



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 2022 and 2023

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 Reimbursement program for Legal Services is to provide funding to counties or agencies to support the statewide program expansion for an agency attorney, or through agreement, an attorney providing independent representation of a child who is a candidate for Title IV-E foster care or is in Title IV-E foster care and an attorney providing independent representation to such a child's parent in legal proceedings. 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.

The Title IV-E Reimbursement Program for Legal Services ensures that parents, children and youth and child welfare agencies receive high quality legal representation at all stages of child welfare proceedings, and to maximize allowable Title IV-E administrative reimbursement for children in Title IV-E foster care and their parent(s) in foster care legal proceedings. Numerous studies and reports point to the importance of competent legal representation for parents and children in ensuring that salient information is conveyed to the court, parties' legal rights are protected and that the wishes of parties are effectively voiced.

There is evidence to support that legal representation for children and parents contributes to or is associated with:

- Increases in party perceptions of fairness;
- Increases in party engagement in case planning, services and court hearings;
- More personally tailored and specific case plans and services;
- Increases in visitation and parenting time; and
- Cost savings to state government due to reductions of time children spend in care.

Program Requirements

Agency Eligibility: Eligible agencies must provide legal representation of children in Foster Care or Candidates for Foster Care and their parents and may include nonprofit, community-based organizations, tribal governments, and local government agencies. Agencies may only claim legal representation costs associated with the foster care legal proceedings that are necessary for the proper and efficient administration of the Title IV-E plan.

Performance Period: The performance period of the Title IV-E Reimbursement Program for Legal Services is July 1, 2021 through June 30, 2023. The performance period start date may vary depending on when applications are received.

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. All agencies will be expected to adhere to the Title IV-E Requirements listed on pages 3-4 of this funding opportunity. **Agencies will be required to provide actual costs for all expenses and provide case numbers for all cases worked. Activity-based timesheets will be required for personnel expenses using a standardized template.** DCFS' Grants Management Unit will verify IV-E eligibility during the Request for Reimbursement Process.

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 may also be required. Post Award Requirements are listed on pages 7-9 of this funding opportunity.

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.

Non-Federal Share (Match): The IV-E program provides cost-sharing requirements for the non-federal share of program expenditures (see 45 CFR 1356.60 and 1356.68), which apply to the non-federal share of the cost of providing independent legal representation. Applicants will be required to provide the shared costs for the Title IV-E for Legal Services program from either state or local appropriated funds or donated fund. Funds may not be sourced from federal funds provided through another program. DCFS will not be able to use third-party in-kind expenditures (or contributions) as a source of the state share of funds for the foster care programs under Title IV-E of the Act.

Training: Any training requested must be closely related to one of the examples cited in 45 CFR 1356.60(c)(1) and (2) as allowable administrative activities under the Title IV-E program. For example, training topics could include:

- Title IV-E policies and procedures;
- Cultural Competency related to children and families;
- Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; and
- General overviews of the issues involved in child abuse and neglect investigations.

Nevada's Administrative Office of the Courts provides Online Attorney Dependency Training. The training is accessible on their website:

https://nvcourts.gov/AOC/Programs_and_Services/Court_Improvement/Training_Courses/.

Title IV-E Requirements

Allowable Costs:

45 CFR 1356.60 (c)(2) identifies examples of allowable Title IV-E administrative costs necessary for the administration of the foster care program, which include "preparation for and participation in judicial determinations."

The Children's Bureau has clarified in the Child Welfare Policy Manual 8.1.B.#30 that, in addition to attorney costs, the following types of costs are allowable to the extent they are necessary to support an attorney in providing independent legal representation for children in foster care, and their parents:

- Paralegals
- Investigators
- Peer partners or social workers
- Direct administrative support costs

The costs must be consistent with federal cost principles per 45 CFR Part 75 Subpart E and must only pertain to IV-E child(ren) in foster care who is served under this agreement and the child's parents.

Foster Care Legal Proceedings:

Agencies may claim administrative costs for preparation for and participation in judicial determinations by an attorney providing independent representation to a child in Title IV-E foster care, and his/her parents. Such activities and expenses must be necessary to carry out the requirements in the IV-E plan. (See 45 CFR 1356.60(c)(2)(ii)).

Examples of foster care legal proceedings include:

- Hearings related to judicial determinations that it is contrary to the welfare of a child to remain in the home;
- Hearings related to a child's removal from the home;
- Hearings related to judicial determinations that the agency provided reasonable efforts to prevent removal and finalize the permanency plan;
- Permanency hearings
- Hearings related to progress on case plans; and
- Appeal proceedings that relate to judicial determinations required under Title IV-E.

Allowable Administrative Activities:

Allowable administrative activities for agency or independent attorney to prepare for and participate in judicial determination for all stages of foster care legal proceedings.

Examples of foster care legal proceedings include:

- Independent investigation of the facts of the case, including interacting with law enforcement;
- Meeting with clients or making home or school visits;
- Attending case planning meetings;
- Providing legal interpretations;
- Preparing briefs, memos, and pleadings;
- Obtaining transcripts;
- Interviewing and preparing their client and witnesses for hearings;
- Hearing presentation;
- Maintaining files;
- Supervising attorneys, paralegals, investigators, peer partners or social workers that support an attorney in providing independent legal representation to prepare for and participate in all stages of foster care legal proceedings; and
- Appellate work in reference to foster care legal proceedings.

Un-Allowable Costs

To comply with Title IV-E regulations, the Division will not approve the following costs:

- Guardian legal representation costs;
- Delinquency and dependency preparation and participation;
- Court salaries and related costs: judges, clerks of courts;
- 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.

Pre-Application Meeting

DCFS will be holding a Pre-Application Meeting to introduce participants to the rules, requirements, and regulations associated with providing services as part of the Title IVE Reimbursement Program for Legal Services.

The meeting will be held on Wednesday July 6th, 2022 from 1-2:30pm via Teams. Please email the GMU team at dcfsgrants@dcfs.nv.gov to be forwarded the link for the meeting.

Call in (audio only) [+1 775-321-6111](tel:+17753216111), [11657569#](tel:+17753211165) United States, Reno

Phone Conference ID: 116 575 69#

Applicants are not required to attend the Pre-Application meeting in order to be eligible for Title IV-E Reimbursement funding, however it is highly encouraged. The meeting will be recorded and will be available on DCFS' Grants Management Unit webpage <https://dcfs.nv.gov/Programs/GMU/GMU/>.

Attorney Best Practices to Provide High Quality Legal Representation

The Children's Bureau strongly encourages all jurisdictions to provide legal representation to all parents in all stages of child welfare proceedings. CB further encourages all jurisdictions to consider providing such representation as part of a multi-disciplinary team. The following are attorney best practices to provide high quality legal representation:

- Communicate regularly with clients (at least monthly and after all significant developments or case changes) and in-person when possible.
- Ensure that language translation services and other accommodations to ensure equal access and full participation in all processes are available to all clients at all stages of child welfare proceedings.
- Thoroughly prepare for and attend all court hearings and reviews.
- Thoroughly prepare clients for court, explain the hearing process, and debrief after hearing are complete to make sure clients understand the results. For children this must be done in a developmentally appropriate way.
- Regularly communicate with collateral contacts (i.e., treatment providers, teachers, social workers).
- Meet with clients outside of court (this provides attorneys an opportunity to observe clients in multiple environments and independently verify important facts).
- Conduct rigorous and complete discovery on every case.
- Independently verify facts contained in allegations and reports.
- Have meaningful and ongoing conversation with all clients about their strengths, needs, and wishes.
- Regularly ask all clients what would be most helpful for his or her case, what is working, and whether there is any service or arrangement that is not helpful, and why.
- Work with every client to identify helpful relatives for support, safety planning and possible placement.
- Attend and participate in case planning, family group decision-making and other meetings a client may have with the child welfare agency.
- Work with clients individually to develop safety plan and case plan options to present to the court.
- File motions and appeals when necessary to protect each client's rights and advocate for his or her needs.

Scope of Work and Budget Requirements

Agencies must provide a detailed scope of work and budget narrative that directly relates to the legal representation being provided. Agencies will need to provide case numbers so DCFS' can verify Title IV-E eligibility.

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- Scope of Work detailing the Legal Representation services that will be provided. Only activities associated with the preparation for and participation in judicial determinations by an attorney providing independent representation to a child in Title IV-E foster care, and his/her parents will be eligible for reimbursement.
- Budget Narrative showing the total planned expenditures for the current state fiscal 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. Only costs approved in the budget narrative will be eligible for reimbursement once the case number is verified through DCFS' Eligibility Team.

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 at the time of reimbursement of the jurisdiction in which the child resides for the quarter that services were provided.** A true up adjustment will be made prior to state fiscal year end to account for any penetration rate changes. The three jurisdictions are Clark County, Washoe County, and all remaining rural counties.

The amount of Title IV-E funds to be claimed based on allowable activities of funded agencies who provide child and parent representation are calculated as follows:

$$\begin{matrix} \text{Total Allowable} \\ \text{Costs} \end{matrix} \times \begin{matrix} 50\% \text{ Administrative} \\ \text{Reimbursement} \end{matrix} \times \begin{matrix} \text{Foster Care} \\ \text{IV-E Penetration Rate} \\ \text{(benefit to IV-E)} \end{matrix}$$

| 7. SUMMARY OF BUDGET CATEGORIES | | | | | | | |
|-------------------------------------------------------------------------|----------------------|----------------------|---------------------|-------------------------------------|-----|-------------------------------|----------------------|
| BUDGET CATEGORIES | BUDGET | Total Prior Requests | Expenses | DCFS FC Estimated Penetration Rate* | FFP | TOTAL ESTIMATED REIMBURSEMENT | BUDGET BALANCE |
| Personnel | \$ 477,053.00 | \$ - | \$ 90,750.59 | 53.35% | 50% | \$ 24,207.72 | \$ 452,845.28 |
| Training/Travel | \$ 13,051.00 | \$ - | \$ - | 53.35% | 50% | \$ - | \$ 13,051.00 |
| Operating | \$ 45,367.00 | \$ - | \$ 6,669.30 | 53.35% | 50% | \$ 1,779.04 | \$ 43,587.96 |
| Equipment | \$ - | \$ - | \$ - | 53.35% | 50% | \$ - | \$ - |
| Contractual/Consultant | \$ - | \$ - | \$ - | 53.35% | 50% | \$ - | \$ - |
| Other | \$ - | \$ - | \$ - | 53.35% | 50% | \$ - | \$ - |
| Indirect | \$ 5,394.00 | \$ - | \$ 974.20 | 53.35% | 50% | \$ 259.87 | \$ 5,134.13 |
| Total | \$ 540,865.00 | \$ - | \$ 98,394.09 | | | \$ 26,246.62 | \$ 514,618.38 |
| * Penetration Rate will be adjusted at time of payment to current rate. | | | | | | | |
| 8. SUMMARY OF REIMBURSEMENT | | | | | | | |
| Total Reimbursement | \$ 26,246.62 | | | | | | |

*Above is an example of a quarterly reimbursement. The estimated penetration will vary between Clark, Washoe, and the Rural Counties.

Personnel Costs Requirements

Time based activity tracking related to legal representation in a foster care legal proceeding will be reimbursed at the applicable penetration for the quarter of the service and the jurisdiction service was provided along with the appropriate Federal Participate Rate. Other legal representation for other legal representation that is not part of the foster care episode is not allowable. Timesheets and related documentation should clearly segregate foster care legal representation from other types of representation.

Activity-based timesheet must include an attestation stating that time reported under FC Legal are allowable for the Title IV-E Legal Representation Program as illustrated in the Grant Instructions and Requirements. The applicable jurisdiction penetration and FFP rate will apply quarterly based on timely submission of reports and the quarter in which services are provided.

Activity-Based Timesheet Sample:

| Agency Name | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Employee Timesheet | | | | | | | | | | | | | | | |
| Employee Name | John Doe | | | | | | | Month | August | | 2021 | | | | |
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Activity | | | | | | | | | | | | | | | |
| Foster Care (FC) Legal | 2 | 4 | 0 | 6 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FC Legal Training | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-FC Legal Representation | 2 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Victims of Crime (VOCA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Funding Source | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 8 | 8 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Title IV-E Independent Legal Representation Eligible Hours | 6 | 4 | 0 | 6 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Hours Not Related to Title IV-E Independent Legal Representation | 2 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| This timesheet certifies that all hours reported under FC Legal and FC Legal Training are allowable under the DCFS Title IV-E Independent Legal Representation program as listed in the DCFS Notice of Funding Opportunity and Grant Instruction and Requirements. | | | | | | | | | | | | | | | |
| Employee Signature: | | | | | | | | | | | | | Date | | |
| Supervisory Approval | | | | | | | | | | | | | Date | | |

Subrecipients will be required to provide source documentation that corresponds to the data reported. See Post Award Requirements are listed on pages 8-9 of this funding opportunity.

Notification and Award Process

This is not a competitive process. 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 D: Notice of Subaward for an example of the agreement.

Post Award Requirements

Quarterly Request for 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 identify the youth case number, jurisdiction in which the youth reside, and whether the youth is a candidate of foster care or in-placement care.
- Charges must specify the eligible service, type of expenditure, be based upon actual costs incurred and 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.
- Backup documentation/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.
- Eligible agencies are responsible for the state share of program costs claimed and demonstrate they are sourced from state or local appropriated funds or donated funds.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives. **** All expenses must be cost allocated based on ACTUAL time worked on the project. Allocations based on budgeted amounts will not be allowed.**
- Examples of items that may support salaries and wages include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records will need to reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

All agencies will be provided a copy of DCFS' Grants Instructions and Requirements (GIRS) which provide Subrecipients with essential information relative to financial and administrative requirements for programs funded through the Grants Management Unit.

Quarterly Request for Funds Reimbursement and Financial Reporting and approved budget narrative adheres to the IV-E requirement that costs are claimed for services provided by or through a governmental agency outside the title IV-E agency, a written agreement that includes, at a minimum:

- the specific service(s) being purchased,
- the basis upon which the billing will be made by the provider agency and,
- a stipulation that the billing will be based on the actual cost incurred.

GMU staff review every Request for Reimbursement and Financial Reporting worksheet to verify that costs are reasonable, allocable, and necessary to the project, and comply with the Title IV-E requirements.

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 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. Agencies will be subject to Single Audit requirements. 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.

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.

Section D – Agency Self-Assessment

- Complete the self-assessment questionnaire for your organization, see Appendix C: Agency Self-Assessment and attach a copy of the agency's current single audit.

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]."

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 # | | |
| UEI # | | |
| State of Nevada Vendor ID# | | |

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 | SFY22 Anticipated Expense | SFY23 Anticipated Expenses |
|-----------------------------------------------------|---------------------------|----------------------------|
| 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 or parents 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.

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

5. 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?

6. Provide a baseline summary of expenditures for eligible activities.

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

8. 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.

9. **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?

10. 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. All training must adhere to 45 CFR 1356.60(c)(1) and (2). Please describe the trainings or conferences, how will they aid the entity to improve safety and permanency outcomes? Who will be attending them?

Title IV-E Reimbursement Program for Legal Services

Program Assurances

H. Cost Allocation Method:

Please explain in detail the cost allocation method that will be used to adhere to the IV-E requirements. 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.**

| 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. | | | | | | |
| | Annual Salary | Fringe Rate | % of Time | Months | Amount Requested | |
| Name of Employee (if known, otherwise state new position). | | | | | \$0 | |
| Title of position & Position Control Number | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | |
| | Annual Salary | Fringe Rate | Time | Months | Amount Requested | |
| Name of Employee (if known, otherwise state new position). | | | | | \$0 | |
| Title of position & Position Control Number | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | |
| | Annual Salary | Fringe Rate | Time | Months | Amount Requested | |
| Name of Employee (if known, otherwise state new position). | | | | | \$0 | |
| Title of position & Position Control Number | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives) | | | | | | |
| | Annual Salary | Fringe Rate | Time | Months | Amount Requested | |
| Name of Employee (if known, otherwise state new position). | | | | | \$0 | |
| Title of position & Position Control Number | | | | | | |
| *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 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: $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

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. | XXXXXX | 1. |
| 2. <i>Add more lines if necessary</i> | 2. | XXXXXX | 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. | XXXXXX | 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: 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? YES 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? YES <input type="checkbox"/> 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: <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) 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? <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? 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. <input type="checkbox"/> YES <input type="checkbox"/> NO b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records. <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|--|
| c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| e. Checks drawn to “cash” and advance signing of checks are prohibited. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| f. Multiple signatures are required on checks. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 4. Are individuals of trust required to take leave and delegate their duties to others while on leave? 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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| b. Contract Administration | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| c. Payroll | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| d. Records to justify costs of salaries and wages | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| e. Inventory | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| f. Vendor payments | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| g. Federal draws | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| h. Grants budgeting and accounting | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| i. Cash management | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| j. Audit resolution | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| k. Cash receipts | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| l. Disbursements | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| m. Records retention | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? <input type="checkbox"/> YES 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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| b. Obligations | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| c. Funds received | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| d. Program income | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| e. Subawards | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| f. Outlays | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| g. Unobligated balances | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 9. Are obligations records by: | | | |
| a. Funding source | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| b. Object codes | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 10. Are accounting records supported by source documentation (e.g., canceled checks, paid bills, payrolls, contract and subaward documents, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 11. Are purchasing and payment functions separate? YES 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) YES NO | |
| 15. Does the organization reconcile bank statements (at least) monthly? YES <input type="checkbox"/> NO | |
| 16. Are vouchers or supporting documents identified by grant, number, date, and expense classifications? YES NO | |
| 17. Are checks submitted for signature accompanied by supporting documents? YES NO | |
| 18. Are invoices and vouchers approved in advance by authorized officials, prior to payment? YES 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)</p> | <p>_____</p> <p>(Date)</p> |
| <p>_____</p> <p>(Printed Name & Title)</p> | |

For DHHS Use Only

Risk Level Determination Low Moderate High

Notes:

APPENDIX D: NOTICE OF SUBAWARD (NOSA)- Reference Only



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

Agency Ref. #: XXXXXX
 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: _____ | | | |
| Approved Budget Categories: | | FEDERAL AWARD COMPUTATION: | |
| 1. Personnel | | Total Obligated by this Action: | \$ 0.00 |
| 2. Travel | | Cumulative Prior Awards this Budget Period: | \$ 0.00 |
| 3. Operating | | Total Federal Funds Awarded to Date: | \$ 0.00 |
| 4. Equipment | | Match Required <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 5. Contractual/Consultant | | Amount Required this Action: | \$ 0.00 |
| 6. Training | | Amount Required Prior Awards: | \$ 0.00 |
| 7. Other | | Total Match Amount Required: | \$ 0.00 |
| TOTAL DIRECT COSTS | \$0.00 | Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| 8. Indirect Costs | | Federal Budget Period: Start Date through End Date | |
| TOTAL APPROVED BUDGET | \$0.00 | 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: | | | |
| <ol style="list-style-type: none"> 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 15th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator. | | | |
| Incorporated Documents: | | Section E: Audit Information Request; | |
| Section A: Grant Conditions and Assurances; | | Section F: Current/Former State Employee Disclaimer; | |
| Section B: Description of Services, Scope of Work and Deliverables; | | Section G: DHHS Confidentiality Addendum; and | |
| Section C: Budget and Financial Reporting Requirements; | | | |
| Section D: Request for Reimbursement; | | | |
| Authorized Subrecipient Official's Name | Signature | | Date |
| Grants & Project Analyst II | | | |
| For Ross E. Armstrong Administrator, Division of Child & Family Services | | | |