



State of Nevada

Department of Health and Human Services

Division of Child and Family Services

Grants Management Unit

Aid to Victims of Domestic Violence or Sexual Violence, Marriage License (ML)

Notice of Funding Opportunity

State Fiscal Year 2026 Award

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

Section I: Opportunity Summary

Opportunity Summary

The purpose of this funding announcement is to support programming for **nonprofit agencies** that serve **victims of domestic and sexual violence** pursuant to the **Nevada Revised Statutes (NRS) 217.400 to 217.460**. Funding is **for activities and services as defined in NRS 217.420(7)(a)-(f)**. ([NRS 217.420\(7\)\(a\)-\(f\)](#)).

This Notice of Funding Opportunity (NOFO) is for applications to be funded through the account, Aid for Victims of Domestic Violence or Sexual Violence for State Fiscal Year (SFY) 2026. This NOFO implements a funding process that combines application review and grant allocation based on geographic regions and is administered by the Division of Child and Family Services (DCFS).

Funding Details Summary:

- **Total Available Funding:** \$5,800,000
- **Funding Performance Period:** July 1, 2025 – June 30, 2026
- **Funding Considerations:** Per NRS, Awards are determined based on **availability of funding, along with compliance with grant requirements, and eligibility criteria**.
- **Award Guarantees:** Current subrecipients are **not guaranteed** funding in SFY 2026, and awards granted through this NOFO do not ensure future funding.
- **Match Funds:** This funding opportunity **does not require** match funds.

Funding Guidelines

OVERVIEW

This Notice of Funding Opportunity (NOFO) invites applications for funding through the **Account for Aid to Victims of Domestic Violence or Sexual Violence** for State Fiscal Year 2026. This account, established within the general fund, is administered by the Division of Child and Family Services.

VICTIM POPULATIONS TO BE SERVED

Pursuant to NRS [217.400\(3\)](#), Domestic Violence means:

- (a) The attempt to cause or the causing of bodily injury to a family or household member or the placing of a member in fear of imminent physical harm by threat of force.
- (b) Any of the following acts committed by a person against a family or household member, a person with whom he or she had or is having a dating relationship or with whom he or she has a child in common, or upon his or her minor child or a minor child of that person:
 - (1) A battery.
 - (2) An assault.
 - (3) Compelling the other by force or threat of force to perform an act from which he or she has the right to refrain or to refrain from an act which he or she has the right to perform.
 - (4) A sexual assault.
 - (5) A knowing, purposeful, or reckless course of conduct intended to harass the other. Such conduct may include, without limitation:
 - (I) Stalking.
 - (II) Arson.
 - (III) Trespassing.
 - (IV) Larceny.
 - (V) Destruction of private property.
 - (VI) Carrying a concealed weapon without a permit.
 - (6) False imprisonment.
 - (7) Unlawful entry of the other's residence, or forcible entry against the other's will if there is a reasonably foreseeable risk of harm to the other from the entry.

Pursuant to NRS [217.400\(8\)](#): Victim of sexual assault and victim of sexual violence means a person who has been sexually assaulted as defined in [NRS 200.366](#) or a person upon whom a sexual assault has been attempted.

Pursuant to NRS [217.400\(9\)](#): Victim of stalking means a person who is a victim of the crime of stalking or aggravated stalking as set forth in [NRS 200.575](#).

Funds are awarded on an SFY basis and in accordance with NRS 217.400-460. Funding provides services to Victims of Domestic Violence or Sexual Violence pursuant to [NRS 217.420\(7\)\(a\)-\(f\)](#).

APPLICANT ELIGIBILITY

The State of Nevada will fund, pursuant to NRS Chapter 217.400 to 217.460, one applicant to provide services for victims of domestic violence and one applicant to provide services for victims of sexual violence in counties whose population is less than 100,000; and two applicants to provide services for victims of domestic violence and two applicants to provide services for victims of sexual violence in counties whose population is 100,000 or more.

Eligibility is Pursuant to NRS [217.420\(1\)-\(7\)](#):

1. Be a **nonprofit corporation**, incorporated or qualified in this state.
2. Be **governed by a board of trustees/directors** which reflects the racial, ethnic, economic, and social composition of the county to be served and includes at least one trustee who has been a victim of domestic or sexual violence.
3. **Receive at least fifteen (15) percent of its money from sources other than the Federal Government, the State, any local government or other public body or their instrumentalities.** Any goods or services which are contributed to the organization may be assigned their reasonable monetary value for the purpose of complying with the requirement of this subsection.
4. Provide its services exclusively for victims of domestic or sexual violence and only within this state if located in a county whose population is 100,000 or more; or primarily for victims of domestic or sexual violence and only within the state if located in a county whose population is less than 100,000.
5. Require its employees and volunteer assistants to **maintain the confidentiality of any information which would identify persons receiving the services.**
6. Provide its services **without any discrimination on the basis of race, religion, color, age, sex, marital status, national origin, or ancestry.**
7. Be able to provide:
 - (a) Except in counties whose population is less than 100,000 or if the organization provides services exclusively to victims of sexual violence, shelter to victims on any day, at any hour.
 - (b) **A telephone service capable of receiving emergency** calls on any day, at any hour.
 - (c) Except in counties whose population is less than 100,000 or if the organization provides services exclusively to victims of sexual violence, **facilities where food can be stored and prepared.**
 - (d) Counseling, or referrals for counseling, for victims, partners of victims and their family members.
 - (e) Assistance to victims in obtaining legal, medical, psychological, or vocational help.
 - (f) Education and training, including prevention programs, for members of the community on matters which relate to domestic and sexual violence.

FUNDING ALLOCATIONS AND DISTRIBUTION

Grant allocations for programs to aid Victims of Domestic Violence or Sexual Violence for State Fiscal Year 2026 are based on projections for marriage license revenue that will be collected from July 1, 2025, through June 30, 2026. The projected budget for the subaward is \$5,800,000. Population statistics utilized were provided by the Nevada State Demographer on February 05, 2025.

In accordance with NRS [217.450\(5\)\(c\)](#), seventy-five percent (75%) of the revenue allocated to each county will be allocated for grants for services for victims of domestic violence and twenty-five percent (25%) will be allocated for grants for services for victims of sexual violence.

Nevada Revised Statutes [217.450\(5\)\(a\)](#) guarantees a base amount of \$7,000 to all counties with a population of less than 100,000 and a base amount of \$35,000 for counties higher than 100,000. Per [NRS 217.450\(5\)\(a\)](#), these base allocations **must be adjusted annually** based on changes in total revenue. Specifically, the **amount deposited in the account during the preceding fiscal year**, as outlined in [NRS 122.060](#), is compared to **\$791,000**. The **total available revenue for the fiscal year is divided by \$791,000**, and the resulting percentage determines how much the base allocations increase or decrease for that year.

In addition, pursuant to NRS [217.450\(5\)\(b\)](#), any additional revenue available in the Account must be allocated to grants, on a per capita basis, for all counties whose population is 20,000 or more.

Funding is subject to revision based upon actual revenue received. DCFS will keep funded organizations informed on collected revenue and adjustments will be made in a timely manner to minimize program impact.

Base Allocation, Base Allocation Adjustment, Per Capita Adjustment

SFY 2026 Aid to Victims of Domestic Violence or Sexual Violence (BA3181)						
County	Population*	Base Award	Base Adjustment	Counties over 20,000	Per Capita Award	Total Award
			7.332490518 3312300			
Carson City	60,266	\$7,000	\$51,327	60,266	\$84,419	\$135,746
Churchill County	27,253	\$7,000	\$51,327	27,253	\$38,175	\$89,502
Clark County	2,392,490	\$35,000	\$256,637	2,392,490	\$3,351,318	\$3,607,955
Douglas County	55,797	\$7,000	\$51,327	55,797	\$78,159	\$129,486
Elko County	57,989	\$7,000	\$51,327	57,989	\$81,229	\$132,556
Esmeralda County	1,086	\$7,000	\$51,327		\$0	\$51,327
Eureka County	1,852	\$7,000	\$51,327		\$0	\$51,327
Humboldt County	17,801	\$7,000	\$51,327		\$0	\$51,327
Lander County	6,255	\$7,000	\$51,327		\$0	\$51,327
Lincoln County	4,730	\$7,000	\$51,327		\$0	\$51,327
Lyon County	65,116	\$7,000	\$51,327	65,116	\$91,212	\$142,539
Mineral County	4,770	\$7,000	\$51,327		\$0	\$51,327
Nye County	51,802	\$7,000	\$51,327	51,802	\$72,562	\$123,889
Pershing County	7,184	\$7,000	\$51,327		\$0	\$51,327
Storey County	4,457	\$7,000	\$51,327		\$0	\$51,327
Washoe County	513,854	\$35,000	\$256,637	513,824	\$719,747	\$976,384
White Pine County	10,209	\$7,000	\$51,327		\$0	\$51,327
Total	3,282,911	\$175,000	\$1,283,179	3,224,537	\$4,516,821	\$5,800,000

*Population statistics provided by Nevada State Demographer's Office on February 05, 2025

Calculating Base Adjustment Percentage: Total Revenue divided by 791,000

Calculating Base Award Adjustment: Base Award multiplied by Base Adjustment Percentage

Per Capita Award: Total Revenue – (Total Base Award + Total Base Adjustment) = Funding Remaining for Per Capita Award. To determine each counties Per Capita Award: Remaining Funding divided by the total population of all counties with more than 20,000 people, then multiplied by County Population.

Calculations	
Total Revenues Amount to be Awarded	\$5,800,000
Base Award	\$175,000
Total Base * Base Adjustment	\$1,283,179
Funding Remaining After Base Adjustment (Per Capita)	\$4,516,821.00
Total Base + Per Capita	\$5,800,000
Remaining Balance	\$0

Victims of Domestic Violence or Sexual Violence for SFY26			
DV/SV allocation per NRS 217.450			
County	DV Award (75%)	SV Award (25%)	Total Award
Carson City	\$101,809.50	\$33,936.50	\$135,746
Churchill County	\$67,126.50	\$22,375.50	\$89,502
Clark County	\$2,705,966.25	\$901,988.75	\$3,607,955
Douglas County	\$97,114.50	\$32,371.50	\$129,486
Elko County	\$99,417.00	\$33,139.00	\$132,556
Esmeralda County	\$38,495.25	\$12,831.75	\$51,327
Eureka County	\$38,495.25	\$12,831.75	\$51,327
Humboldt County	\$38,495.25	\$12,831.75	\$51,327
Lander County	\$38,495.25	\$12,831.75	\$51,327
Lincoln County	\$38,495.25	\$12,831.75	\$51,327
Lyon County	\$106,904.25	\$35,634.75	\$142,539
Mineral County	\$38,495.25	\$12,831.75	\$51,327
Nye County	\$92,916.75	\$30,972.25	\$123,889
Pershing County	\$38,495.25	\$12,831.75	\$51,327
Storey County	\$38,495.25	\$12,831.75	\$51,327
Washoe County	\$732,288.00	\$244,096.00	\$976,384
White Pine County	\$38,495.25	\$12,831.75	\$51,327
Total	\$4,350,000.00	\$1,450,000.00	\$5,800,000

Weight Scoring Matrix

Funding Distribution For Counties with Populations Over 100,000

Service Numbers Scoring Factor

Service Numbers Scoring
Shelter/Housing Services Data
Emotional Support or Safety Services Data
Personal Advocacy or Accompaniment Services Data
Information and Referrals Services Data
Criminal or Civil Justice System Assistance Data
Public Presentations/Community Education Services Data

Definition: Service numbers represent the total number of victims served and the number of services provided to victims within six specific categories. These numbers are reported by each agency in their year-to-date reports. Data from the first three quarters of the previous fiscal year, as recorded in the year-to-date report, will be used to calculate service numbers for this section.

Service Number Categories (Proportional Scoring)

Categories:

- Shelter and Housing Services Data
- Emotional Support or Safety Services Data
- Personal Advocacy or Accompaniment Services Data
- Information and Referrals Services Data
- Criminal or Civil Justice System Assistance Data
- Public Presentations/Community Education Services Data

Scoring Method:

- Calculate the Total Services Amount:
 - Total of the Services Amount = Sum of all Agency Services Amounts
- Divide the agency's services amount by the total services amount.
- Multiply by the maximum points for each category to calculate the agency's score.

QUESTION AND ANSWER SESSION

A Question-and-Answer session will begin the first day of the NOFO release and will continue until Monday, March 17, 2025, at 5pm. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Friday March 21, 2025. To submit your questions please e-mail to DCFS GMU at dcfsgrants@dcfs.nv.gov.



Section II: Application Process

Award Overview Timeline (Tentative)

Event	Date/Time
Grant opportunity announced	March 6, 2025
Questions and Answers posted to DCFS GMU webpage	March 21, 2025
Deadline for submission	April 1, 2025, 5pm PST
Evaluation period (approximate time frame)	April 7 – April 25, 2025
Announcement of awards	May 2025
Performance Period	July 1, 2025, through June 30, 2026

Application Review

DCFS staff will review and evaluate each application. The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly, and impartially. The review process will include a technical review of applicant information, cost effectiveness, and budget narrative.

Funding decisions will be based on the following factors:

- Eligibility criteria
- Geographic distribution of the proposed grant awards.

Evaluation Process

Applications received by the published deadline of **5 pm PST Tuesday, April 1, 2025**, will be processed as follows.

STEP 1: Technical Review

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

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

STEP 2: Application Review

- A. Each application that passes the technical review will be evaluated for content.
- B. During the review process, staff will identify strengths and weaknesses and may recommend one of the following if the application is funded:
 - Specific revisions are made to the budget, or
 - Special conditions are placed on the award (e.g., certain fiscal controls, or more frequent reviews).
- C. The application review 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 Application Review 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 an agency will receive all or partial funding for the program; or, if initially funded, that the 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:

- Eligibility criteria
- Geographic distribution of the proposed grant awards

Funding decisions made by the DCFS Administrator or designee are final.

Commitment to Servicing All Counties

If no application is submitted for one of the counties, DCFS GMU will attempt to engage with all eligible providers to determine if they are willing to extend their services to cover the unmet area.

Organizations that express interest will be required to submit a new application specific to that county. Only funds allocated for that county will be awarded.

If, after all reasonable outreach efforts are exhausted and no application is received, the funds will return to the DCFS account for redistribution among the awarded organizations.

Notification and Awarding Process

Applicants will be notified in May 2025 of their status with a Letter of Intent (LOI) after decisions have been made.

GMU staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified. All related issues must be resolved before a grant is awarded.

These issues may include, but are not limited to:

- Revisions to the Project Budget.
- Enactment of Special Conditions (e.g., certain fiscal controls, or more frequent 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.

Post Award Requirements

A. Monthly Financial Status and Request for Reimbursement Reports Filing

The Division 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 that 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. Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information to ensure grant compliance. 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 (as listed in the funded project's application) 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 thirty (30) working days following the conclusion of the subrecipient monitoring.

C. Year-to-Date Service Number Report

Subrecipients who receive an award must complete **services number reports on a year-to-date basis** and submit them as instructed by DCFS utilizing the Nevada HAL (Helpful Algorithms and Logic) Platform. The year-to-date reports will be due by the 15th day of April each year.

Successful applicants will report on their progress towards meeting their service number commitments. Year-to-date reports will ask for funded agencies to provide total number of individuals and services provided across all victim services funding sources and to provide total number of individuals served and services provided specifically for this funding opportunity. DCFS will provide the link to HAL for subrecipients to document their performance measures.

Subrecipients will be required to provide source documentation that corresponds to the data reported.

Reporting Period	Type of Data Required	Due Date
July 1 – March 31	Service Numbers	April 15

D. Compliance with Changes to 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. Financial Standards

All successful applicants must adhere to the Grant Instructions and Requirements (GIRS) and follow best practices in financial management and reporting to ensure the effective and complaint use of funding.

Agencies are expected to:

- Maintain financial integrity by ensuring all expenditures align with the approved budget.
- Submit accurate and timely Requests for Reimbursement (RFRs) with minimal discrepancies, ensuring that all requested reimbursements are for allowable and budgeted costs.\

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

Questions?

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

Section III: Application Instructions

Application Instructions

- An application packet, which includes the application checklist and application form, is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>
- To get the SFY26 ML Budget Narrative form e-mail dcfsgrants@dcfs.nv.gov or Xylan Ladista xladista@dcfs.nv.gov
- The completed application package consists of seven (7) sections and a checklist.
- Late and/or incomplete applications will not be scored nor be considered for funding.
- Application attachments should be in Arial 11-point font on single-spaced pages with one-inch margins.

Application Checklist

- Complete the Application Checklist prior to scanning/submitting the application to DCFS.
- Attach a copy of the organization's most recent Return of Organization Exempt from Income Tax Form 990 from the Department of the Treasury Internal Revenue Service.
- The Application Checklist is for the benefit of the applicants and is not required to be included in the Submission Packet.

Section A – Application Form – Must be Completed

- Complete the Application Form
- Sign the form.

Section B – Proposal Narrative

- Pursuant to [NRS 217.450\(2\)](#), The Administrator of the Division shall give priority to those applications for grants from the Account for Aid for Victims of Domestic or Sexual Violence submitted by organizations which offer the broadest range of services for the least cost within one or more counties. The proposal narrative will be used to determine the organizations which offer the broadest range of services.
- Narrative section should not exceed 10 pages.
- This section should detail proposal activities as it relates to **this funding opportunity**, this funding opportunity is **for activities and services as defined in NRS 217.420(7)(a)-(f)**. ([NRS 217.420\(7\)\(a\)-\(f\)](#)).
- This Section has four (4) sections.
- The Statement of Need (Section 2) must be substantiated with data.
- **Note:** Responses must specifically be tailored to this funding opportunity. If your organization is applying for other victim services funding, applicants should provide original content and avoid duplicating verbiage from other applications.

Overview
Instructions
1) Introduce the applicant organization, mission statement and its role in providing services, including any subcontractor(s) as necessary. <ul style="list-style-type: none"> • Outline your service area. • Outline the composition of your board members and attach an organization chart. • Describe the number of years that your organization has served victims in your area. • Outline your service numbers for victim services for the past 2 years.

Statement of Need
Instructions
1) How does your organization assess or identify the need for Victim Services in your area? Are you using assessments, surveys, policies, or community data? 2) Establish the degree of need of Domestic Violence or Sexual Assault services within the geographic area. <ul style="list-style-type: none"> • <i>If applying for both, please identify the degree of need for each population separately.</i> 3) Identify and describe the target population and the geographic area served by your project/program (including demographic characteristics, risk factors, geographic location, statistics, etc.)

Services Proposed

Instructions

The foundation of the proposed project(s) should be constructed of appropriate staffing, a flexible design, and a clear strategy.

- 1) Give a brief summary of the proposed project and its purpose.
- 2) Identify what services will be provided **for this funding opportunity** and how clients are referred to your agency.
- 3) Describe your agency's approach to direct service delivery and how it meets the needs of the client **for this funding opportunity**.
- 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.
- 5) If you are a recipient of multiple victim services grants through DCFS GMU, please explain how your agency guarantees the time and effort towards this funding opportunity? How does your agency ensure the separation of activities and service numbers across different funding sources? Please describe the methods or systems you use to track and report services accurately while preventing duplication or overlap between funding sources. Is it outlined in your budget? Will it be outlined in your activity based timesheets? **Note:** Your response must match your budget.
- 6) Describe how training for staff will be conducted to ensure effective service delivery.

Availability and Accessibility of Services

Instructions

- 1) 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 **for this funding opportunity**.
- 2) Detail the availability of services within the organization's geographic area.
- 3) Identify and list other organizations providing similar services and describe why duplication of services is warranted.
- 4) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

Section C – Shelter Narrative

- Pursuant to NRS 217.420(7)(a): Applicants should be able to provide: except in counties whose population is less than 100,000 or if the organization provides services exclusively to victims of sexual violence, shelter to victims on any day, at any hour.
- If you are an applicant in a county over 100,000 in population and if you are providing services to victims of domestic violence, then you must respond to this section.
- Shelter Narrative should not exceed 3 pages.
- This section should detail activities in regard to providing shelter as it relates to **this funding opportunity**.

Shelter Narrative
Instructions
<ol style="list-style-type: none">1) Please provide a description of your shelter (shelter size, shelter capacity, shelter location (indicate the city or town, regions served and confidentiality), security measures, genders served, and any relevant information your organization would like to share).2) Identify and list the amenities your organization offers in your shelter.3) Describe how your organization maintains the shelters' quality.4) Identify and detail the steps that your organization takes to handle complaints.5) Identify and detail how your organization ensures resident satisfaction.6) Identify, outline, and detail the minimum standards that the organization adheres to for the shelter. Cite sources for where standards were adapted from.

Section E – Budget

- This Section has two (2) fields.
- The first field (Proposed Project Budget) is part of the application form.
- To complete the second field, complete the SFY26 ML Budget Narrative Template, which can be obtained by e-mailing dcfsgrants@dcfs.nv.gov or Xylan Ladista xladista@dcfs.nv.gov.
- See Appendix A for instructions on completing the Budget Narrative Template form.

Proposed Project Budget
Instructions
<ul style="list-style-type: none">• Use the provided table and designate a whole dollar amount for the seven (7) budget categories; or use 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
Instructions
<ul style="list-style-type: none"> • All applications must include a detailed project budget narrative for the grant. • The budget should be an accurate representation of the funds <u>needed</u> to carry out the proposed and projected outcomes for SFY26.

Section F – Annual Agency Self-Assessment

Complete and submit your organization's annual self-assessment questionnaire for the upcoming fiscal year. If your organization has already completed the self-assessment for the funding opportunity's fiscal year, you do not need to submit it again.

Section G – Past Performance with DCFS GMU

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

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

Overview of Grant Conditions and Assurances

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 eligibility and fiscal requirements of the Aid for Victims of Domestic Violence or Sexual Violence;
2. The applicant **certifies that all information provided is true, accurate, and complete** to the best of their knowledge. The applicant acknowledges that any **false, misleading, or incomplete statements** may result in disqualification from funding consideration or repayment of awarded funds;
3. The applicant has read, understood, and complied 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 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 the Assurances and Certifications.

Submission Instructions

- The grant application deadline is 5:00 pm Pacific Standard Time (PST) on Tuesday, April 1, 2025.
- Submit the **signed, completed application form, Scope of Work, SFY26 ML Budget Narrative**, and all other required attachments in a PDF document to dcfsgrants@dcfs.nv.gov
- Application must be submitted by **emailing all required documents in a single email** to dcfsgrants@dcfs.nv.gov . In the subject line of the email write the NOFO title, “ML SFY26 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 of the application then 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.
- If you **do not receive an email acknowledgment within three (3) business days** of submitting the application. Please contact xladista@dcfs.nv.gov or call (775) 684-4494.
- Late and/or incomplete applications will not be scored nor be considered for funding.
- Submitting a paper copy of the application is **not required**. However, applicants without access to email may send their completed applications by mail, with a postmark date of April 1, 2025, to:

Division of Child and Family Services
 Grants Management Unit
 ATTN: **Xylan Ladista**
 4126 Technology Way, Suite 300
 Carson City, NV 89706

Contact Information

Contact Name	Email	Web Address / Phone Number
DCFS GMU	dcfsgrants@dcfs.nv.gov	https://dcfs.nv.gov/Programs/GMU/GMU/
Xylan Ladista	xladista@dcfs.nv.gov	(775) 684-4494

Application Checklist

For your reference, please complete this checklist prior to scanning/submitting your application.

Section A: Application Form

- All boxes are checked to indicate the organization's response.
- All fields are completed according to instructions.
- Certification is signed.

Section B: Proposal Narrative

- All questions are answered in the section they were asked.
- Page limits have not been exceeded

Section C: Shelter Narrative

- Completed Shelter Narrative
- Page limits have not been exceeded

Section E: Budget

- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Completed Budget Narrative (both forms)

Section F: Agency Self-Assessment

- Complete Self-Assessment (part of Application Form)

Section G: Past Performance with DCFS Grant Management Unit

- Attached most recent Single Audit or Financial Opinion

Application Submission/Attachments

- Most recent IRS Form 990 - Return of Organization Exempt from Income Tax
- Organization charts listing key personnel and board members, include board member composition.
- Include copies of any relevant contracts with contractors and consultants
- Included a copy of completed "SFY 26 ML Budget Narrative Template," both forms.

Application Submission

- A PDF will be emailed to dcfsgrants@dcfs.nv.gov with all required documentation no later than Tuesday, April 1, 2025, by 5:00 p.m. PST

Section A: Application Form

Applicant Organization

Name	
Mailing Address	
City & State, Zip code (Zip + 4)	
Physical Address	
City & State, Zip code (Zip + 4)	
Federal Tax ID #	
UEI # (SAM.gov)	

Organization Type	<input type="checkbox"/> 501(c)(3) Nonprofit
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Geographic Area of Service

Check all applicable boxes

<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Region	<input type="checkbox"/> Statewide
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Counties with Population			<input type="checkbox"/> Carson City (60,266)
<input type="checkbox"/> Churchill (27,273)	<input type="checkbox"/> Clark (2,392,490)	<input type="checkbox"/> Douglas (55,797)	<input type="checkbox"/> Elko (57,989)
<input type="checkbox"/> Esmeralda (1,086)	<input type="checkbox"/> Eureka (1,852)	<input type="checkbox"/> Humboldt (17,801)	<input type="checkbox"/> Lander (6,255)
<input type="checkbox"/> Lincoln (4,730)	<input type="checkbox"/> Lyon (65,116)	<input type="checkbox"/> Mineral (4,770)	<input type="checkbox"/> Nye (51,802)
<input type="checkbox"/> Pershing (7,184)	<input type="checkbox"/> Storey (4,457)	<input type="checkbox"/> Washoe (513,854)	<input type="checkbox"/> White Pine (10,209)

Provide a brief narrative of your service area. If you provide services in states other than Nevada, specify numbers or percentages served by each state.

Grant Eligibility Requirements

In accordance with NRS 217.420(1)-(7), does your agency meet the following requirements?

To be eligible for a grant from the Account for Aid for Victims of Domestic or Sexual Violence, an applicant must:

Is your agency a nonprofit corporation, incorporated or qualified in this state.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your agency governed by a board of trustees which reflects the racial, ethnic, economic and social composition of the county to be served and includes at least one trustee who has been a victim of domestic or sexual violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of your board composition included in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency receive at least 15 percent of its money from sources other than the Federal Government, the State, any local government or other public body or their instrumentalities. Any goods or services which are contributed to the organization may be assigned their reasonable monetary value for the purpose of complying with the requirement of this subsection. The 990 will validate the 15 percent requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of your organization's 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency provide its services:	
(a) Exclusively for victims of domestic or sexual violence and only within this state if located in a county whose population is 100,000 or more, or;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
(b) Primarily for victims of domestic or sexual violence and only within this state if located in a county whose population is less than 100,000	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Does your agency require its employees and volunteer assistants to maintain the confidentiality of any information which would identify persons receiving the services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency provide its services without any discrimination on the basis of race, religion, color, age, sex, sexual orientation, gender identity or expression, marital status, national origin or ancestry.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pursuant to NRS 217.420(7)(a)-(f), Is your agency able to provide:	
(a) Except in counties whose population is less than 100,000 or if the organization provides services exclusively to victims of sexual violence, shelter to victims on any day, at any hour.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(b) A telephone service capable of receiving emergency calls on any day, at any hour.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Except in counties whose population is less than 100,000 or if the organization provides services exclusively to victims of sexual violence, facilities where food can be stored and prepared.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) Counseling, or make referrals for counseling, for victims, partners of victims and family members of victims.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Assistance to victims in obtaining legal, medical, psychological or vocational help.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Education and training, including prevention programs, for members of the community on matters which relate to domestic and sexual violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Victim Population to be Served
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Both

Agency Non-Profit Mission Statement:

Organization Contact – Director, CEO, Administrator

Name	
Title	
Phone	
Email	

Program Point of Contact

Name	
Title	
Phone	
Email	

Fiscal Officer

Name	
Title	
Phone	
Email	

Subcontracting of Services

Does your organization subcontract its services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Complete the table below if your organization subcontracts its services. Copy the table if additional contractors are used to provide a complete response.

Subcontractor	
Mailing Address	
City & State, Zip code (Zip + 9)	
Federal Tax ID #	

Current Funding Request and Award History

For agencies that did not receive ML funding in SFY 2024 or 2025, enter \$0.00 in the SFY 2025 box.

Funding	SFY 2025 Award	SFY 2026 Request
Marriage License		

Current Funding Sources

List all funding sources for your agency.

To qualify for the Aid for Victims of Domestic Violence or Sexual Violence, Marriage License funding your agency must receive at least 15% of its funding sources other than the Federal Government, the State, any local government or other public body or their instrumentalities. Any goods or services which are contributed to the organization may be assigned their reasonable monetary value for the purpose of complying with the requirement (NRS 217.420 (3)).

Add additional rows to enter all funding sources that the organization has.

Name of Funding	Type (Federal, State, Local, Private, Etc.)	Project Period End Date	Amount Awarded (\$)

Past Performance with GMU

This section contains four fields, each with its own set of questions. New applicants to this funding opportunity should only respond to questions in the first field, while previous awardees must respond questions in all fields.

Single Audit or Financial Opinion	
Did your organization include a copy of your most recent Single Audit or Financial Opinion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Timeliness and Accuracy of Request for Funds (If Applicable)	
Has your organization submitted timely Request for Reimbursements (RFR's). RFR's are to be submitted by the 15th of the following month.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Subrecipient Monitoring Findings (If Applicable)	
Has your agency addressed previous monitoring findings conducted within the last 3 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Subrecipient Response to Technical Assistance (If Applicable)	
If your organization has received technical assistance from GMU, has your organization successfully implemented GMU's guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Sexual Violence Services Questionnaire

Please **only complete these questions if you are requesting Sexual Violence funding**. For any questions that are not applicable, mark them 'Not Applicable or N/A'.

A. Does your agency have a strategic plan for its sexual violence program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please describe your organizations strategic plan. If No , please describe why not, or if one will be created.	

B. Does your agency have strategic goals established for its sexual violence program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please describe your organizations strategic goals. If No , please describe why not, or if goals will be created.	

C. Does your agency provide services to the full continuum of sexual violence survivors, including adult, youth, and child survivors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you responded NO , please specify who is not served, and why	

D. Does your agency understand the connection between sexual violence and oppression and work to end both?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you responded YES , please provide a brief description of how your agency is working on this.	

E. What type of services does your agency provide to meet short-term needs of sexual violence survivors?

F. What type of services does your agency provide to meet long-term needs of sexual violence survivors?

G. Does your agency provide specific advocacy training on sexual violence and core service provision? Yes No

If **Yes**, please describe if your organization offers trainings to your staff, your clients, or the public. If **No**, please describe why not.

H. Explain how your organization distributes information regarding the services about sexual violence to clients. Is information available on your website, a brochure, community centers, social media, etc.

I. Explain how your organization communicates to the community about sexual violence. Is it through training, public presentations, social media, etc.

<p>JA. In Counties whose populations is under 100,000. Does your agency have a method to determine if those you serve are primarily victims of Domestic Violence or of Sexual Violence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>JB. In Counties whose populations is over 100,000. Does your agency have a method to determine if those you serve are exclusively victims of Domestic Violence or of Sexual Violence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Explain how your organization tracks them separately.</p>	

K. What percentage of the victims served are primarily victims of Sexual Violence?

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 Victims of Domestic Violence or Sexual Violence legislation governing the grant as indicated by the Division of Child and Family Services (DCFS) 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

Section B: Proposal Narrative

- Narrative section should not exceed 10 pages. Not including instruction tables.
- This section should detail proposal activities as it relates to **this funding opportunity**, this funding opportunity **is for activities and services as defined in NRS 217.420(7)(a)-(f)**. ([NRS 217.420\(7\)\(a\)-\(f\)](#)).
- This Section has four (4) parts.
- The Statement of Need (Section 2) must be substantiated with data.
- **Note:** Responses must specifically be tailored to this funding opportunity. If your organization is applying for other victim services funding, applicants should provide original content and avoid duplicating verbiage from other applications.

Overview

Instructions

- 1) Introduce the applicant organization, mission statement and its role in providing services, including any subcontractor(s) as necessary.
 - Outline your service area
 - Outline the composition of your board members and attach an organization chart.
 - Describe the number of years that your organization has served victims in your area.
 - Outline your service numbers for victim services for the past 2 years.

DELETE TEXT ** BOX WILL AUTOMATICALLY RESIZE WITH YOUR CONTENT LENGTH**

Statement of Need and Target Population

Instructions

- 1) How does your organization assess or identify the need for Victim Services in your area? Are you using assessments, surveys, policies, or community data?
- 2) Establish the degree of need of Domestic Violence or Sexual Assault services within the geographic area.
 - *If applying for both, please identify the degree of need for each population separately.*
- 3) Identify and describe the target population and the geographic area served by your project/program (including demographic characteristics, risk factors, geographic location, statistics, etc.)

DELETE TEXT ** BOX WILL AUTOMATICALLY RESIZE WITH YOUR CONTENT LENGTH**

Services Proposed

Instructions

The foundation of the proposed project(s) should be constructed of appropriate staffing, a flexible design, and a clear strategy.

- 1) Give a brief summary of the proposed project and its purpose.
- 2) Identify what services will be provided **for this funding opportunity** and how clients are referred to your agency.
- 3) Describe your agency's approach to direct service delivery and how it meets the needs of the client **for this funding opportunity**.
- 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.
- 5) If you are a recipient of multiple victim services grants through DCFS GMU, please explain how your agency guarantees the time and effort towards this funding opportunity? How does your agency ensure the separation of activities and service numbers across different funding sources? Please describe the methods or systems you use to track and report services accurately while preventing duplication or overlap between funding sources. Is it outlined in your budget? Will it be outlined in your activity-based timesheets? **Note:** Your response must match your budget.
- 6) Describe how training for staff will be conducted to ensure effective service delivery.

DELETE TEXT ** BOX WILL AUTOMATICALLY RESIZE WITH YOUR CONTENT LENGTH**

Availability and Accessibility of Services

Instructions

- 1) 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 **for this funding opportunity**.
- 2) Detail the availability of services within the organization's geographic area.
- 3) Identify and list other organizations providing similar services and describe why duplication of services is warranted.
- 4) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

DELETE TEXT ** BOX WILL AUTOMATICALLY RESIZE WITH YOUR CONTENT LENGTH**

Section C: Shelter Narrative

- Pursuant to NRS 217.420(7)(a): Applicants should be able to provide: except in counties whose population is less than 100,000 or if the organization provides services exclusively to victims of sexual violence, shelter to victims on any day, at any hour.
- If you are an applicant in a county over 100,000 in population and if you are providing services to victims of domestic violence, then you must respond to this section.
- Shelter Narrative should not exceed 3 pages.

Is your organization based in a county whose population is over 100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your organization is based in a county whose population is less than 100,000, skip this section.	

Is your organization providing services for Victims of Domestic Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your organization is not providing services for Victims of Domestic Violence, skip this section.	

- This section should detail activities in regard to shelter quality as it relates to **this funding opportunity**.

Shelter Narrative
Instructions
<ol style="list-style-type: none"> 1) Please provide a description of your shelter (shelter size, shelter capacity, shelter location (indicate the city or town, regions served and confidentiality), security measures, genders served, and any relevant information your organization would like to share). 2) Identify and list the amenities your organization offers in your shelter. 3) Describe how your organization maintains the shelters' quality. 4) Identify and detail the steps that your organization takes to handle complaints. 5) Identify and detail how your organization ensures resident satisfaction. 6) Identify, outline, and detail the minimum standards that the organization adheres to for the shelter. Cite sources for where standards were adapted from.

Shelter Insights	
Shelter Capacity (Enter number of beds)	
Shelter Amenities	
Telephone Availability* Mandated by NRS 217.420	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Storage and Preparation Facilities* Mandated by NRS 217.420	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of Confidentiality* Mandated by NRS 217.420	<input type="checkbox"/> Yes <input type="checkbox"/> No

DELETE TEXT ** BOX WILL AUTOMATICALLY RESIZE WITH YOUR CONTENT LENGTH**

Section C: Budget

Proposed Project Budget

- Submit as an attachment, your completed SFY 2026 Aid for Victims of Domestic Violence or Sexual Violence, Marriage License (ML) Budget Narrative Template.
- Copy the total amounts for each budget category from the Budget Narrative Template into the rows below.

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

Appendix A: Budget Narrative Instructions

Budget Narrative Instructions

All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the **funds needed to carry out the proposed and projected outcomes and activities** for SFY 2026. If the project is not fully funded, the GMU will work with the applicant to modify the budget, and the projected outcomes.

Applicants **must use the budget template form** (Excel file) provided. 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.**

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

Travel/Training					Total:	\$0.00
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GGA rates for per diem and lodging (go to www.gga.gov) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.						
Mileage						\$0.00
Justification of need: Mileage is only reimbursable if it is for client transport, client assistance, or if it is a justifiable expense to provide client services. It is not reimbursable from employee's home to/from a destination.						
Agency Vehicle						\$0.00
Justification of need: Example vehicle maintenance (explain type eg: tires, oil change, etc.) and gas.						
Out-of-State Travel						\$0.00
Title of Trip & Destination such as: CDC Conference-San Diego, CA						
	Cost	# of Trips	# of Days	# of Staff		
Registration fee						\$0.00
Airfare: Cost per trip (origin & destination) x # of trips x # of staff						\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GGA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day x # of nights x # of trips x # of staff						\$0.00
Ground Transportation: \$ per trip x # of trips x # of staff						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
Justification:						
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. Travel/Training must be aligned to grant objectives and allow abilities.						
If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F30 and complete for each trip.						
In-State Travel						\$0.00
Title of Trip & Destination such as: CDC Conference-Las Vegas, NV						
	Cost	# of Trips	# of Days	# of Staff		
Registration fee						\$0.00
Airfare: cost per trip (origin & destination) x # of trips x # of staff						\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff						\$0.00
Per Diem: \$ per day per GGA rate for area x # of trips x # of staff						\$0.00
Lodging: \$ per day x # of nights x # of trips x # of staff						\$0.00
Ground Transportation/Motor Pool: \$ car/day + # of miles/day x \$ rate per mile x # of trips x # of days						\$0.00
Parking: \$ per day x # of trips x # of days x # of staff						\$0.00
Justification:						
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. Travel/Training must be aligned to grant objectives and allow abilities.						
If traveling to more than 1 in-state destination, copy section above, revise formula in F18 and complete for each trip.						

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

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

Contracts					Total:	\$0.00
Agency must be able to provide documentation for full and open competition, develop clear descriptions of duties provided by Contractor, use minimum open and free competition, and verify that Contractor is not on the suspended and debarred list (SAM.gov). Agency must follow the procurement policies to enter into contracts. Copies of contracts are required. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.						
Name of Contractor/recipient						\$0.00
Method of Selection: Explain, i.e. sole source or competitive bid						
Period of Performance: July 1, 2022 - July 31, 2025						
Scope of Work: Briefly Define Scope of Work						
Justification: Define if sole source method and explain how it is sole source; explain contract approval.						
Method of Accountability:						
Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultants work.						
Add additional Contractor/recipient here with justification or delete this row.						
					\$0.00	

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

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

Applicant Name: _____

Form 2

PROPOSED BUDGET SUMMARY - SFY25
(Form Revised November 2022)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	ML	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	TOTAL
PENDING OR SECURED	Pending							
TYPE (Federal, State, Private, etc.)	State							
ENTER TOTAL REQUEST	\$0.00							\$0.00

EXPENSE CATEGORY

Personnel	\$0.00							\$0.00
Travel/Training	\$0.00							\$0.00
Operating	\$0.00							\$0.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00

TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
----------------	--------	--------	--------	--------	--------	--------	--------	--------

These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
----------------------------	--------	--------	--------	--------	--------	--------	--------	--------

Total Agency Budget	\$0.00
Percent of Agency Budget	

B. Explain any items noted as pending:

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 workspace & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section of this category, list each position and employee name, if known. Briefly describe how each employee will be utilized for this funding opportunity, and how their position relates to how this funding opportunity **is exclusively for activities and services as defined in NRS 217.420(7)(a)-(f)**. ([NRS 217.420\(7\)\(a\)-\(f\)](#)).

As part of the Division of Child and Family Services' commitment to diversity, equity, and inclusion, it is encouraged that each agency pay staff a living wage and offer a health insurance option. Provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker's compensation).

For example:

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

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

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 62.5 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, number attending, benefit to subrecipient, and implementation of a subaward.

OPERATING

All applicants must **list and justify** tangible and expendable property that will be **purchased specifically for this project**. This includes, but is not limited to, **office supplies, audit costs, and insurance(s)**. While individual supply items do not need to be itemized, a **list of typical program supplies** should be provided.

EQUIPMENT

Applicants must **list and justify** all **equipment purchases or leases** that **cost \$5,000 or more** and any **electronics** (e.g., **phones, laptops, computers**) regardless of cost. **All other equipment** costing **less than \$5,000** should be categorized under **Operating**.

Additional Equipment Guidelines:

- Equipment must **directly facilitate the purpose of the project** as an **integral component**. Equipment that does not serve a **direct project-related function** is **not allowed**.
- Equipment purchased with grant funds **must be labeled, inventoried, and tracked**.

CONTRACTUAL/CONSULTANT SERVICES

Project workers who are **not employees** of the applicant organization should be **identified in this category**. Any costs associated with these workers, such as **travel, per diem, or other expenses**, should also be listed. Applicants must **explain the need and/or purpose** for the contractual or consultant services and **justify these costs**.

For **collaborative projects involving multiple sites and partners** separate from the applicant organization, all costs incurred by the **partner organizations** should be included in this category, with **subcategories for Personnel, Fringe, Contract, etc..**

- **Written sub-agreements** must be maintained with **each partner organization**.
- The applicant is responsible for **administering all sub-agreements** in accordance with the requirements for grants administered under **DCFS**.
- A copy of the **written agreements with all partners must be provided**.

Submission Requirement:

- Scan **all written agreements** with partners along with the budget into **one file** and attach it to the application.

OTHER EXPENSES

Applicants must **identify and justify** all expenditures in this category, which may include a **variety of project-related costs** necessary for program operations. These expenses can cover a **wide range of costs**, such as:

- **Client transportation**
- **Client needs**
- **Programmatic supplies**

Stipends & Scholarships

Stipends or scholarships that are **part of a larger project or program** may be included in this category, but **require special justification** to demonstrate:

- The **merits** of the applicant organization serving as a **pass-through entity**.
- The organization's **capacity** to administer these funds effectively and responsibly.

If the **narrative section does not provide enough space** for adequate justification, applicants should **add a fourth tab** to the budget template to expand on the explanation.

BUDGET SUMMARY FORM 2

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 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 the type of funding (Federal, State, or Private) on line 7 for each funding source. Enter either "Secured" or "Pending" in the cell(s) in Row 8. 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.

Sample: Notice of Subaward (NOSA)

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



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

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

NOTICE OF SUBAWARD

Program Name:		Subrecipient's Name:	
Address:		Address:	
Subaward Period:		Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____	
Purpose of Award:			
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties:			
Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel		Total Obligated by this Action:	\$ 0.00
2. Travel/Training		Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating		Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant		Amount Required this Action:	\$ 0.00
6. Other		Amount Required Prior Awards:	\$
TOTAL DIRECT COSTS		Total Match Amount Required:	\$
7. Indirect Costs		Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$0.00	Federal Budget Period:	N/A
		Federal Project Period:	N/A
FOR AGENCY USE, ONLY			
Source of Funds	% Funds:	CFDA:	FAIN:
Victims of Domestic Violence Fees	100%		
		Federal Grant #:	Federal Grant Award Date by Federal Agency:
Agency Approved Indirect Rate: 0.00%		Subrecipient Approved Indirect Rate:	
Terms and Conditions: In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 15 th 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 by the 15 th of each month following the month requesting, 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; and Addendum A: Victims of Domestic Violence Assurance	
Authorized Subrecipient Official's Name and Title		Signature	
Grants & Project Analyst II			
Administrator, Division of Child & Family Services			
		Date	

SAMPLE SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any recipient or employee because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR part 35.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for subrecipients that expend \$750,000 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

SECTION C
SAMPLE SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Department of Health and Human Services from Victims of Domestic Violence Fees. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Victims of Domestic Violence Fees.

Subrecipient agrees to adhere to the following budget:

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

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- "The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."

The Subrecipient agrees to:

- Request reimbursement according to the schedule specified below for actual expenses related to the Scope of Work during the subaward period.
 - Total reimbursement through this subaward will not exceed \$ **Enter Total Amount**.
 - Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
 - Additional expenditure detail and/or supporting documentation will be provided to the Department upon request.
 - Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Provide a complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD.
 - Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
 - Any work performed after the SUBAWARD PERIOD will not be reimbursed.
 - If a Request for Reimbursement (RFR) is received after the 30-day closing period, the Department may not be able to provide reimbursement.

- If a credit is owed to the Department after the 30-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees to:

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

Both parties understand:

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

Financial Reporting Requirements

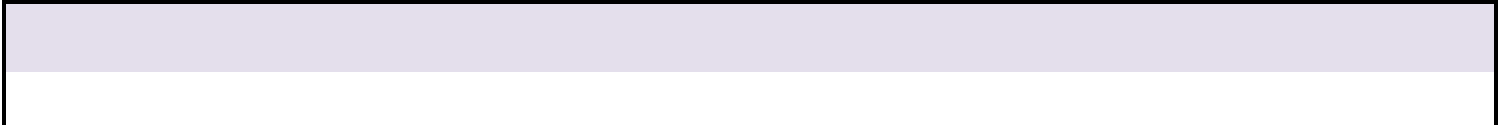
- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures with accompanying proof of payment.
- Payment will not be processed unless all reporting requirements are current.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

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

Agency Ref #
 Budget Account: _____
 Category _____
 Job #
 ALN _____

**SAMPLE SECTION D
Request for Reimbursement**

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



Approved Budget Category	Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	Percent Expended
Personnel	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Travel/Training	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Operating	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Equipment	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Contractual/Consultant	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Other	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Indirect	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-



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

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

Authorized Signature _____ Title _____ Date _____



Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Recommended for Payment By: _____ Date: _____

SAMPLE SECTION E

Audit Information Request

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

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

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

SAMPLE SECTION F

Notification of Utilization of Current or Former State Employee

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

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

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

SAMPLE SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Subrecipient

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Department and Subrecipient agree as follows:

I. **DEFINITIONS**

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

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

II. **TERM**

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

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

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

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

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

V. **USE OR DISCLOSURE OF INFORMATION**

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

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

VI. **OBLIGATIONS OF SUBRECIPIENT**

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

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

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

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

SAMPLE APPENDIX A

Victims of Domestic Violence Assurance

As the duly authorized representatives of the applicant organization, we certify that the applicant:

1. The organization is a non-profit corporation, incorporated and qualified in the State of Nevada and has filed all required reports with the Secretary of State and all filings are current.
2. The organization provides services exclusively for victims of domestic violence and only within the State of Nevada.
3. The organization, if operating a shelter, will make the shelter available to all programs throughout the State of Nevada.
4. The organization will provide shelter to victims any day, at any hour, except those counties whose population is less than 100,000.
5. The organization will provide facilities where food can be stored and prepared, except those counties whose population is less than 100,000.
6. The organization must be able to provide a telephone service capable of receiving emergency calls on any day, at any hour.
7. The organization will provide counseling or make referrals for counseling, for victims or spouses of victims and their children.
8. The organization will assist victims in obtaining legal, medical, psychological or vocational help.
9. The organization will provide education and training for members of the community on matters which relate to domestic violence.

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