



State of Nevada

Department of Health and Human Services

Division of Child and Family Services

Grant Management Unit

Title IV-E Reimbursement Program for Legal Services

State Fiscal Year 2021

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

Opportunity Summary

Summary

The Division of Child and Family Services (DCFS) Grants Management Unit (GMU) seeks qualified legal organizations or agencies to partner with child welfare agencies in leveraging Title IV-E funding for child and parent legal representation. The purpose of the Title IV-E legal services reimbursement program is to provide funding to counties or agencies to support the expansion of legal services for child welfare programs. The legal services must be allowable IV-E expenses and related to protecting the safety of children and achieving permanence for children in out-of-home care. Under this program, federal IV-E funds are provided on a pass-through basis to agencies to support attorneys, paralegals, clerical and other legal staff whose positions are (in whole or in part) dedicated to expanding the ability to perform child welfare legal actions under the Child Welfare Policy Manual.

Program Requirements

Eligibility: Eligible agencies may include nonprofit, community-based organizations, tribal governments, and local government agencies.

Performance Period: The performance period of the Title IV-E for Legal Services program is April 1, 2020 through June 30, 2021.

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

Compliance with Reporting Requirements: Quarterly Request for Funds Reimbursement and Financial Reporting reports along with programmatic reports will be required by the 15th of each month for the previous quarter. A year-end report is also required and is due July 15, 2021.

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

Scope of Work Requirements

To be approved by DCFS, applications must include the following materials:

- Scope of Work showing the how IV-E eligibility will be determined and the services that will be provided.
- Budget Narrative showing the total planned expenditures for the current calendar year and the legal services that will be provided under the IV-E reimbursement program. The budget must be consistent with the enclosed legal services reimbursement program instructions regarding allowable costs and be outlined on the enclosed budget narrative. The budget narrative will be used to set the IV-E reimbursement limit.

For 2021, there is a standardized set of costs for which DCFS will support requests for reimbursement. These are attorney fees and the related incidentals (travel, postage, publications, etc.)

To comply with Title IV-E regulations, the Department will not approve requests for reimbursement in the following categories:

- Court salaries and related costs: judges, clerks of courts, guardians ad litem, public defenders or other court related staff who may be involved in child welfare legal proceedings but do not represent the child welfare agency;
- Child welfare/social services staff costs (these costs are already claimed to Title IV-E);
- Court operating expenses, including costs paid to reimburse the court or orders from the court – e.g., filing fees, depositions, competency evaluations, disbursements for legal action, etc.’
- Baseline office expenditures. Cost categories such as insurance, professional dues, software, office supplies, phone, and internet are fixed expenditures that are the cost of doing business – DCFS will not support requests for Title IV-E reimbursement for these costs.

Funding Requirements

Title IV-E matching funds will pay for 50% cost of child and parent legal representation based on a Nevada’s proportion of foster children eligible also known as the Title IV-E penetration rate. The rate applied during the award period will be the current penetration rate of 33.77%. For a total reimbursement rate of 16.88%.

Notification and Award Process

This is not a competitive process. Successful applicants will be notified of their application status with a Letter of Intent.

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

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

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

Post Award Requirements

Quarterly Request for Funds Reimbursement and Financial Reporting

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. The quarterly reports are due on the 15th of the month for the previous quarter. GMU staff will provide instructions and technical assistance upon the grant award.

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

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives.
- Examples of items that may support salaries and wages include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records will need to reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

Subrecipient Monitoring

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

Performance Reports

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

Successful applicants will be required to provide at least the following performance measures on a quarterly basis:

1. Number of additional children served
2. Average number of days children are in foster care with improved legal representation
3. Average number of days children are in foster care system prior to this program
4. Number of cases where reunification was possible without going into the foster care system

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.

Application Instructions

Application Instructions

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

Section A – Application Form

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

Section B – Scope of Work

Complete Appendix B: Descriptions of Services, Scope of Work and Deliverables. The Scope of Work must include the organization's goals and objectives. Projected number of services that will be provided, either in clients served or services provided with this funding.

Section C – Budget

Complete Appendix A: Budget Narrative Instructions and Template.

Overview of Assurances and Certifications

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

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

Submission Instructions

- 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 title, "Title IV-E Reimbursement for Legal Services Program Application from [name of applicant]."
- The GMU will reply to emails to acknowledge the receipt of applications. If an email is not received within 1 business days of submitting the application, please contact Shawna Halverson at shalverson@dcfs.nv.gov or 775-684-4426.

Application Form: Section A

Title IV-E Reimbursement Program for Legal Services

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

A. Applicant Organization

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

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

C. Geographic Area of Services Delivery Clark County Washoe County Statewide
 Rural County _____

D. Program Point of Contact

Name & Title	
Phone & Email	

E. Fiscal Officer

Name & Title	
Phone & Email	

F. Funding Request

Funding	SFY21 Request
Title IV-E Reimbursement Program for Legal Services	

G. Legal Services Program Narrative:

BUDGET NARRATIVE AND SCOPE OF WORK MUST BE SUBMITTED WITH COMPLETED APPLICATION

Note: The Title IV-E reimbursement limit is subject to the DCFS's penetration rate.

1. Please provide the number of child welfare clients you currently serve by region.

Rural	
Clark	
Washoe	

2. In your plan for enhanced or improved legal representation, how many children will you be able to serve by region?

Rural	
Clark	
Washoe	

3. Describe the local sources of funds used as match for the IV-E reimbursement.

2. Describe the method(s) that will be used to keep track of legal services staff time devoted to IV-E reimbursable activities.

3. Describe how the IV-E reimbursement will be used to enhance or improve child welfare legal services. How will expanded legal services improve safety and permanency outcomes for children?

4. How will data be collected to determine where expanded legal services improve safety and permanency outcomes for children?

5. If staff costs are included in the budget, describe what positions are included, duties of the positions as they relate to IV-E legal services, amount of time the positions will spend on IV-E related activities, and whether the positions are existing or new. For new positions, list the expected start date for the new staff.

6. **Contracted personnel.** If requesting reimbursement for this cost category, what documentation will the entity request/maintain to ensure that reimbursement will only be requested for allowable cost categories?

7. For expenses other than personnel, please provide specific information as to the type of activity, amounts, and how the activity will expand/enhance IV-E legal services. If requesting reimbursement for the following cost categories, specific information is required.

Child Welfare Training/Conferences. Please describe the trainings or conferences, how will they aid the entity to improve safety and permanency outcomes? Who will be attending them?

Mail/postage. Please describe the allocation basis for these costs.

Printing/publication. Please describe the allocation basis for these costs.

Other. Please describe how the activity will expand/enhance legal services.

Title IV-E Reimbursement Program for Legal Services

Program Assurances

H. Cost Allocation Method:

Has the method for allocating legal staff and other costs to the legal services reimbursement program been reviewed by DCFS?

Will the agency providing legal services report information on a regular basis to support the costs for which IV-E reimbursement is claimed?

Has the agency responsible for submitting costs for reimbursement established procedures to ensure that all Child Welfare and other Human Services costs are not being claimed for reimbursement under this program?

I. 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 Title IV-E Reimbursement Program for Legal Services program governing the grant as indicated by DCFS and the certifications included in the application packet; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; and that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

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

Budget: Section C

Budget Narrative (1-2 pages). For each service category, provide a line item budget justification. See Appendix A: Budget Narrative Instructions and Template.

APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

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

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

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

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

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

Personnel:

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

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

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

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

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

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

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

Travel/Training: Only Child Welfare Training/Conferences will be allowed. All trainings or conference must improve safety and permanency outcomes. 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.

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

Supplies: Describe the cost of Mail/postage, printing/publication.

Contractual/Consultant Services:

Only contracted attorneys providing legal representation to IV-E eligible children and their families will be allowable. 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 Title IV-E. A copy of written agreements must be provided to GMU.

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

SECTION B

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:

***Include projected service numbers

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	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.

APPENDIX C: NOTICE OF SUBAWARD (NOSA)

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

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

NOTICE OF SUBAWARD

Program Name:		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: October 1, 2019 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 checked="" type="checkbox"/> Specific county or counties: _____			
		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	
FOR AGENCY USE, ONLY			
Source of Funds: Title IV-E, Social Security 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: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 15 th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.			
Approved Budget Categories: 1. Personnel 2. Travel 3. Contractual/Consultant 4. Equipment 5. Contractual/Consultant 6. Training			
Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Operating 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	
Authorized Subrecipient Official's Name		Signature	
6. Training			
Grants & Project Analyst II			
For Ross E. Armstrong Administrator, Division of Child & Family Services			
TOTAL DIRECT COSTS \$0.00			
8. Indirect Costs			

TOTAL APPROVED BUDGET \$0.00