



State of Nevada

Department of Health and Human Services

Division of Child and Family Services

Grants Management Unit

Notice of Funding Opportunity

Access to Community-Based Youth-Focused Behavioral Health Care Program

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

Opportunity Summary

Summary

The Division of Child and Family Services (DCFS) Grants Management Unit (GMU) seeks a qualified agencies to administer Nevada's **Access to Community-Based Youth-Based Behavioral Health Care Program** through State Fiscal Year 2024. Nevada has an urgent need for youth mental health services statewide. As we work to recover from the long-term effects of the COVID-19 Pandemic, this is especially true for youth. Poor mental health can affect all areas of life well into adulthood. Youth mental health has never been more important, and area providers in after school programs are working diligently to help address this deficit with new mental health and counseling services. The entire population of children and youth in Nevada were exposed to behavioral health stressors due to the Pandemic. The current behavioral/mental health workforce shortage crisis exacerbates the potential negative outcomes of a behavioral health need or crisis. This includes negative economic consequences, such as increased spending on behavioral health care, expensive 24-hour care interventions, costs of emergency department care, increased use of the child welfare and juvenile systems, and the costs of parent absenteeism from the workforce up to and including unemployment due to their youth's behavioral health care needs.

Overall, increased pressure on our health care and behavioral health systems are leaving increasingly more children, youth, families, and adults with unmet behavioral health needs across Nevada's communities. This funding will strengthen the foundation of prevention services for Nevada's youth and will increase access to behavioral health care by building out service delivery mechanisms in places where children and families go every day. 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 January 1, 2023 and expire on June 30, 2024.

This is a competitive process. Current subrecipients are not guaranteed funding and there is no guarantee of future funding.

Program Requirements

Eligibility: Eligible agencies should be community-based organizations and may include government entities, tribal organizations, private, and non-profit agencies. Funding may be awarded to agencies to provide services statewide or separate agencies to provide services in the North and South regions of Nevada. Applications expanding access to existing services with the ability to provide services and supports within two (2) months of receiving funding will be prioritized. Projects that include new lines of services or programming are expected to begin services no later than three (3) months after receiving funding. Project proposals requiring longer periods of time for implementation may be considered, however extended time required to implement activities will require additional documentation, oversight, and accountability. This will include the development of an actionable work plan with targeted deliverables to be developed in conjunction with DCFS Grants Management Unit.

Performance Period: This Notice of Funding Opportunity will award funding for State Fiscal Years 2023 and 2024. Funds awarded are for programs to begin January 1, 2023, and expire on June 30, 2024.

Match/Cost Sharing Requirement: There is no match requirement.

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

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.

Scope of Work Requirements

The goal of this program is to fund agencies to provide social emotional learning and counseling services, curriculum, innovative approach to delivery of services, graduate, and undergraduate student integration, and provide family support and counseling accessibility for both prevention and early intervention in youth in grades 1st to 12th.

DCFS staff in the Children's Behavioral Health Authority will ensure the community provider is meeting the project goals and objectives, care is provided in accordance with medical necessity, and that the project remains in compliance with all funding requirements.

Provide Social Emotional Learning and Counseling Services

- Designed for both prevention and early intervention in youth 1st to 12th grade, programs are applicable to a broad range of children (typically developing, behaviorally challenged, high functioning). Sessions are strategically co-facilitated by licensed clinicians and community provider staff.

Curriculum

- Delivered via group therapy sessions
- Builds emotional awareness of themselves and others
- Creates healthy emotion management strategies (as alternatives to risky behaviors)
- After each session, families receive summaries with skills learned and tips to reinforce skills and provide support at home

Innovative Approach to Delivery

- Youth are familiar with community provider staff and already feel safe; this increases engagement and expedites their willingness to communicate freely
- Youth practice skills during regular programming; provider staff provide verbal redirection, encouragement, and praise to reinforce the social/emotional skills learned

Graduate and Undergraduate Student Integration

- Strategically placed with community providers, interns and students observe and guide staff in addressing challenging behaviors
- Interns and students co-facilitate group sessions and parent workshops

Family Support and Counseling Accessibility

- Group Sessions identify candidates for Individual and Family Counseling needs
- Workshops and Family Counseling available during daytime, evenings, and Saturdays for working parents

Expected outcomes

Service Delivery

- Achieving positive outcomes. The overarching objective is to improve the health and wellbeing of children and families served while influencing positive change in Nevada communities. To reach this objective, collaborations with school-related settings, health care agencies, and/or community

organizations are highly desired to address the clients and/or family's needs holistically. A holistic approach recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met.

Recruitment Outcomes

- Purpose-based recruitment and credentialing:
 - The community providers will become Preferred Practicum Site for Undergraduates and Student Therapists in multiple licensures (LMFT, LPC, CPTC, LCSW)

Partnerships & Publicity

- Meet the needs of each community and publicize benefits/impact to build brand equity, shape positive public perception of mental health services
- Advocate for youth mental health services; neutralize stigma associated with therapy through educational parent/child workshops

Funding Requirements

The Division anticipates awarding funding statewide.

Total Funding Amount: \$2,600,000.00

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). The American Rescue Plan Act (ARPA) dollars are “one-shot” dollars and programs with sustainability built in for continued care will receive the highest priority. **A successful application is not a guarantee for receiving all or partial funding for the program. DCFS reserves the right to fund or not fund any project based on scoring, available funds, or past grant performance. There is no appeals process.**

QUESTIONS AND ANSWERS

Please submit any questions regarding the application process to DCFS Grants at dcfsgrants@dcfs.nv.gov.

Application Process

Award Timeline

Event	Date/Time
Grant opportunity announced	November 10, 2022
Deadline for submission	December 1, 2022, by 5pm
Announcement of awards	Middle of December
Performance Period	January 1, 2023, through June 30, 2024

Application Review

DCFS staff, along with application review panel members, will review and evaluate each application, see Appendix C: GMU Scoring Matrix. The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly and impartially. GMU will use structural, quantitative scoring techniques to maximize the objectivity of the evaluation. The review process will consist of a technical review of the applicant's information including the project and the budget (justification, cost effectiveness, project sustainability). The review panel members will be comprised of individuals with experience and knowledge of grant management or responsibility for program service and financing.

Evaluation Process

Applications received by the published deadline of **5:00 pm Thursday, December 1, 2022** will be processed as follows:

STEP 1: Application Review Panel

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

STEP 2: Final Decisions

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

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

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

Notification and Award Process

Successful applicants will be notified of their application status with a Letter of Intent after funding decisions have been made in December 2022.

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

Monthly Financial Status and Request for Funds Report

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

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

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives. **** All expenses must be cost allocated based on ACTUAL time worked on the project. Allocations based on budgeted amounts will not be allowed.**
- Examples of items that may support salaries and wages include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand

knowledge of the work performed. Payroll records will need to reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

Subrecipient Monitoring

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

Performance Reports

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

Civil Rights Compliance

The sub-grantee, contractor, subcontractor, successor, transferee, and assignee shall comply with Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person on the basis of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this contract (or agreement). Title VI also includes protection to persons with "Limited English Proficiency" in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of this contract or agreement. All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. All funded 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 DCFS' Grant Management Unit.

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.

Licenses and Certifications

The Applicant, employees and agents must comply with all Federal, State, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable for defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, DCFS reserves the right to request that agencies provide documentation of all licenses and certifications which may include, but are not limited to licensing board requirements, facility licensing requirements, county business license, proof of non-profit status, etc.

Application Instructions and Scoring

Application Instructions

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

Late and/or incomplete applications will not be scored or considered for funding. The total possible score for the entire application is 100. All pages including attachments must list the applicant's name on the bottom of the page.

Section A – Application Form

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

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

- The Narrative Section has seven fields with assigned maximum scoring points.
- The Statement of Need (Field 2) must be substantiated with data.

Narrative Section	Scoring Points	Instructions
1. Overview	10	<ol style="list-style-type: none">1) Provide organization's mission statement2) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary.
2. Target Population	10	<ol style="list-style-type: none">1) Identify the <u>targeted population</u> and explain how the target population will benefit from the proposed project.
3. Project Design and Implementation	15	<p>The foundation of the proposed project should be based on evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.</p> <ol style="list-style-type: none">1) Describe the program activities and how they relate to the overall objectives and goals of the project, and how the objectives will be achieved.2) Explain how your agency will ensure that services are easily accessible and culturally responsive.3) Describe your agency's approach to providing direct services and how these services meet the needs of the target population.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 of Services	5	<ol style="list-style-type: none">1) Detail the availability of services within the organizations geographic area.

		2) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.
5. Measurable Goals and Objectives; Scope of Work	15	1) Provide the projected number of services that will be provided, either in clients served or services provided. <u>Note that these projections must match the Scope of Work and Budget Narrative.</u> 2) Complete Appendix C: Descriptions of Services, Scope of Work and Deliverables
6. Methods of Accomplishment	10	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. Partnerships and Publicity	5	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 meet the needs of each community and publicize benefits/impact to build equity. 3) Describe how this program will advocate for youth mental health services and neutralize stigma associated with therapy through educational parent/child workshops.
Total for Narrative	70	

Section C – Budget (20 points)

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

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

Section D – Agency Self-Assessment (10 points)

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

Overview of Assurances and Certifications

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

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

Submission Instructions

- **The grant application deadline is 5:00 pm on Thursday, December 1, 2022.**
- Signed application must be submitted online by emailing all required documents and attachments in a single email to dcfsgrants@dcfs.nv.gov. In the subject line of the email place the NOFO title, “ARPA Youth Based Behavioral Health Care NOFO Response from [name of applicant].”
If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal, more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., “Part 1 of 3”).
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.

Application Form: Section A

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

A. Applicant Organization

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

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

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

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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Indicate projected number of youth and families to be served:

Youth: _____ Families: _____

E. Program Point of Contact

Name	
Title	
Phone	
Email	

F. Fiscal Officer

Name & Title	
Phone & Email	

G. Subcontracts

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

H. Key Personnel

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

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

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

J. Funding Request. List funding requested for the award period.

Funding	SFY 23 Request	SFY24 Request	Total
Youth-Focused Behavioral Health Program			

K. Certification by Authorized Official

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

Name (type/print)	Phone
Title	Email
Signature	Date

Application Narrative: Section B

Application Narrative (70 points)

The complete questions are listed on page 8 of the NOFO. Begin typing below each question header.

1. **Overview**

2. **Target Population**

3. **Project Design and Implementation**

4. **Availability and Accessibility of Services**

5. **Measurable Goals and Objectives**

6. **Methods of Accomplishment**

7. **Partnerships and Publicity**

Budget: Section C

Budget (20 points)

Proposed Project Budget for performance period.

Budget Line Item	Amount Requested (\$)	Amount Requested (\$)
	SFY23	SFY24
Personnel		
Travel/Training		
Operating		
Equipment		
Contractual/Consultant		
Other		
Indirect		
Total Funding Requested		

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

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 Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>		<u>Amount Requested</u>		
<u>Name of Employee (if known, otherwise state new position).</u>						\$0		
<u>Title of position & Position Control Number</u>								
*Insert details to describe position duties as it relates to the funding (specific program objectives)								
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>		<u>Amount Requested</u>		
<u>Name of Employee (if known, otherwise state new position).</u>						\$0		
<u>Title of position & Position Control Number</u>								
*Insert details to describe position duties as it relates to the funding (specific program objectives)								
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>		<u>Amount Requested</u>		
<u>Name of Employee (if known, otherwise state new position).</u>						\$0		
<u>Title of position & Position Control Number</u>								
*Insert details to describe position duties as it relates to the funding (specific program objectives)								
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>		<u>Amount Requested</u>		
<u>Name of Employee (if known, otherwise state new position).</u>						\$0		
<u>Title of position & Position Control Number</u>								
*Insert details to describe position duties as it relates to the funding (specific program objectives)								
*Insert new row for each position funded or delete this row.								

APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

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

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

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

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

Personnel:

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

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

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

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

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

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

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

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

Travel/Training: Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently \$.62), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

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

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

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

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

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

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

Equipment:

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

Contractual/Consultant Services:

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

Indirect Costs:

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

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

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

Subrecipients that have a current federally-approved indirect cost rate with their federal cognizant agency for indirect costs may include the negotiated percentage rate in their budgets. A copy of the negotiated indirect agreement must be attached to the application. Please note that in some instances, federal law (statutes or regulations) may cap or otherwise limit the indirect costs that subrecipients may charge in connection with a particular award. Subrecipients must comply with any such applicable federal-law restrictions on charging indirect costs.

Organizations planning to use the *de minimis* MTDC indirect rate can identify indirect costs in the narrative section, but do not need to enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 10% of the MTDC.

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.

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 brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

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

Scope of Work for Subrecipient

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

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

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

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this Goal be measured (quantitative)</u>
1.	1.	XX/XX/XX	1.	1. 2

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

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 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 Community-Based Youth-Focused Behavioral Health Care program guidelines.

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

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

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

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

0 - 39% of Maximum Points: Applicant’s proposal or capability is not acceptable or applicable for the Community-Based Youth-Focused Behavioral Health Care program grant project.

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

Proposal Component	Potential Maximum Score
A. Application	No Score
B. Project Narrative	70
C. Budget	20
D. Agency Self- Assessment	10
Total	100

APPENDIX D: NOTICE OF SUBAWARD (NOSA)



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

Agency Ref. #: _____
 Budget Account: _____
 Category: _____
 GL: _____
 Job Number: 21027A21

NOTICE OF SUBAWARD

Program Name: American Rescue Plan Act (ARPA) DCFS Grants Management Unit DCFSGrants@dcsf.nv.gov		Subrecipient's Name	
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address:	
Subaward Period: January 1, 2023 through June 30, 2024		Subrecipient's: EIN: _____ Vendor #: _____ Unique Entity ID: _____	
Purpose of Award:			
Region(s) to be served: <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Specific County or counties:			
Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 0.00
2. Travel/Training	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Other	\$0.00	Amount Required Prior Awards:	\$ 0.00
TOTAL DIRECT COSTS	\$0.00	Total Match Amount Required:	\$ 0.00
7. Indirect Costs	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$0.00	Federal Budget Period: 03/03/2021 through 12/31/2024	
		Federal Project Period: 03/03/2021 through 12/31/2026	
FOR AGENCY USE, ONLY			
Source of Funds American Rescue Plan Act of 2021, US Treasury- Coronavirus State Fiscal Recovery Funds	% Funds: 100	CFDA: 21.027	Federal Grant #: SLRFP2634
		FAIN: SLRFP2634	Federal Grant Award Date by Federal Agency: June 4, 2021
Agency Approved Indirect Rate: 0.00%		Subrecipient Approved Indirect Rate: 0.00%	
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 any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator. 			
Incorporated Documents: 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.	
Authorized Subrecipient Official's Name and Title		Signature	
Yaraseth Anaya-Lugo Social Services Program Specialist III			
For Cindy Pitlock Administrator, Division of Child & Family Services			
		Date	

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.	
<p>_____</p> <p>(Signature) _____ (Date)</p> <p>_____</p> <p>(Printed Name & Title)</p>	