 80% - 100% of Maximum Points:** Applicant’s proposal or capability is superior and exceeds expectations for this criterion.
- 60% - 79% of Maximum Points:** Applicant’s proposal or capability is satisfactory and meets expectations for this criterion.
- 40% - 59% of Maximum Points:** Applicant’s proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 0 – 39% of Maximum Points:** Applicant’s proposal or capability is not acceptable or applicable for this criterion.

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

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

APPENDIX D: AGENCY SELF-ASSESSMENT

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

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

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

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

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

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

Organization Authorized Representative	
By signing below, the authorized representative certifies, all information submitted on this form is accurate and complete.	
_____	_____
(Signature)	(Date)

(Printed Name & Title)	

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

APPENDIX E: NOTICE OF SUBAWARD

**** The NOSA is provided as an example of what an agency can expect to receive if awarded**



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

Subaward #:
 Budget Account: _____
 Category: _____
 GL: _____
 Job Number: _____

NOTICE OF SUBAWARD

Program Name: Family Violence Prevention and Services Act (FVPSA)		Subrecipient's Name: Name																																			
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: Street address City, State Zip																																			
Project Period: July 1, 2019 through June 30, 2020 Budget Period: July 1, 2019 through June 30, 2020		Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____																																			
Purpose of Award: Shelter, services to Victims of Domestic Violence																																					
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Approved Budget</th> <th style="text-align: left;">Categories</th> </tr> </thead> <tbody> <tr><td>1. Personnel</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>2. Travel/Training</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>TOTAL DIRECT COSTS</td><td style="text-align: right;">\$0.00</td></tr> </tbody> </table>		Approved Budget	Categories	1. Personnel	\$0.00	2. Travel/Training	\$0.00	3. Operating	\$0.00	4. Equipment	\$0.00	5. Contractual/Consultant	\$0.00	6. Other	\$0.00	TOTAL DIRECT COSTS	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Award Computation</th> </tr> </thead> <tbody> <tr><td>Total Obligated by This Action:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Cumulative Prior Awards this Budget Period:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Federal Funds Awarded to Date:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Match Required</td><td style="text-align: right;">Yes/No</td></tr> <tr><td>Amount Required this Action:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Amount Required Prior Awards:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Match Amount Required:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Research and Development (R&D)</td><td style="text-align: right;">Yes/No</td></tr> </tbody> </table>		Award Computation		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	Yes/No	Amount Required this Action:	\$0.00	Amount Required Prior Awards:	\$0.00	Total Match Amount Required:	\$0.00	Research and Development (R&D)	Yes/No
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Federal Grant Award Date by Federal Agency:			N/A																																		
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with appropriate state statutory guidelines and/or federal regulations, the DCFS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 5. Financial Status Reports and Requests for Funds must be submitted by the 15th of each month, unless specific exceptions are provided in writing by the grant administrator. 6. The recipient of these funds agrees to stipulations listed in the incorporated documents. 7. Match must be provided equal to 20% of the total award and described in the budget narrative. 																																					
Incorporated Documents: Subrecipient Agreement Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements;		Section D: Financial Status Reports and Requests for Funds Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: Confidentiality Addendum; and Section H: Program Specific Assurance																																			
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Grants & Project Analyst II																																					
for Administrator, Division of Child & Family Services																																					