



State of Nevada

**Department of Health and Human Services
Division of Child and Family Services Grant**

Management Unit

**Community-Based Child Abuse Prevention (CBCAP) &
Children's Trust Fund (CTF)**

Notice of Funding Opportunity (NOFO)

CBCAP-Federal Fiscal Year 2022 Award

CTF-State Fiscal Year 2024 Award

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

Opportunity Summary

Opportunity Summary

Community-Based Child Abuse Prevention (CBCAP) programs, which are authorized as part of the Child Abuse Prevention and Treatment Act (CAPTA), has a rich history of promoting efforts to support families and prevent child maltreatment. The law emphasizes support for community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs and activities to prevent child abuse and neglect.

This aligns with the focus of the Children's Bureau (CB), which oversees the implementation of CBCAP programs and has prioritized efforts to support families before any child is harmed. Recognizing individual child abuse and neglect prevention programs cannot do this work alone, CB has made a call to action to the child welfare field to implement primary prevention strategies to strengthen families and prevent the unnecessary removal of children from their homes. CBCAP grantees are in a unique position of leadership in this effort, as CAPTA further promotes state lead agencies to develop networks of coordinated resources and activities and leverage funding streams to effectively strengthen and support families and reduce the likelihood of child abuse and neglect.

CAPTA also stresses the importance of identifying parent leaders and involving parents, including members from underrepresented and underserved groups, in the planning, implementation, and improvement of community-based child abuse prevention programs.

The Children's Trust Fund (CTF) is dedicated to the prevention of child abuse and neglect. It was established in 1985 by the State Legislature ([NRS 432.131](#)) and is administered by the Division of Child and Family Services Grant Management Unit (GMU). The CTF is a special account that receives fees from Nevada birth and death certificates. To supplement the Fund, the GMU submits an annual application for federal [Community-Based Child Abuse Prevention \(CBCAP\)](#) grant funds, established by Title II of the Child Abuse Prevention and Treatment Act Amendments of 1996 and most recently reauthorized by the CAPTA Reauthorization Act of 2010.

DCFS GMU is publishing a Notice of Funding Opportunity (NOFO) for State Fiscal Year 2024 for **primary and secondary prevention programs for child abuse and neglect funded through both CBCAP and CTF.**

Community-Based Child Abuse Prevention Purposes are:

1. To support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
2. To foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Children's Trust Fund Purposes are:

As the state's prevention of child abuse and neglect program CTF's purpose are aligned with CBCAPs in an effort to unite forces to prevent child abuse and maltreatment in our state and to meet the performance measure.

Prevention Requirements

Primary Prevention

Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect. Primary prevention services include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary CBCAP/CTF NOFO State Fiscal Year 2024

prevention can be difficult to measure because you are attempting to impact something before it happens, an unknown variable.

Secondary Prevention

Secondary prevention consists of activities targeted to families that have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low-income families. Secondary prevention services include services such as, parent education classes targeted for high-risk parents, respite care for parents of a child with a disability, or home visiting programs for new parents.

Target Population

- Adult former victims of child abuse and neglect or domestic violence
- Fathers
- Homeless families and those at risk of homelessness
- LGBTQIA+ Families
- Members of underserved or underrepresented groups
- Parents (all, new, teens, etc.)
- Parents and/or children with disabilities
- Racial and ethnic minorities
- Unaccompanied homeless youth

Allowable Activities and Services

DCFS will authorize and approve activities and services that prevent child abuse and neglect of children that are focused on the following:

- Offering comprehensive support for parents and parents with disabilities
- Services promoting the development of parenting skills while providing and improving the access to formal and informal resources
 - Family Centered Case Management
 - Parenting Education
 - Mental Health Services and Support
 - Home Visiting programs for new parents
 - Respite Care
 - Behavior Management
 - Substance Abuse Treatment Services
 - Peer Support
 - Domestic Violence Service programs for children and their non-abusing caregivers
- Provide referrals for early health and development services
- Promote meaningful parent leadership
 - Participating with PCAN as they are leading a Nevada parent leadership project
- Promote self-protection education for children
 - Public Awareness of Child Abuse and Neglect
 - Self-Protection Education for Children

Grant Requirements

Eligibility: Community-based organizations, school districts, tribal governments, and local government agencies.

Funding Period: Grants will be awarded for a 12-month period: July 1, 2023 through June 30, 2024.

Program Services: Funds are awarded on an SFY basis and are dependent upon availability of federal or state funding, CBCAP/CTF NOFO State Fiscal Year 2024

compliance with grant requirements and proposed activities outlined in the Scope of Work (SOW). New and current subrecipients are encouraged to propose projects that are innovative and reach populations throughout geographical regions in the State of Nevada.

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

Quarterly Performance Reporting: The quarterly reports will be due by the 15th of the month following the end of the reporting quarter.

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

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

Program Requirements

Coordination with Other Systems: As a child abuse prevention program, it is required that all successful subrecipients participate in the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services. Successful applicants agree to collaborate with the agency, Prevent Child Abuse Nevada.

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

Evidence-Based and Evidence-Informed programs: Programs and practices recognized as evidence-based have demonstrated the highest level of evidence of effectiveness based on a set of evaluation or research criteria. Every funded program should:

- Be based on a logic model
- Have a written manual or protocol
- Be generally accepted
- Shown to do no harm
- Demonstrate a commitment to ongoing evaluation and the establishment of a process for continuous quality improvement

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

Parent Leadership and Involvement: Parents are central to family support models and should be encouraged to develop to their potential. Parent support, education, and leadership work together to help them develop the skills to do just that. By fostering parents in the role of experts and leaders, families benefit from improved self-worth and act as better advocates for their needs. In contrast, programs benefit from being more responsive and accountable to the families they serve.

Required Training: Data Management is an online course offered by FRIENDS ([Friends NRC](#)) through their Online CBCAP/CTF NOFO State Fiscal Year 2024

Learning Center as a resource designed to meet the demands of providing high quality, subject-specific training free. GMU requires that all successful subrecipients comply with this course within the first six month of the project year. To access the course visit [FRIENDS Online Learning Center \(remote-learner.net\)](https://remote-learner.net).

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

1. Cultural Awareness and
2. Trauma Informed Trainings

Protective Factors Survey, 2nd Edition (PFS-2): Successful applicants will be required to use the Protective Factors Survey. The Protective Factors Survey (PFS) is designed for use with parents and caregivers participating in family support and child maltreatment prevention services. By implementing that all subrecipients use and report the data captured by the PFS will provide us with information that will help us improve our services and our prevention efforts. The goal is to capture the following data:

- Provide agencies with a snapshot of the families they serve
- Measure changes in family protective factors, and
- Help identify areas where staff can focus on increasing protective factors for each family.

Prevent Child Abuse Nevada (PCAN): All successful applicants will be required to participate with PCAN's training opportunities, planning activities for April's Child Abuse Prevention Month, and prevention meetings.

Community-Based Child Abuse Prevention Requirements

Applications must address one or more of the following purposes:

Section 201(b) of the CBCAP Act provides that funds made available to states under the CBCAP program must be used for the following purposes:

1. developing, operating, expanding, and enhancing community-based, and prevention focused programs and activities designed to strengthen and support families to prevent child abuse and neglect that are accessible, effective, and culturally appropriate, and build upon existing strengths that:
 - a. offer assistance to families;
 - b. provide early, comprehensive support for parents;
 - c. promote the development of parenting skills, especially in young parents and parents with very young children;
 - d. increase family stability;
 - e. improve family access to other formal and informal resources and opportunities for assistance available within communities, including access to such resources and opportunities for unaccompanied homeless youth;
 - f. support the additional needs of families with children with disabilities through respite care and other services;
 - g. demonstrate a commitment to involving parents in the planning and program implementation of the lead agency and entities carrying out local programs funded under this Title, including meaningful involvement of parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups; and
 - h. provide referrals to early health and developmental services.
2. fostering the development of a continuum of preventive services for children and families, including unaccompanied homeless youth, through state and community-based collaborations and partnerships, both public and private;
3. financing the start-up, maintenance, expansion, or redesign of specific family resource and support program community-based child abuse and neglect prevention program services (such as respite care services, child abuse and neglect prevention activities, disability services, mental health services, substance abuse treatment services, domestic violence services, housing services, transportation, adult education, home visiting and other similar services) identified by the inventory and description of current services required under section

205(a)(3) as an unmet need, and integrated with the network of community-based family resource and support child abuse and neglect prevention program to the extent practicable given funding levels and community priorities;

4. maximizing funding through leveraging of funds for the financing, planning, community mobilization, collaboration, assessment, information and referral, startup, training and technical assistance, information management and reporting, reporting and evaluation costs for establishing, operating, or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect; and
5. financing public information activities that focus on the healthy and positive development of parents and children and promotion of child abuse and neglect prevention activities.

The term "community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect" includes family resource programs, family support programs, voluntary home visiting programs, respite care programs, parenting education, mutual support programs and other community programs or networks of programs that provide activities that are designed to prevent child abuse and neglect.

CBCAP'S Intended Outcomes:

- A long-term outcome for CBCAP is to decrease the rate of children who are first-time victims of child maltreatment.
- To decrease the rate of first-time perpetrators of child abuse.
- To support evidence-based and evidence-informed (EB/EI) child abuse prevention programs and practices.

Children's Trust Fund Requirements

As the state's prevention of child abuse and neglect program CTF's purpose is aligned with CBCAPs in an effort to unite forces to prevent child abuse and maltreatment in our state and to meet the performance measure. The GMAC focuses on funding programs that provide parenting education, self-protection education for children, respite care, home visitation, and public awareness of child abuse and neglect.

CTF funded programs that address child abuse and neglect prevention or provide respite to the primary caregiver of children with disabilities are required to incorporate the Six Protective Factors in their programs and activities.

Funding Distribution

Total Funding Amount: \$1,500,000

DCFS has determined that CBCAP and CTF prevention funding will be distributed based on target population, region, and authorized activities. Funding preferences will be given to the program's priority populations. Funds are awarded on a SFY basis through a NOFO process and are dependent upon availability of funding and meeting with the Program Requirements. New and current subrecipients are encouraged to propose projects that are innovative and far reaching as we strive to reach underserved populations and geographical regions throughout the State of Nevada.

****Funding will be distributed to support multiple projects which further the funding priorities of DCFS. There is no guarantee that any application will be approved and DCFS has discretion to restrict amounts awarded based on available funds and the number of applications received. DCFS GMU staff will determine the funding source (either CBCAP or CTF) of the successful applications.**

*****Priority funding set aside of \$300,000 for local agencies with in the rural and frontier counties as identified in the Prevention Strategic Plan**

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

All awards are contingent upon availability of funds. The Division reserves the right to modify or reject applications. Applications must conform to the conditions or guidelines contained in this Notice of Funding Opportunity (NOFO). **Funding decisions will be made based on application scores and the mix of proposed services. A successful application is not a guarantee for receiving all or partial funding for the program, or, if initially funded, that the project will receive continued funding in subsequent grant cycles. DCFS reserves the right to fund or not fund any project based on scoring, available funds, or past grant performance. There is no appeals process.**

Questions?

Please submit any questions regarding the CBCAP/CTF application process by Friday, March 24th. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Wednesday March 29, 2023. To submit your questions, please e-mail DCFS Grants at dcfsgrants@dcfs.nv.gov.

Application Process

Award Timeline

| Application Timeline Schedule | |
|--|------------------------------------|
| Event | Date/Time |
| Grant opportunity announced | March 10, 2023 |
| Questions and Answers posted to DCFS GMU webpage | March 29, 2023 |
| Deadline for submission | April 17, 2023 |
| Evaluation period (approximate timeframe) | April-May 2023 |
| Announcement of awards | June 2023 |
| Performance Period | July 1, 2023 through June 30, 2024 |

Application Review

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

The review panel members will be comprised of individuals with experience and knowledge of grant management or responsibility for program service and financing. GMU will gather the review panel's funding suggestion to submit to the DHHS Director for final funding decision based on the following:

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

Evaluation Process

Applications received by the published deadline of **5:00 pm Monday, April 17, 2023**, 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). The DCFS staff will reach out to applicants for clarification on missing documents, attachments that cannot be opened, or any other application issues. If the applicant does not respond within 3 business days, the application may be disqualified.

STEP 2: Application Review Panel

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

STEP 3: Final Decisions

A successful application does not 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 DHHS Director, or designee based on the identified factors listed under the Application Review section.

Note: Funding decisions made by the DHHS Director or designee are final. There is no appeals process.

Notification and Award Process

Applicants will be notified of their status with a Letter of Intent after decisions have been made in June 2023. Subrecipients will have 15 days from the date the Letter of Intent is sent to respond.

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

- Revisions to the project budget,
- Revisions to the Scope of Work, and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements 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 Reimbursements (RER)

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

- Instructions and technical assistance will be provided upon the awarding of funds.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization’s written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives. **** All expenses must be cost allocated based on ACTUAL time worked on the project. Allocations based on budgeted amounts will not be allowed.**
- In cases where two or more grants constitute one identified activity or program, salary charges to one grant may be allowable after written permission is obtained from the awarding agency.

Examples: Items that may support salaries and wages must include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records should also reflect either after the fact distribution of actual activities or certifications of employee’s actual work performed.

Note: Per the DOJ Grants Financial Guide: Charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See 2 C.F.R. § 200.430.

B. Risk Assessment and Subrecipient Monitoring

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

C. Performance Reports

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

| Reporting Period | Type of Data Required | Due Dates |
|-----------------------------|------------------------------|------------|
| Q1- July 1 — September 30 | Program Performance Measures | October 15 |
| Q2- October 1 — December 31 | | January 15 |
| Q3- January 1 — March 31 | | April 15 |
| Q4- April 1 — June 30 | | July 15 |

Application Instructions and Scoring

Section A – Application Form

- Complete and sign the application.
- An application packet, which includes this application and the required data sources, is available for download at <http://dcfs.nv.gov/Programs/GMU/GMU/>
- Late and/or incomplete applications will not be scored nor considered for funding.
- The total possible score for the entire application is 195.
- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one- inch margins and should not exceed 15 pages. All pages including attachments must have applicant’s name on the bottom of the page.

Section B - Narrative (70 points)

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

| Narrative Section | Scoring Points |
|---|----------------|
| 1. Overview | 10 |
| <i>Instructions</i> | |
| <ol style="list-style-type: none"> 1. Provide organization’s mission statement. 2. Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary. 3. Provide up to three (3) brief examples of the organization’s successes. 4. Describe the organization’s desired goals and outcomes with service numbers. | |
| 2. Statement of Need | 10 |
| <i>Instructions</i> | |
| <ol style="list-style-type: none"> 1. Establish the degree of need for Child Abuse and Neglect Prevention services within the geographic area. 2. Identify the targeted population and explain how the target population will benefit from the proposed project. 3. How was the need for the proposed services identified and/or assessed in your community? | |
| 3. Proposed Services | 15 |
| <i>Instructions</i> | |
| <p>The foundation of the proposed project should be based on evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.</p> <ol style="list-style-type: none"> 1. Identify the services that will be provided and how your agency will provide outreach and/or referrals for services to the target population. How will your agency ensure that services are provided to the primary prevention population (i.e. children and families with no involvement in the Child Welfare system)? 2. Explain how your agency will ensure that services are easily accessible and culturally responsive. 3. Describe your agency’s approach to providing direct services and how these services meet the needs of the target population. Also explain how your agency will make sure to provide services to children and families who do not have an open child welfare case. 4. Demonstrate how you will ensure participation with meeting the following program requirements: | |

- Outreach Activities Promoting Child Abuse and Neglect Prevention separate from Child Abuse Prevention Month
- Child Abuse Prevention Month and Public Awareness Activities
- Plan for Parent Leadership and Family Involvement

If you are already providing the proposed services in the proposed community / communities, indicate whether there is a waiting list for the proposed services and provide the average length of wait and the number of prospective clients on the list.

4. Availability of Service

5

Instructions

1. Detail the availability of services within the organizations geographic area.
2. Identify other organizations providing similar services and describe why duplication of services is warranted.
3. Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

5. Measurable Goals and Objectives; Scope of Work

15

Instructions

1. Describe the organization’s goals and objectives to meet the geographic area’s needs for the CBCAP/CTF program.
2. Provide the projected number of services that will be provided, either in clients served or services provided with CBCAP/CTF grant funds. Note that these projections must match the Scope of Work and Budget Narrative.
3. Complete Appendix B: Descriptions of Services, Scope of Work and Deliverables.

6. Methods of Accomplishment

10

Instructions

1. Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved.
2. Explain what measurements will be used to report on the program’s success.

7. Community Coordination/Collaboration

5

Instructions

1. Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration.
2. Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services.
3. Describe how this program incorporates parental leadership and involvement.
4. Include any current Memorandum(s) of Understanding and/or Letter(s) of Intent in your application packet.

Narrative Total

70

Section C - Budget (20 points)

See Appendix A: Budget Narrative Instructions and Template.

| Budget Section | Scoring Points |
|--|-----------------------|
| Proposed Project Budget | 5 |
| <i>Instructions</i> | |
| Use the provided table and designate a whole dollar amount for the seven budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount offunding requested for the project period. | |
| Budget Narrative | 15 |
| <i>Instructions</i> | |
| Include a detailed project budget for the grant funding requested. The budget should be an accurate representation of the funds <u>necessary</u> to carry out the proposed Scope of Work(s) and achieve the projectedoutcomes. The Budget Narrative should align with the Narrative’s Goals and Objectives Section B, Field 5) and Methods of Accomplishment (Section B, Field 6). | |
| Total for Budget | 20 |

Section D -Agency Self-Assessment (10 points)

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

Section E – Past Performance with DCFS Grant Management Unit (55 points)

- Submit 2021 or 2022 single audit or financial opinion report. Do not attach GMU’s subrecipient monitoring forms.
- New applicants will only receive a score for the Single Audit or Financial Opinion

| <i>Past Performance Criteria</i> | <i>Scoring Points</i> |
|--|------------------------------|
| Single Audit or Financial Opinion | 25 |
| Timeliness and Accuracy of Request for Funds | 10 |
| Timeliness and Accuracy of Performance Reports | 10 |
| Subrecipient Monitoring Findings | 10 |
| | Total 55 |

Section F – Funding Request (40 points)- No additional information needed

| <i>Funding Request Criteria</i> | <i>Scoring Points</i> |
|---|------------------------------|
| Is the funding request reasonable? | 10 |
| Does the agency show capacity to ensure service delivery? | 10 |
| Has the agency spent down funds in prior years? | 10 |
| Has the agency shown adequate past performance? | 10 |
| | Total 40 |

Overview of Assurances and Certifications

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

1. The project described in this application meets all the Community-Based Child Abuse Prevention and Children's Trust Fund requirements;
2. All information contained in the application is correct;
3. The applicant will gain an understanding and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
4. The applicant 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, see Appendix E.

Submission Instructions

- **The grant application deadline is 5:00 pm on Monday April 17, 2023.**
- Signed application must be submitted online by emailing all required documents and attachments in a single email to dcfsgrants@dcfs.nv.gov. In the subject line of the email place the NOFO title, "CBCAP/CTF NOFO Response from [name of applicant]."
 - o If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal, more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- The GMU will reply to emails to acknowledge the receipt of applications. If an email is not received within 3 business days of submitting the application, please contact Yaraseth Anaya-Lugo at yaraseth.anaya-ugo@dcfs.nv.gov or 775-684-4407.

| | |
|---|--|
| <input type="checkbox"/> Parent Child Interaction | |
| Other Supported Programs | |
| Crisis Family Services | <input type="checkbox"/> Crisis Nursery <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Respite <input type="checkbox"/> Substance Abuse Treatment |
| Health | <input type="checkbox"/> Behavior health <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance abuse treatment services |
| Education Domestic violence service programs for children and their non-abusing caregivers. | <input type="checkbox"/> Domestic violence services as types of prevention services- <input type="checkbox"/> Home visiting programs for new parents <input type="checkbox"/> Parenting Education Programs- Well Supported <input type="checkbox"/> Self-Protection Education for Children- CTF Service ONLY |
| Parent Support other activities | <input type="checkbox"/> Family Centered Case Management <input type="checkbox"/> Peer Support, Respite <input type="checkbox"/> Transportation <input type="checkbox"/> Support needs of parents with disabilities through respite or <input type="checkbox"/> Provide referrals for early health and development services <input type="checkbox"/> Promote meaningful parent leadership |
| Awareness | <input type="checkbox"/> Public Awareness of Child Abuse and Neglect |

Geographic Area of Service

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Churchill County | <input type="checkbox"/> Clark County | <input type="checkbox"/> Douglas County |
| <input type="checkbox"/> Elko County | <input type="checkbox"/> Esmeralda County | <input type="checkbox"/> Eureka County | <input type="checkbox"/> Humboldt County |
| <input type="checkbox"/> Lander County | <input type="checkbox"/> Lincoln County | <input type="checkbox"/> Lyon County | <input type="checkbox"/> Mineral County |
| <input type="checkbox"/> Nye County | <input type="checkbox"/> Pershing County | <input type="checkbox"/> Storey County | <input type="checkbox"/> White Pine County |

Briefly describe proposed services:

Indicate projected number (unduplicated) of adults and children to be served:

Children: _____
 Families: _____
 Persons with Disabilities: _____

D. Program Point of Contact

| |
|--------------|
| Name |
| Title |
| Phone |
| Email |

E. Fiscal Officer

| |
|--------------|
| Name |
| Title |
| Phone |
| Email |

F. Sub-Contracts

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

G. Key Personnel

| Name | Title | Contact information (Email & Phone) | Resume included? | |
|------|-------|-------------------------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

I. Funding Request. List funding requested for the one-year project award period.

| Child Abuse Prevention Funding | SFY23 Award | SFY 2024 Request | Difference |
|--------------------------------|-------------|------------------|------------|
| CBCAP/CTF | | | |

J. Certification by Authorized Official

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

| | |
|-------------------|-------|
| Name (type/print) | Phone |
| Title | Email |
| Signature | Date |

Application Narrative: Section B

Application Narrative (70 points) Begin

typing below each field header.

1. **Overview**

2. Statement of Need

3. Services Proposed

4. Availability and Accessibility of Services

5. Measurable Goals and Objectives

6. Methods of Accomplishment

f

7. Community Coordination/Collaboration

Budget: Section C

Budget (20 points)

1. Proposed Project Budget

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

- The Indirect Category is capped at 8%.

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

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

APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All applications must include a detailed project budget for the funding cycle. The budget needs to accurately represent the funds necessary to carry out the proposed Scope of Work and achieve the projected outcomes for SFY23.

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

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

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

Personnel:

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

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

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

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

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

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

Only those staff whose time can be traced directly back to the grant project should be included in this budget category, includes those who spend only part of their time on grant activities. Administrative/Executive Staff salaries that are not readily assignable to a project are not allowed.

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

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

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

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

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

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

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

Equipment:

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

Contractual/Consultant Services:

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

is responsible for administering sub-agreements in accordance with all requirements identified for grants administered under the CBCAP/CTF. A copy of written agreements must be provided to GMU.

Other Expenses:

This category includes any relevant expenditure associated with the project not covered by the above. Wraparound funds are allowable for such items as rental assistance, transportation, utilities, children's clothing, etc. Programs requesting these funds must adhere to the following requirements: 1) Maximum per family per year = \$2,000; 2) Subrecipients must document that there was an attempt to access all other possible resources prior to use of wraparound funds; 3) Detailed documentation of where these funds were used is required.

Indirect Costs:

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

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

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

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

Organizations planning to use the *de minimis* MTDC indirect rate can identify indirect costs in the narrative section, but do not need to enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 8% of the MTDC.

Budget Summary Form 2

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

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

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

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

Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for Subrecipient

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

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

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

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

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

APPENDIX C: GMU SCORING MATRIX

Accepted applications will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. Overall ability of the applicant, as determined by the evaluation committee, to successfully provide services in accordance with the CBCAP/CTF guidelines.
- E. Applications with an average score lower than 60 may be excluded from further consideration.

Points will be assigned for each item listed as follows:

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

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

| Proposal Component | Potential Maximum Score |
|----------------------------------|-------------------------|
| A. Application | No score |
| B. Project Narrative | 70 |
| C. Budget | 20 |
| D. Agency Self-Assessment | 10 |
| E. Past Compliance | 55 |
| F. Funding Request | 40 |
| Total | 195 |

APPENDIX D: AGENCY SELF-ASSESSMENT

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

This questionnaire is used for monitoring fiscal and program compliance requirements as well as determining risk of our subrecipients.

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

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

Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for Subrecipient

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

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

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

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

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

APPENDIX E: AGENCY SELF-ASSESSMENT

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

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

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

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----------------------------|--|-------------------|--|---|--|--------------|--|--------------------|--|-------------------------|--|------------------------------------|--|--------------------|--|---------------------|--|------------------|--|------------------|--|----------------------|--|
| <ul style="list-style-type: none"> c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> NO d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. <input type="checkbox"/> YES <input type="checkbox"/> NO e. Checks drawn to “cash” and advance signing of checks are prohibited. <input type="checkbox"/> YES <input type="checkbox"/> NO f. Multiple signatures are required on checks. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Are individuals of trust required to take leave and delegate their duties to others while on leave? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Section D: ACCOUNTING</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">a. Procurement</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>b. Contract Administration</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>c. Payroll</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>d. Records to justify costs of salaries and wages</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>e. Inventory</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>f. Vendor payments</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>g. Federal draws</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>h. Grants budgeting and accounting</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>i. Cash management</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>j. Audit resolution</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>k. Cash receipts</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>l. Disbursements</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>m. Records retention</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> | a. Procurement | <input type="checkbox"/> YES <input type="checkbox"/> NO | b. Contract Administration | <input type="checkbox"/> YES <input type="checkbox"/> NO | c. Payroll | <input type="checkbox"/> YES <input type="checkbox"/> NO | d. Records to justify costs of salaries and wages | <input type="checkbox"/> YES <input type="checkbox"/> NO | e. Inventory | <input type="checkbox"/> YES <input type="checkbox"/> NO | f. Vendor payments | <input type="checkbox"/> YES <input type="checkbox"/> NO | g. Federal draws | <input type="checkbox"/> YES <input type="checkbox"/> NO | h. Grants budgeting and accounting | <input type="checkbox"/> YES <input type="checkbox"/> NO | i. Cash management | <input type="checkbox"/> YES <input type="checkbox"/> NO | j. Audit resolution | <input type="checkbox"/> YES <input type="checkbox"/> NO | k. Cash receipts | <input type="checkbox"/> YES <input type="checkbox"/> NO | l. Disbursements | <input type="checkbox"/> YES <input type="checkbox"/> NO | m. Records retention | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| a. Procurement | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Contract Administration | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
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| f. Vendor payments | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Federal draws | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Grants budgeting and accounting | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Cash management | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Audit resolution | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Cash receipts | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Disbursements | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Records retention | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Are all appropriate accounting staff trained on current federal policies, procedures and instructions on accounting for, and expending, federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. What accounting system does your organization use (e.g. QuickBooks, Peachtree, Socrates Media or custom)? Describe: How long has it been in use?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Which accounting basis is used by your organization? <input type="checkbox"/> Cash basis <input type="checkbox"/> Accrual basis <input type="checkbox"/> Modified Accrual</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. Are grant funds accounting for separately in your financial management system? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Does your organization use a chart of accounts and accounting manual? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. For each grant, does the accounting system provide the following information?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">a. Authorizations</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>b. Obligations</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>c. Funds received</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>d. Program income</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>e. Subawards</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>f. Outlays</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>g. Unobligated balances</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> | a. Authorizations | <input type="checkbox"/> YES <input type="checkbox"/> NO | b. Obligations | <input type="checkbox"/> YES <input type="checkbox"/> NO | c. Funds received | <input type="checkbox"/> YES <input type="checkbox"/> NO | d. Program income | <input type="checkbox"/> YES <input type="checkbox"/> NO | e. Subawards | <input type="checkbox"/> YES <input type="checkbox"/> NO | f. Outlays | <input type="checkbox"/> YES <input type="checkbox"/> NO | g. Unobligated balances | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | |
| a. Authorizations | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Obligations | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Funds received | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Program income | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Subawards | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Outlays | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Unobligated balances | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. Are obligations records by:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">a. Funding source</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>b. Object codes</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> | a. Funding source | <input type="checkbox"/> YES <input type="checkbox"/> NO | b. Object codes | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | |
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| b. Object codes | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

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

6. Has your organization annual financial statements been audited by an independent audit firm?
 YES NO

7. Has your organization received funds for activities which are like, or the same as the currently proposed subaward? YES NO

8. Has your organization managed federal or state funds in the last 5 years? YES NO

9. Organization Director has been in place for:

Less than 1 year 1-2 years 3-5 years 5+ years

10. Fiscal key personnel have been in place for:

Less than 1 year 1-2 years 3-5 years 5+ years

11. Program key personnel have been in place for:

Less than 1 year 1-2 years 3-5 years 5+ years

12. Certify that checked policies and procedures exist within your organization:

Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)

Travel Financial Management (including Purchasing, Receivables, and Payables) Internal Controls

Equipment & Inventory All National Policy Regulations (i.e., Civil Rights, Disability etc.)

Section B: BUDGET FORMATION & ADMINISTRATION

1. Does the organization have an operating budget for each of its grants? (UG §200.302) YES NO

2. Who are the people responsible for developing and reviewing the budget(s) for your organization?

Names and titles:

3. Does the organization have fiscal controls that result in (UG §200.303):

a. Control of expenditures within the approved operating budget? YES NO

b. Management review and approval prior to issuing budget amendments or incurring obligations or expenditures that deviate from the operating budget? YES NO

4. Is there timely, periodic financial reporting to management that permits (UG §200.308):

a. Comparison of actual expenditures with the budget for the same period? YES NO

b. Comparison of revenue estimates with actual revenue (including program income, if applicable) for the same period? YES NO

5. Is the responsibility for maintain budget control established at all appropriate levels? YES NO

6. What steps are taken if projected revenues were insufficient to cover actual expenditures?

Describe:

Section C: INTERNAL CONTROLS

1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise where they reside within your policies or procedures regarding segregation of responsibilities:

2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? YES NO

3. Do the procedures for cash receipts and disbursements include the following safeguards?

-
- a. Receipts are promptly logged, restrictively endorsed and deposited in an insured bank account.
 YES NO
 - b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records.
 YES NO
 - c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. YES NO

- d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. YES NO
- e. Checks drawn to “cash” and advance signing of checks are prohibited. YES NO
- f. Multiple signatures are required on checks. YES NO

4. Are individuals of trust required to take leave and delegate their duties to others while on leave? YES NO

Section D: ACCOUNTING

1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?

- a. Procurement YES NO
- b. Contract Administration YES NO
- c. Payroll YES NO
- d. Records to justify costs of salaries and wages YES NO
- e. Inventory YES NO
- f. Vendor payments YES NO
- g. Federal draws YES NO
- h. Grants budgeting and accounting YES NO
- i. Cash management YES NO
- j. Audit resolution YES NO
- k. Cash receipts YES NO
- l. Disbursements YES NO
- m. Records retention YES NO

2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? YES NO

3. Are all appropriate accounting staff trained on current federal policies, procedures and instructions on accounting for, and expending, federal funds? YES NO

4. What accounting system does your organization use (e.g. QuickBooks, Peachtree, Socrates Media or custom)?

Describe:

How long has it been in use?

5. Which accounting basis is used by your organization? Cash basis Accrual basis Modified Accrual

6. Are grant funds accounting for separately in your financial management system? YES NO

Describe.

7. Does your organization use a chart of accounts and accounting manual? YES NO

8. For each grant, does the accounting system provide the following information?

- a. Authorizations YES NO
- b. Obligations YES NO
- c. Funds received YES NO
- d. Program income YES NO
- e. Subawards YES NO
- f. Outlays YES NO
- g. Unobligated balances YES NO

9. Are obligations records by:

- a. Funding source YES NO
- b. Object codes YES NO

10. Are accounting records supported by source documentation (e.g. canceled checks, paid bills, payrolls, contract and subaward documents, etc.) YES NO

11. Are purchasing and payment functions separate? YES NO

12. Do accounting staff review the following items prior to entry into the system:

- a. Authorizations YES NO
- b. Purchase Orders YES NO
- c. Payments YES NO

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- a. Over-obligation YES NO
- b. Under-or overstatement of unliquidated obligations YES NO
- c. Duplicate payments YES NO
- d. Inappropriate charges to grants YES NO

14. Does the organization have effective control over, and accountability for, all funds, property and other assets? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302) YES NO

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19. For credit cards:

- a. Does the bank provide the subrecipient with a list of credit-card users? YES NO
- b. Are the balances of credit cards capped? YES NO
- c. Are credit card purchases used for business purposes only? YES NO

Organization Authorized Representative

By signing below, the authorized representative certifies, all information submitted on this form is accurate and complete.

(Signature) _____
(Date)

(Printed Name & Title)

For DHHS Use Only

Risk Level Determination Low Moderate High

Notes:

APPENDIX E: NOTICE OF SUBAWARD (NOSA)

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|--|---|--------------|-------------------------|--|--|--------------|--|---------------------------|--|-------------|--|----------|--|---------------------------|---------------|-------------------|--|------------------------------|---------------|--|--|
| Program Name: Community-Based Child Abuse Prevention Act DCFS Grants Management Unit dcfsgroups@dcfs.nv.gov | | Subrecipient's Name: Name Contact Name / Email Address | | | | | | | | | | | | | | | | | | | | | |
| Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009 | | Address: Street address City, State Zip | | | | | | | | | | | | | | | | | | | | | |
| Subaward Period: July 1, 2020 through June 30, 2020 | | Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____ | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Award: Short description about the purpose of the subaward. | | | | | | | | | | | | | | | | | | | | | | | |
| Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Approved Budget Categories: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td></td></tr> <tr><td>2. Travel</td><td></td></tr> <tr><td>3. Operating</td><td></td></tr> <tr><td>4. Equipment</td><td></td></tr> <tr><td>5. Contractual/Consultant</td><td></td></tr> <tr><td>6. Training</td><td></td></tr> <tr><td>7. Other</td><td></td></tr> <tr><td>TOTAL DIRECT COSTS</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>8. Indirect Costs</td><td></td></tr> <tr><td>TOTAL APPROVED BUDGET</td><td style="text-align: right;">\$0.00</td></tr> </table> | | 1. Personnel | | 2. Travel | | 3. Operating | | 4. Equipment | | 5. Contractual/Consultant | | 6. Training | | 7. Other | | TOTAL DIRECT COSTS | \$0.00 | 8. Indirect Costs | | TOTAL APPROVED BUDGET | \$0.00 | FEDERAL AWARD COMPUTATION: Total Obligated by this Action: \$ 0.00 Cumulative Prior Awards this Budget Period: \$ 0.00 Total Federal Funds Awarded to Date: \$ 0.00 Match Required <input type="checkbox"/> Y <input type="checkbox"/> N Amount Required this Action: \$ 0.00 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: \$ 0.00 Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Federal Budget Period: Start Date through End Date Federal Project Period: Start Date through End Date | |
| 1. Personnel | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Travel | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Operating | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Equipment | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Contractual/Consultant | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Training | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Other | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL DIRECT COSTS | \$0.00 | | | | | | | | | | | | | | | | | | | | | | |
| 8. Indirect Costs | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL APPROVED BUDGET | \$0.00 | | | | | | | | | | | | | | | | | | | | | | |
| Source of Funds: Community-Based Child Abuse Prevention Act | | % Funds: | CFDA: | FAIN: | Federal Grant #: | Federal Grant Award Date by Federal Agency: | | | | | | | | | | | | | | | | | |
| Agency Approved Indirect Rate: 0.00% | | | Subrecipient Approved Indirect Rate: Enter %; de minimis or N/A | | | | | | | | | | | | | | | | | | | | |
| Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> This award is subject to the availability of appropriate funds. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. Subrecipient must comply with all applicable Federal regulations. Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator. | | | | | | | | | | | | | | | | | | | | | | | |
| Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; | | | Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required) | | | | | | | | | | | | | | | | | | | | |
| Authorized Subrecipient Official's Name Title (Enter Name & Title) | | Signature | | | Date | | | | | | | | | | | | | | | | | | |
| Grants & Project Analyst II For Cindy Pitlock Administrator, Division of Child & Family Services | | | | | | | | | | | | | | | | | | | | | | | |

SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

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

Grant Assurances

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

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

1. No funding associated with this grant will be used for lobbying.
2. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
3. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
4. 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.
5. 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.

Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for Subrecipient

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

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

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

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

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

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

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

SECTION C

Budget and Financial Reporting Requirements

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

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

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

| Total Personnel Costs | | including fringe | | Total: | | \$ |
|---|----------------------|--------------------|------------------|---------------|----------------------------------|---------------|
| List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. | | | | | | |
| <u>Name of Employee (if known, otherwise state new position), Title of position & Position Control Number</u> | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>% of Time</u> | <u>Months</u> | <u>Annual % of Months worked</u> | <u>Amount</u> |
| | \$0.00 | 0.000% | 0.000% | 12 | 100.00% | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | |
| | \$0.00 | 0.000% | 0.000% | 12 | 100.00% | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | |
| | \$0.00 | 0.000% | 0.000% | 12 | 100.00% | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | |
| | \$0.00 | 0.000% | 0.000% | 12 | 100.00% | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | |

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

The Subrecipient agrees to:

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

The Department agrees to:

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

Both parties understand:

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

Financial Reporting Requirements

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

SECTION D
Request for Reimbursement

| Program Name: | | | Subrecipient Name: | | | |
|--|------------------------------|-----------------------------------|---|---------------------------|----------------------|--------------------------|
| Address: | | | Address: | | | |
| Subaward Period: | | | Subrecipient's: EIN: Vendor #: | | | |
| FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT | | | | | | |
| (must be accompanied by expenditure report/back-up documentation) | | | | | | |
| Month(s) | | | Calendar year | | | |
| Approved Budget Category | A Approved Budget | B Total Prior Requests | C Current Request | D Year to Date Total | E Budget Balance | F Percent Expended |
| 1. Personnel | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| 2. Travel | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| 3. Operating | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| 4. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| 5. Contractual/Consultant | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| 6. Training | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| 7. Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| 8. Indirect | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| MATCH REPORTING | | | | | | |
| | Approved Match Budget | Total Prior Reported Match | Current Match Reported | Year to Date Total | Match Balance | Percent Completed |
| <i>INSERT MONTH/QUARTER</i> | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - |
| <p>I, a duly authorized signatory for the subrecipient, 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.</p> | | | | | | |
| Authorized Signature | | | Title | | Date | |

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.

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.

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Subrecipient's Name

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.

1. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
2. **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.
3. **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.