



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

Agency Ref. #: 314150-25-001
 Budget Account: 3141
 Category: 50
 GL: _____
 Job Number: _____

NOTICE OF SUBAWARD

Program Name: Adoption Savings DCFS Grants Management Unit DCFSGrants@dcfs.nv.gov	Subrecipient's Name Washoe County Human Services Agency Pam Abercrombie pabercrombie@washoecounty.gov
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009	Address: 350 South Center Street Reno, NV 89501-2103
Subaward Period: July 1, 2024 through June 30, 2025	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400A</u> Unique Entity ID: <u>GPR1NY74XPQ5</u>

Purpose of Award: Provide supportive services to facilitate and maintain the successful adoption of children from the Washoe County Child Welfare System.

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

Approved Budget Categories:	
1. Personnel	\$385,314.00
2. Travel/Training	\$0.00
3. Operating	\$0.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$10,800.00
6. Other	\$11,073.00
TOTAL DIRECT COSTS	\$407,187.00
7. Indirect Costs	\$38,531.00
TOTAL APPROVED BUDGET	\$445,718.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 445,718.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 445,718.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period: N/A	
Federal Project Period: N/A	

FOR AGENCY USE, ONLY

Source of Funds	%	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
State General Fund	100	N/A	N/A	N/A	N/A

Agency Approved Indirect Rate: 0.00%

Subrecipient Approved Indirect Rate: 9.46%

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 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 Request for Reimbursements 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
 Attachment A: Adoption Savings Allocations Spending Plan

Authorized Subrecipient Official's Name and Title	Signature	Date
Michael Guerra Grant Analyst II		
For Marla McDade Williams Administrator, Division of Child & Family Services		

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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).

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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

Washoe County Human Services Agency, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Human Services Agency

Goal 1: Provide supportive services to facilitate and maintain the successful adoption of children from the Washoe County Child Welfare System by increasing access to agency and community resources.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Increase access to agency and community resources. Develop informal relationship with adoptive parents to increase comfort level in reaching out to agency support staff when needed; provide increased stability to adoptive families and reduce the number of adoption disruptions and reentry into foster care.	<p>1. Continue to fund Post Adoption Case Management position. The position will reach out after adoption is finalized to offer support and determine if any services would be beneficial for the family. Develop ongoing relationships and connect with the family to ensure they are aware of post adopt services and support.</p> <p>The case manager will also provide intensive in-home case management services for families who have identified needs that require intensive advocacy and support. Families that elect to be involved in case management services will work collaboratively with the case manager to develop a support plan that outlines assessment of service needs and linkage to that specific service(s). Monitor progress toward the plan and reevaluate as necessary.</p> <p>2. Continue to fund a Management Analyst to support, track and correlate data needed to inform policy and practice for recruitment, approvals, placements, disruptions, program services, QPI, CPI, matching, process and systems efficacy, and statewide and diligent recruitment planning.</p>	Upon hire and throughout the term of the sub-award.	<p>1. A support plan will be developed and reviewed monthly.</p> <p>2. Case notes to capture case activity and contact with the family.</p>	<p>1. Supervisory oversight.</p> <p>2. Tracking data elements to determine success of intervention and prevention of adoption disruption and reentry into foster care.</p>

Goal 2: Assist adoptive parents with transportation to increase ability to get children to school and important appointments.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Assist adoptive parents with transportation to increase ability to get children to school and important appointments timely.	1. Continue to fund Runner position to assist adoptive parents with transportation.	Upon hire and throughout the term of the sub-award	1. Transportation log to document number of rides, family assisted and location/mileage for travel.	<p>1. Supervisory oversight.</p> <p>2. Evaluate number of resource families served on a weekly/monthly/quarterly basis.</p> <p>3. Complete a satisfaction survey with adoptive parents to determine how many families benefitted from this assistance.</p>

Goal 3: Support the well-being of post-adopt and post-guardianship families to promote adoption or guardianship stability.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Support the well-being of post-adopt and post-guardianship families to promote adoption or guardianship stability.	1. Provide funding for incidentals, day care and activities for family's post-adoption and post-guardianship to have opportunities for social-emotional development, connection and bonding, self-care.	Throughout the term of the sub-award.	1. Invoices for items/activities with supporting documentation as to the purpose and benefit to the family.	1. Review of purchase authorizations, invoices, and documentation to ensure funding is provided only to families that have adopted through the agency or who have obtained guardianship as a permanency plan through the agency.

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

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Goal 4: Provide access to therapeutic support for adoptive families to assist with adjustment to new family compilation and address any transition issues that arise.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Provide access to therapeutic support for adoptive families to assist with adjustment to new family compilation and address any transition issues that arise.	1. Provide funding for therapy sessions for adoptive families with licensed therapeutic providers in Washoe County. Preference will be given to those who have training or specialize in working with adoptive families.	Throughout the term of the sub-award.	1. Confirmation from contracted therapist that the family is attending sessions. Completion of voucher/invoicing agency for services rendered.	1. Upon completion of services, a brief survey will be sent to the family to determine their satisfaction with the provider and their ability to assist them. 2. Determine the number of families served and utilization of the service.

Goal 5: Connect foster youth awaiting permanent homes with families who wish to adopt.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Connect foster youth awaiting permanent homes with families who wish to adopt. 2. Raise awareness and provide education about foster care and adoption.	1. Hire (2) Intensive Recruiter positions. These positions are responsible for connecting youth who wait for permanent homes with families who wish to adopt by implementing and coordinating effective recruitment, matching and support services for a caseload of 12-15 active youth. By collaborating with other stakeholders, the Youth Connections Advocate follows an established evidenced based, child- focused model to find loving homes for youth, especially those hardest to place in the foster care system. Key job elements include problem solving, advocacy, and finding lost connections for the youth to help them find stability in their lives and raise their future.	Upon hire and throughout the term of the sub-award.	1. Case note documentation. 2. Quarterly reports from Raise the Future.	1. Supervisory oversight. 2. Review of case notes and reports. 3. Regular meetings with Intensive Recruiter staff and Program Manager. 4. Tracking how many children went from recruitment status to finding an adoptive family.

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Goal 6: Assist resource parents with transportation to increase ability to get children to school and appointments timely.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Assist resource parents with transportation to increase ability to get children to school and appointments timely.	<p>1. Hire Runner position to assist resource parents with transportation: 2. The School District is struggling to provide transportation to all enrolled students, including foster children. Providing transportation to school for all children in the home (biological and foster children) has placed a hardship on resource parents.</p> <p>Afterschool is the busiest time for resource parents as they have multiple appointments to transport children to including medical, therapeutic, family visitation and social events that are part of their case plan. With the decline in school bussing and the increased frequency requirements through the court with sibling and family visitation, resource families are having difficulty meeting the demand.</p> <p>If a child misses medical and therapeutic appointments, this is detrimental to their health and well-being, and it is also noted in federal and state oversight regarding the agency's progress and ability to meet each child's essential health and safety needs.</p>	Upon hire and throughout the term of the sub-award.	1. Transportation log to document number of rides, family assisted and location/mileage for travel.	<p>1. Supervisory oversight.</p> <p>2. Evaluate number of resource families served on a weekly/monthly/quarterly basis.</p> <p>3. Complete a satisfaction survey with adoptive parents to determine how many families benefitted from this assistance.</p>

Goal 7: Increase the level of support provided to resource parents.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
<p>1. Increase the level of support provided to resource parents.</p> <p>2. Improve the timeliness and frequency of contact with resource parents.</p> <p>3. Stay current on best practice approaches to foster parent recruitment and retention to increase the number of resource parents in Washoe County and improve the current retention rate.</p>	<p>1. Hire a Human Services Program Specialist.</p> <p>Provide support to foster parents and act as a liaison to communicate with workers and other key agency staff. Assist with recruitment and retention strategies and research best practice approaches used in other states to increase the number of resource parents in Washoe County and improve the current retention rate.</p>	Upon hire and throughout the term of the sub-award.	1. Documenting daily activities and share presentations developed to inform leadership of best practice strategies.	<p>1. Supervisory oversight.</p> <p>2. Documentation of contacts with resource families and agency staff.</p> <p>3. Compare increase in the number of licensed family providers and foster parent providers after initiating new recruitment and retention efforts.</p>

Goal 8: Promote professional development and support meaningful transitions for youth in foster care.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Promote professional development and support meaningful transitions for youth in foster care.	<p>1. Provide funding for training opportunities for staff</p> <p>2. Provide funding for travel expenses related to training or transitions for staff or foster or prospective adoptive parents</p>	Throughout the term of the sub-award.	<p>1. Information as to training content and agency approval for registration.</p> <p>2. Information as to the purpose of travel, completion of travel request forms.</p>	<p>1. Tracking of training requests, registration approval and payment, and certificate confirming completion of training.</p> <p>2. Tracking of travel requests to ensure the purpose of travel is for training or transition-related expenses, booking confirmations.</p>

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

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Goal 9: Support well-being of families to promote placement stability.

1. Support well-being of families to promote placement stability	1. Provide funding for incidentals and activities for youth, caregivers, and the family unit to have opportunities for social-emotional development, connection and bonding, self-care	Throughout the term of the sub-award.	1. Invoices for items/activities with supporting documentation as to the purpose and benefit to the youth, caregiver, or family unit	1. Review of purchase authorizations, invoices, and documentation to ensure funding provided enhances youth or caregiver wellbeing.
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Goal 10: Provide targeted pre-service training specific to relatives and fictive kin foster parents.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Provide targeted pre-service training specific to relative and fictive kin foster parents.	1. Provide funding for contracted agency to facilitate pre-service training to relative and fictive kin foster parents. 2. Collaboration with contracted agency to ensure training curriculum meets the needs of the agency and is aligned with regulatory requirements	Throughout the term of the sub-award.	1. Confirmation with provider that participants have attended. 2. Training curriculum and supplemental handouts.	1. Tracking of number of participants on a monthly basis. 2. Certificate of completion for each participant. 3. Surveys provided to participants to ensure quality of pre-service training.

Goal 11: Provide funding for non-recurring adoption fees to allow for prospective adoptive parents to have legal representation when negotiating post-adoptive contact agreements and sibling contact orders.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Provide funding for non-recurring adoption fees to allow for prospective adoptive parents to have legal representation when negotiating post-adoptive contact agreements and sibling contact orders.	Legal consultation is necessary for adoptive parents in negotiating and fully understanding the legal and long-term implications of entering into legally binding post adoption contact agreements and sibling contact agreements. Access to legal consultation prior to adoption will set families up for success post adoption, as it allows for families to enter into agreements that are realistic to their circumstances and in the best interest of the child.	Throughout the term of the sub-award.	1. Justification supporting the request for an increase in non-recurring fees.	1. Satisfaction survey from families who worked with adoption attorney. 2. Feedback from worker and DA involved in the case.

Goal 12: Support the well-being of children at risk of entering foster care.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How this goal will be measured (qualitatively)</u>
1. Support the well-being of children at risk of entering foster care.	Provide funding for incidentals, day care and activities of children at risk of entering foster care to have opportunities for social-emotional development, connection and bonding, self-care.	Throughout the term of the sub-award.	1. Invoices for items/activities with supporting documentation as to the purpose and benefit to the family.	1. Review of purchase authorizations, invoices, and documentation to ensure funding is provided only to children at risk of entering foster care

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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 State General Fund. 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 State General Fund.

Subrecipient agrees to adhere to the following budget:

Applicant Name: Washoe County Human Services Agency

BUDGET NARRATIVE - SFY26

Form 1

Total Personnel Costs List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. Including Fringe Total: \$ 385,313.36

*reverse this formula as needed to include each position listed

Annual Salary Fringe Rate % of Time Months Amount Requested

Name of Employee **Stacia Travers**

Post Adoption Case Management (Position Control Number 70011678)

Length of time in Position 03/12/2023

Under general supervision, the Human Services Case Worker performs duties including outreach to families after adoption has finalized to offer support and determine if any services would be beneficial for the family; develop ongoing relationship and connection with family to ensure awareness of post adoption services and support; provide intensive case management services for families who have identified needs that require intensive advocacy and support including developing and monitoring of support plans; collaborate with community partners; attendance at team meetings.

\$	101,583.15	50%	50%	12	\$	76,069.99
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Name of Employee **Eduardo Villanueva**

Management Analyst (Position Control Number 70011677)

Length of time in Position 7/1/24

Under limited supervision, personnel performs duties including supporting, tracking, and correlating data needed to inform policy and practice for recruitment, approvals, placements, disruptions, program services, Quality Parenting Initiative, CPI, matching, process and systems efficacy, and statewide and diligent recruitment planning; assist in researching best practice models and strategic development.

\$	88,537.54	49%	50%	12	\$	65,937.05
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Name of Employee **Andrew Weber Karp**

Runner (Position Control Number 70011679)

Length of time in Position 12/18/2023

Under general supervision, personnel performs duties including transportation for children to school, medical/dental appointments, therapeutic appointments, social events, family visitation, or other required transportation to ensure children do not have disruptions to activities that support well being.

\$	50,684.28	61%	100%	12	\$	81,743.30
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Name of Employee **Patricia Tamayo**

Runner (Position Control Number 70011680)

Length of time in Position Feb. 13, 2023

Under general supervision, personnel performs duties including transportation for children to school, medical/dental appointments, therapeutic appointments, social events, family visitation, or other required transportation to ensure children do not have disruptions to activities that support well being.

\$	52,997.20	61%	100%	12	\$	85,228.08
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Name of Employee **Molly Blanchette**

Human Services Program Specialist (Position Control Number 70011676)

Length of time in Position 7/1/24

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Under limited supervision, personnel performs duties including providing support to foster parents and acting as a liaison with caseworkers and other agency staff; assist with recruitment and retention strategies; research best practice approaches used in other states to increase the number of resource parents in Washoe County and improve the retention rate.

\$	102,071.25	50%	50%	12	\$	76,334.93
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Total Fringe Cost \$ 110,236.60 Total: \$ 386,313.36

Travel/Training Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (\$4.0 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.

Out-of-State Travel	Cost	# of Trips	# of Days	# of Staff	Total:	\$
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						-

*revise as needed to include costs of multiple trips

Out-of-State Travel	Cost	# of Trips	# of Days	# of Staff	Total:	\$
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						-

*revise as needed to include costs of multiple trips

Out-of-State Travel	Cost	# of Trips	# of Days	# of Staff	Total:	\$
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						-

*revise as needed to include costs of multiple trips

Justification: Funding for travel costs associated with transitions will be provided for employees, foster/adoptive parents, and foster children to support meaningful transitions for children and prospective adoptive families.

In-State Travel	Cost	# of Trips	# of Days	# of Staff	Total:	\$
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:

Funding for travel costs associated with transitions will be provided for employees, foster/adoptive parents, and foster children to support meaningful transitions for children and prospective adoptive families.

Operating Total: \$ -

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	\$ -
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	\$ -
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:	

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

Equipment Total: \$ -

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	\$ -
--------------------	------

Contractual Total: \$ 10,800.00

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: Foster Kinship \$ 10,800.00

Method of Selection: sole source or competitive bid

Period of Performance: July 1, 2023 - June 30, 2024

Scope of Work: Foster Kinship will provide pre-service foster parent training to relative/fictive kin caregivers. Contractor will provide at least 12 complete 3-week sessions to be offered yearly. Each session will accommodate 10-12 caregivers.

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

Method of Accountability:

Define - Coordinator will monitor and review consultants work, review attendance and invoices.

Name of Contractor/Subrecipient:

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

Period of Performance:

*Revise this formula as needed to include each Contractor listed

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.

*Add additional Contractor/Subrecipients here with justification or delete this row.

Other

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.

Direct Services and activities in support of prevention services and support of children in foster care and pre/post adoptive families. For example these services may include transition costs, legal consultation services, foster celebration event to include food \$ 11,073.31 and beverages, medical/dental services, therapeutic support groups and training, assistance with transportation, childcare/respite, and caregiver supports to include gift cards. These examples are not all inclusive requests and will be determined based on the needs of the families.

\$ -

Justification: Provide funding for Prevention, Foster and pre-adoptive parents prior to finalization of adoption. To include funding for incidentals, daycare and activities for youth, caregivers, and the family unit to have opportunities for social-emotional development, connection, bonding and self-care.

TOTAL DIRECT CHARGES

\$ 407,186.67

Indirect

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 calculate 10%. Applicants may override this formula only to request a lower indirect rate.

Total: \$ 38,531.34

Identify Indirect Expenses \$ 385,313.36
 Add more as necessary and adjust formula in F112 \$ -
 to reflect changes. \$ -

TOTAL BUDGET

Total: \$ 445,718.00

9,4670

\$ 445,718.00 Budgeted

Applicant Name: Washoe County Human Services Agency
PROPOSED BUDGET SUMMARY - SFY23
 (Form Revised January 2020)

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED										
ENTER TOTAL REQUEST	\$ 445,718.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 445,718.00

EXPENSE CATEGORY

Personnel	\$ 385,313.36								\$ -	\$ 385,313.36
Travel/Training	\$ -								\$ -	\$ -
Operating	\$ -								\$ -	\$ -
Equipment	\$ -								\$ -	\$ -
Contractual/Consultant	\$ 10,800.00								\$ -	\$ 10,800.00
Other Expenses	\$ 11,073.31								\$ -	\$ 11,073.31
Indirect	\$ 38,531.34								\$ -	\$ 38,531.34

TOTAL EXPENSES	\$ 445,718.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 445,718.00
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$ 38,531.34									
Indirect % of Budget	10%									
Total Agency Budget	\$ 445,718.00									
Percent of Agency Budget	1									

B. Explain any items noted as pending:

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD & FAMILY SERVICES
NOTICE OF SUBAWARD**

- 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 **\$445,718.00**.
- 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 15th of the month following the end of the quarter.
- 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.

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD & FAMILY SERVICES
NOTICE OF SUBAWARD
SECTION D**

Agency Ref. #: 314150-25-001
 Budget Account: 3141
 GL: _____
 Draw #: _____

Request for Reimbursement

Program Name: Adoption Savings	Subrecipient's Name Washoe County Human Services Agency
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009	Address: 350 South Center Street Reno, NV 89501-2103
Subaward Period: July 1, 2024 – June 30, 2025	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400A

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT
 (must be accompanied by expenditure report/back-up documentation)
 Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance
1. Personnel	\$385,314.00	\$0.00	\$0.00	\$0.00	\$385,314.00
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	\$10,800.00	\$0.00	\$0.00	\$0.00	\$10,800.00
6. Other	\$11,073.00	\$0.00	\$0.00	\$0.00	\$11,073.00
7. Indirect	\$38,531.00	\$0.00	\$0.00	\$0.00	\$38,531.00
Total	\$445,718.00	\$0.00	\$0.00	\$0.00	\$445,718.00

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
N/A	\$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
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FOR DEPARTMENT USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD & FAMILY SERVICES
NOTICE OF SUBAWARD**

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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD & FAMILY SERVICES
NOTICE OF SUBAWARD**

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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD & FAMILY SERVICES
NOTICE OF SUBAWARD**

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Washoe County Human Services Agency

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.

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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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD & FAMILY SERVICES
NOTICE OF SUBAWARD**

ATTACHMENT A

Adoption Savings Allocations Spending Plan

SFY25

BA 3141 - Washoe County

FFY24 Adoption Savings Amount	20%	\$445,718.00
Post- Adoptive & Post Guardianship Services	20%	\$ 89,143.60
Services to support positive permanent outcomes for children at risk of entering foster care	10%	\$ 44,571.80
Other Services that may be provided under the Title IV-B and IV-E Programs	70%	\$ 314,002.60

Post Adoptive and Post Guardianship Services- Tentative Services		
Proposed Vendor/Subrecipient/Method of Delivery	Services Being Provided	Amount
Incidental Items, Direct Support to promote normalcy and other activities	Financial Assistance	\$ 89,143.60
Sub Total		\$ 89,143.60

Services to support positive permanent outcomes for children at risk of entering foster care		
Proposed Vendor/Subrecipient/Method of Delivery	Services Being Provided	Amount
Incidental Items, Direct Support to promote normalcy and other activities	Financial Assistance	\$ 44,571.80
Sub Total		\$ 44,571.80

Other Services that may be provided under the Title IV-B and IV-E Programs		
Proposed Vendor/Subrecipient/Method of Delivery	Services Being Provided	Amount
Incidental Items, Direct Support to promote normalcy and other activities	Financial Assistance	\$ 314,002.60
Sub Total		\$ 314,002.60
Total		\$ 445,718.00