



**State of Nevada**

**Department of Health and Human Services**

**Division of Child and Family Services**

**Grant Management Unit**

**Notice of Funding Opportunity**

**Child Death Review Funding**

**State Fiscal Year 2025 Award**

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

# Opportunity Summary

---

## Summary

The purpose of this funding announcement is to support innovative programming that supports the activities of the Executive Committee to Review the Death of Children (Executive Committee). Activities funded by the Executive Committee funding include public awareness, education campaigns and training to prevent the death of children pursuant to NRS Chapter 432B.403 to 432B.4095. 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.

The Executive Committee serves as an administrative and advisory body to the Regional Child Death Review (CDR) teams. There are five primary responsibilities of the Executive Committee, as outlined in NRS 432B.409:

- 1) Create statewide protocols on the functioning of the Regional CDR teams; ensure these teams are functioning appropriately and oversee training and development of these teams as needed
- 2) Create regulations and carry out the regulations outlined in NRS 432B.403-432B.4095
- 3) Create Bylaws for this committee and operate within those Bylaws
- 4) Create an annual Statewide report of child deaths in our state, including up to date statistics and policy change recommendations
- 5) Oversee the Review of Death of Children Account

This Notice of Funding Opportunity (NOFO) is for competitive applications to be funded through the Review of Death of Children funding account for State Fiscal Year (SFY) 2025. This NOFO implements a funding process that combines application review with grant allocation and is administered by the Division of Child and Family Services (DCFS) and the Division's internal Grants Management Unit (GMU). Applications will be reviewed and awarded by the Executive Committee.

**Total Funding Amount: \$100,000 (subject to budget approval by legislation & available funds):** Funding will be distributed to support multiple projects which further the funding priorities of the Executive Committee. **The Executive Committee has discretion to restrict amounts awarded based on available funds and the number of applications received. There is no guarantee that any application will be approved or receive funding.**

The Executive Committee has identified the following funding priorities, but is not limited to these categories, for State Fiscal Year 2025 to prevent the death of children:

- Mental Health/Suicide Prevention
- Projects aimed at reducing child and youth access to lethal means
- Safe-Sleep
- Injury Prevention

## Program Requirements

**Eligibility:** Community-based organizations, school districts, tribal governments, and local government agencies are eligible to apply.

**Funding Period:** Grants will be awarded for a 12-month period: July 1, 2024, through June 30, 2025.

**Program Services:** Funds are awarded on an SFY basis and are dependent upon availability of state funding, compliance with grant requirements, and proposed activities outlined in the Scope of Work (SOW). New and current sub-recipients are encouraged to propose projects that are innovative, evidenced-based, address overarching systemic issues, and reach populations throughout geographic regions in the State of Nevada.

**Reporting:** Monthly Request for Reimbursement and Financial Reports will be required by the 15<sup>th</sup> of each month for the previous month. A year-end Reimbursement and Financial Report is also required and is due July 15, 2025. A report summarizing funded project successes and outcomes is also due to the Executive Committee by July 15, 2025.

## Questions?

For technical or application questions, contact DCFS GMU at [DCFSGrants@dcfs.nv.gov](mailto:DCFSGrants@dcfs.nv.gov). For programming questions, contact April Stahl at [AStahl@dcfs.nv.gov](mailto:AStahl@dcfs.nv.gov).

# Application Process

## Award Timeline

Event	Date/Time
NOFO announced	February 20, 2024
Deadline for application submission	March 29, 2024
Application review and evaluation period (approximate time frame)	April – June 2024
Announcement of awards	By June 28, 2024
Program start date	July 1, 2024
Program end date	June 30, 2025

## Application Review

The Executive Committee will review and evaluate each application, see Appendix C: Scoring Matrix. The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly, and impartially. The review process will consist of a technical review of the applicant's information including the project and the budget (justification, cost effectiveness, project sustainability).

## Evaluation Process

Applications received by the published deadline of **5:00 pm on March 29, 2024**, will be processed as follows:

### STEP 1: Application Review Panel

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

## STEP 2: Final Decisions

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

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

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

## Notification and Award Process

Successful applicants will be notified of their application status with a Letter of Intent after funding decisions have been made in June 2024.

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

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

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

## Post Award Requirements

### Monthly Financial Status and Request for Funds Report

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

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

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives.
- 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 according to the calendar of the Executive Committee. The subrecipient may choose to provide the same updates to DCFS GMU and the Executive Committee to avoid duplication. Executive Committee meetings are typically in February, May, August and November, with updates due to the coordinator of the Executive Committee no later than two weeks prior to the meeting. Subrecipients will be provided a document to complete by the coordinator of the Executive Committee. It is highly recommended that each subrecipient have participation at the Executive Committee meetings to provide updates verbally and to answer any questions the committee may have.

## **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 and Scoring

## Application Instructions

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

Late and/or incomplete applications will not be scored or considered for funding. The total possible score for the entire application is 100.

All pages including attachments must list the applicant's name on the bottom of the page.

### Section A – Application Form

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

### Section B – Narrative/ Scope of Work (80 points)

The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins. See page 14 for a template. Complete Appendix B: Descriptions of Services, Scope of Work and Deliverables.

<b>Field Name</b>	<b>Scoring</b>		
1. Organization Information	10	1 (one)	<ol style="list-style-type: none"> <li>1. Give a brief description of your organization.</li> <li>2. Describe the organization's mission and desired goals and outcomes.</li> <li>3. Provide up to three (3) brief examples of the organization's successes.</li> </ol>
2. Project Summary/ Abstract	10	1 (one)	<ol style="list-style-type: none"> <li>1. Give a brief summary of the proposed project and its purpose.</li> <li>2. Describe anticipated outcome(s) of the proposed project.</li> <li>3. If your organization is a current recipient of funding from the Executive Committee, please include information to justify continuation of the project (E.g., current project outcomes, reach, outputs, statistics, etc.)</li> </ol>
3. Target Population and Statement of Need	15	1 (one)	<ol style="list-style-type: none"> <li>1. Describe the target population and the geographic area served by your project/program (including demographic characteristics, risk factors, geographic location, how many children will be served, etc.)</li> <li>2. Identify the need that the project seeks to address.</li> <li>3. Detail how your region or community will benefit from this project and include documented statistics and research whenever possible.</li> </ol>

4. Goals, Objectives and Timelines	20	1 (one)	<ol style="list-style-type: none"> <li>1. Describe the goals of the proposed project, including any desired change or impact you would like to achieve through this project.</li> <li>2. Describe the evidence based program you will be using and provide references to the program, if applicable.</li> <li>3. List the projected number of services that will be provided, either in clients served or services provided with these grant funds, or number of trainings/activities with the anticipated number of participants/activities/trainings that will be provided with these grant funds. Include anticipated dates for completion. These projections must match the Scope of Work and Budget Narrative.</li> <li>4. Complete SOW as detailed in Appendix B: Descriptions of Services, Scope of Work and Deliverables.</li> </ol>
5. Methods of Accomplishment	15	1 (one)	<ol style="list-style-type: none"> <li>1. What are the measurable expected outputs and outcomes for the project?</li> <li>2. Describe the evaluation tools your organization will use to measure your outputs and outcomes and what data will be tracked.</li> </ol>
6. Community Coordination/Collaboration	10	1 (one)	<ol style="list-style-type: none"> <li>1. Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration.</li> <li>2. For non-child welfare agencies that intend to provide service or training to child welfare agency: describe how your organization will collaborate with the child welfare agency on the proposed project. Include a letter of support from the child welfare agency for the proposed project.</li> </ol>
Total for Narrative	80		



## Section C – Budget (20 points)

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

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

## Section D – Agency Self-Assessment (10 points)

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

## Overview of Assurances and Certifications

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

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

## Submission Instructions

- **The grant application deadline is 5:00 pm on Friday, March 29, 2024.**
- Signed application must be submitted online by emailing all required documents and attachments in a single email to [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov). In the subject line of the email place the NOFO title, “Executive Committee Program NOFO Response from [name of applicant].”  
If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal, more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., “Part 1 of 3”).
- Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.
- The GMU will reply to emails to acknowledge the receipt of applications.

# Application Checklist

---

Complete this checklist prior to submission. The application checklist is for the benefit of applicants and does not have to be included in the submission packet.

## Section A: Application Form

- All boxes checked to indicate current and accurate responses
- All fields completed according to instructions
- Application and Certification signed by organization's authorized official

## Section B: Narrative

- Organization Information
- Project Summary and Abstract
- Target Population and Statement of Need
- Goals, Objectives and Timelines. Include copy of completed Scope of Work and Deliverables
- Page limits are not exceeded

## Section C: Budget

- Proposed Project Budget completed for each line item
- Budget Narrative (must match the proposed budget) completed

## Section D: Agency Self-Assessment

- Completed Agency Self-Assessment

## Application Submission

- Résumés for key personnel listed on the Application
- A copy of the negotiated indirect agreement (if applicable)
- A PDF emailed to [DCFSGRANTS@DCFS.NV.GOV](mailto:DCFSGRANTS@DCFS.NV.GOV) with all required documentation no later than March 29, 2024.

# Application Form: Section A

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

## A. Applicant Organization

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

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

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

<input type="checkbox"/> City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	
<input type="checkbox"/> Statewide	

## E. Program Point of Contact

Name	
Title	
Phone	
Email	

## F. Fiscal Officer

Name & Title	
Phone & Email	

**G. Subcontracts**

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

**H. Key Personnel**

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

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

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

**J. Funding Request.** List funding requested for the one-year award period.

Funding	SFY 21 Request
Child Death Review (CDR)	

**K. Certification by Authorized Official**

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meet all requirements of the Child Death Review funding 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 (80 points)

Begin typing below each field header.

1. **Organization Information** (1 page)
2. **Project Summary/Abstract** (1 page)
3. **Target Population and Statement of Need** (1 page)
4. **Goals, Objectives and Timelines** (1 page)
5. **Methods of Accomplishment** (1 page)
6. **Community Coordination/Collaboration** (1 page)

# Budget: Section C

## Budget (20 points)

### 1. Proposed Project Budget

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

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

This document is available online at: <a href="http://dcfs.nv.gov/Programs/GMU/GMU/">http://dcfs.nv.gov/Programs/GMU/GMU/</a>	
Applicant Name:	Form 1

### BUDGET NARRATIVE - SFY-21

<u>Total Personnel Costs</u>	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
<b>Name of Employee (if known, otherwise state new position).</b> Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					
<b>Name of Employee (if known, otherwise state new position).</b> Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$ -

<b>Name of Employee (if known, otherwise state new position).</b> Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
<b>Name of Employee (if known, otherwise state new position).</b> 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.					
<b>Total Fringe Cost</b>		0		<b>Total:</b>	\$ -

<b>Travel/Training</b>	<b>Total:</b>	\$ -
------------------------	---------------	------

Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to [www.gsa.gov](http://www.gsa.gov)) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

<b>Out-of-State Travel</b>					\$ -
<i>Title of Trip &amp; Destination such as CDC Conference: San Diego, CA</i>	<b>Cost</b>	<b># of Trips</b>	<b># of Days</b>	<b># of Staff</b>	
Airfare: Cost per trip (origin & destination) x # of trips x # of staff					\$ -
Baggage fee: \$ amount per person x # of trips x # of staff					\$ -
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$ -
Lodging: \$ per day +\$ tax = total \$ x # of trips x #of nights x # of staff					\$ -
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$ -
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$ -
Parking: \$ per day x # of trips x # of days x # of staff					\$ -

**Justification:**

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder?

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

<b>In-State Travel</b>					\$ -
<i>Origin &amp; Destination</i>	<b>Cost</b>	<b># of Trips</b>	<b># of Days</b>	<b># of Staff</b>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$ -



Baggage fee: \$ amount per person x # of trips x # of staff					\$ -
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$ -
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$ -
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$ -
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$ -
Parking: \$ per day x # of trips x # of days x # of staff					\$ -

**Justification:**

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

<b>Operating</b>	<b>Total: \$</b>
------------------	------------------

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Office supplies: \$ Amount x # of FTE staff x # of months	0
Occupancy	\$ -
Communications	\$ -
Rent: \$ per month x 12 months x # of FTE	\$ -
Utilities: \$ per quarter x 4 quarters	\$ -
State Phone Line: \$ per month x 12 months x # of FTE	\$ -
Voice Mail: \$ per month x 12 months x # of FTE	\$ -
Conference Calls: \$ per month x 12 months	\$ -
Long Distance: \$ per month x 12 months	\$ -
Email: \$ per month x 12 months x # of FTE	\$ -

**Justification:**

Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.

<b>Equipment</b>	<b>Total: \$</b>
------------------	------------------

List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment \$ -

<b>Contractual</b>	<b>Total: \$</b>
--------------------	------------------

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor/Subrecipient: \$ -

Method of Selection: Explain, i.e. sole source or competitive bid

Period of Performance: July 1, 2020 - June 30, 2021

Scope of Work: Define Scope of Work

\*Sole Source Justification: Define if sole source method, not needed for competitive bid

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

<b>*Add additional Contractor/Subrecipients here with justification or delete this row.</b>	\$
	-

<b>Other</b>	<b>Total:</b>	\$
		-

**Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.**

Printing Services: \$ amount/month x 12 months	\$ -
Copier/Printer Lease: \$ amount/month x 12 months	\$ -
Property and Contents Insurance per year	\$ -
Car insurance: \$ per month x 12 months	\$ -
Postage: \$ per month x 12 months	\$ -
Audit	\$ -

*Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.*

<b>TOTAL DIRECT CHARGES</b>	<b>\$</b>
	-

<b>Indirect</b>	<b>Total:</b>	<b>\$</b>
-----------------	---------------	-----------

**Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculated 10%. Applicants may override this formula only to request a lower indirect rate.**

Identify Indirect Expenses	\$ -
Add more as necessary and adjust formula in F112	\$ -
to reflect changes.	\$ -

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$</b>
		-

Identify Indirect Expenses	\$ -
----------------------------	------

Applicant Name:									Form 2
<b>PROPOSED BUDGET SUMMARY - SFY-21</b>									
A.	PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS								
<b>FUNDING SOURCES</b>	<b>DCFS</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Match</b>	<b>TOTAL</b>
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>EXPENSE CATEGORY</b>									
Personnel	\$ -							\$ -	\$ -
Travel/Training	\$ -							\$ -	\$ -
Operating	\$ -							\$ -	\$ -
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ -							\$ -	\$ -
Indirect	\$ -							\$ -	\$ -
<b>TOTAL EXPENSES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Indirect Cost</b>	\$ -					<b>Total Agency Budget</b>			\$ -
<b>Indirect % of Budget</b>	10%					<b>Percent of Agency Budget</b>			#DIV/0!

**B. Explain any items noted as pending:**

## APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

### Budget Narrative Instructions

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

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

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

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

### Personnel:

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

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

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes 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:** 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.

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

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

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

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

### **Equipment:**

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

### **Contractual/Consultant Services:**

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

## **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  
SFY-2025**

XXXXXXXXXXXXXXXXXX, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes

**Scope of Work for: XXXXXXXXXXXXXXXXXX**

**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. <i>Add more lines if necessary</i>	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. <i>Add more lines if necessary</i>	2.	XX/XX/XX	2.	2.

**Instructions:** The Scope of Work (SOW) is the area in an agreement where the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party. The SOW should also contain a timeline for all deliverables and the way the goal will be measured.

\*In some instances, it may be helpful/useful to provide a brief summary (limited to half [1/2] a page) of the project or its intent here. This section should be written in complete sentences.

## APPENDIX C: SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and details are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. Overall ability of the applicant, as determined by the evaluation committee, to successfully provide services in accordance CDR program guidelines.

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

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

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

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

**0 - 39% of Maximum Points:** Applicant's proposal or capability is not acceptable or applicable for the CDR grant project.

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

<b>Proposal Component</b>	<b>Potential Maximum Score</b>
A. Project Narrative	70
B. Budget	20
C. Agency Self-Assessment	10
<b>Total</b>	<b>100</b>



**APPENDIX D: AGENCY SELF-ASSESSMENT**

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

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

<b>Section A: GENERAL INFORMATION</b>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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.)
<b>Section B: BUDGET FORMATION &amp; ADMINISTRATION</b>
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:
<b>Section C: INTERNAL CONTROLS</b>
1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise where they reside within your policies or procedures regarding segregation of responsibilities:
2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do the procedures for cash receipts and disbursements include the following safeguards? a. Receipts are promptly logged, restrictively endorsed and deposited in an insured bank account. <input type="checkbox"/> YES <input type="checkbox"/> NO b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records. <input type="checkbox"/> YES <input type="checkbox"/> NO c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> NO d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. <input type="checkbox"/> YES <input type="checkbox"/> NO e. Checks drawn to "cash" and advance signing of checks are prohibited. <input type="checkbox"/> YES <input type="checkbox"/> NO f. Multiple signatures are required on checks. <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are individuals of trust required to take leave and delegate their duties to others while on leave? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Section D: ACCOUNTING</b>
1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas?

a. Procurement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Contract Administration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Payroll	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Records to justify costs of salaries and wages	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Inventory	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Vendor payments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Federal draws	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Grants budgeting and accounting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Cash management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Audit resolution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. Cash receipts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. Disbursements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. Records retention	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Does the organization use the same policies and procedures for accounting for, and expending federal funds as it does for its organization funds? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Are all appropriate accounting staff trained on current federal policies, procedures and instructions on accounting for, and expending, federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. What accounting system does your organization use (e.g. QuickBooks, Peachtree, Socrates Media or custom)?		
Describe:		
How long has it been in use?		
5. Which accounting basis is used by your organization? <input type="checkbox"/> Cash basis <input type="checkbox"/> Accrual basis <input type="checkbox"/> Modified Accrual		
6. Are grant funds accounting for separately in your financial management system? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Describe.		
7. Does your organization use a chart of accounts and accounting manual? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. For each grant, does the accounting system provide the following information?		
a. Authorizations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Obligations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Funds received	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Program income	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Subawards	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Outlays	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Unobligated balances	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Are obligations records by:		
a. Funding source	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Object codes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Are accounting records supported by source documentation (e.g. canceled checks, paid bills, payrolls, contract and subaward documents, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Are purchasing and payment functions separate? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Do accounting staff review the following items prior to entry into the system:		
a. Authorizations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Purchase Orders	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Payments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Are there controls to preclude:		
a. Over-obligation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Under-or overstatement of unliquidated obligations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Duplicate payments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Inappropriate charges to grants	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Does the organization have effective control over, and accountability for, all funds, property and other assets? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302) <input type="checkbox"/> YES <input type="checkbox"/> NO		
15. Does the organization reconcile bank statements (at least) monthly? <input type="checkbox"/> YES <input type="checkbox"/> NO		

16. Are vouchers or supporting documents identified by grant, number, date and expense classifications? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
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.

_____ (Signature)	_____ (Date)
_____ (Printed Name & Title)	

**For DHHS Use Only**

Risk Level Determination  Low  Moderate  High

Notes:

## APPENDIX E: NOTICE OF SUBAWARD (NOSA)

<b>Program Name:</b> Child Death Review (CDR) DCFS Grants Management Unit	<b>Subrecipient's Name:</b>  
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009	<b>Address:</b>  
<b>Subaward Period:</b> July 1, 2020 through June 30, 2021	<b>Subrecipient's:</b> EIN: _____ Vendor #: _____ Dun & Bradstreet: _____

**Purpose of Award:**

**Region(s) to be served:**  Statewide  Specific county or counties:

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

**FEDERAL AWARD COMPUTATION:**

Total Obligated by this Action:	\$	0.00
Cumulative Prior Awards this Budget Period:	\$	
Total Federal Funds Awarded to Date:	\$	
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		0.00
Amount Required this Action:	\$	
Amount Required Prior Awards:	\$	
Total Match Amount Required:	\$	
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
<b>Federal Budget Period:</b>		
N/A		
<b>Federal Project Period:</b>		
N/A		

**FOR AGENCY USE, ONLY**

<b>Source of Funds</b> Child Death Review Fees	<b>% Funds:</b> 100	<b>CFDA:</b> N/A	<b>FAIN:</b> N/A	<b>Federal Grant #:</b> N/A	<b>Federal Grant Award Date by Federal Agency:</b> N/A
---	------------------------	---------------------	---------------------	--------------------------------	---

**Agency Approved Indirect Rate:** 0.00%

**Subrecipient Approved Indirect Rate:** 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<sup>th</sup> of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

**Incorporated Documents:**

Section A: Grant Conditions and Assurances;  
 Section B: Description of Services, Scope of Work and Deliverables;  
 Section C: Budget and Financial Reporting Requirements;  
 Section D: Request for Reimbursement;

Section E: Audit Information Request;  
 Section F: Current/Former State Employee Disclaimer;  
 Section G: DHHS Confidentiality Addendum; and

Authorized Subrecipient Official's Name and Title	Signature	Date
Grants & Project Analyst II		
For Ross E. Armstrong - 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.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the subrecipient agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

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

**SECTION 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:

**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. <i>Add more lines if necessary</i>	2.	XX/XX/XX	2.	2.

**Goal 2:** 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. <i>Add more lines if necessary</i>	2.	XX/XX/XX	2.	

**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 Division of Child and Family Services from Child Death Review fees. 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 Division by Child Death Review fees.

Subrecipient agrees to adhere to the following budget:

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

#### **The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$XXX;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement.
- Additional expenditure detail will be provided upon request from the Department.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

Additionally, the Subrecipient agrees to 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:**

- Identify specific items the program must provide or accomplish to ensure successful completion of this project, such as:
  - Providing technical assistance, upon request from the Subrecipient;
  - Providing prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

- 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 15<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

Agency Ref. #: \_\_\_\_\_  
 Budget Account: \_\_\_\_\_  
 GL: \_\_\_\_\_  
 Draw #: \_\_\_\_\_

**SECTION D**

**Request for Reimbursement**

<b>Program Name:</b> Child Death Review	<b>Subrecipient Name:</b>
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2023	<b>Address:</b>
<b>Subaward Period:</b> July 1, 2024 – June 30, 2025	<b>Subrecipient's:</b> EIN: Vendor #:

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

(must be accompanied by expenditure report/back-up documentation)

Month(s): \_\_\_\_\_ Calendar year: 2020

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/Training	\$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. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

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.

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.**

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

**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.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Department. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

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

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

