



State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services
(hereinafter referred to as the Division)

Exhibit A

Agency Ref. #: **TANF2102**
Budget Account: **3230**
Category: **19**
GL: **8795**
9355820
Job Number: **9355821**

NOTICE OF SUBAWARD

Program Name: Eligibility and Payments, Temporary Assistance for Needy Families (TANF) Division of Welfare and Supportive Services Contact Name: Tonya Stevens / tstevens@dwss.nv.gov	Subrecipient's Name: Washoe County Human Services Agency Contact Name: Lauren Soulam / lsoulam@washoecounty.us
Address: 1470 College Parkway Carson City, NV 89706	Address: 1001 E. Ninth Street- Building D-20 Reno, NV 89512
Subaward Period: Retroactive to April 1, 2021 through March 31, 2022	Subrecipient's: EIN: **_***0138 Vendor #: T40283400 Dun & Bradstreet: 073786998

Purpose of Award: The purpose of this sub-award is to provide Federal funding from the Temporary Assistance for Needy Families (TANF) Block Grant for the implementation of the Emergency Assistance Program through Washoe County to serve children and their families. Through the WCHSA and community partnerships, the goal of Washoe County is to lessen these barriers by making accessible a broad array of prevention support services in a community-based setting, such as behavioral health, day care, transportation, and job-find assistance, which add the key components to reduce the number of children that must be placed outside their homes.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$494,339.00	Total Obligated by this Action:	\$ 1,587,343.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Training	\$4,350.00	Total Federal Funds Awarded to Date:	\$ 1,587,343.00
4. Supplies/Operating	\$4,083.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Equipment	\$0.00	Amount Required this Action:	\$ 0.00
6. Contractual/Consultant	\$1,084,571.00	Amount Required Prior Awards:	\$ 0.00
7. Construction	\$0.00	Total Match Amount Required:	\$ 0.00
8. Other Expenses	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL DIRECT COSTS	\$1,587,343.00	Federal Budget Period:	July 01, 2020 through June 30, 2022
9. Indirect Costs	\$0.00	Federal Project Period:	July 01, 2020 through June 30, 2022
TOTAL APPROVED BUDGET	\$1,587,343.00	FOR AGENCY USE, ONLY	

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
Administration for Children & Families, Temporary Assistance for Needy Families Block Grant	100%	93.558	2001NVTANF	2020-G996115	11/06/2019
	100%	93.558	2101NVTANF	2021-G996115	10/01/2020

Agency Approved Indirect Rate: N/A

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. Financial Status Reports and Requests for Funds must be submitted quarterly, 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: Confidentiality Addendum.

Washoe County Human Services Agency	Signature	Date
Amber Howell, Director		7/13/2021
Division Eligibility & Payments Unit: Lisa Swearingen, Chief		7.14.21
Division Administrator: Steve H. Fisher		07/20/2021

Exhibit A

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

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 employee for employment 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 award 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 grantees that expend \$750,000 or more in Federal awards during the grantee'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).

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD

Exhibit A

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, subawards, 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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

OVERVIEW

As provided in the Social Security Act Title IV Section 404(a)(2) and CFR Title 45 Subtitle B Chapter II Part 263 Subpart B 263.11(a)(2), Nevada uses federal TANF funds for expenditures for which Nevada was authorized under prior law, as in effect on September 30, 1995. The Division of Welfare and Supportive Services (DWSS), hereinafter referred to as the Division, may contract with Washoe County Human Services Agency (WCHSA), hereinafter referred to as Subrecipient, to provide emergency assistance – primarily case management services and substitute care – to needy families and children for up to 120 days from child welfare agency involvement and prior to a determination that a child will remain in or return to the family home or requires permanent out-of-home placement. Family-based services are provided to alleviate the emergency situation to improve family functioning to prevent the permanent out-of-home placement of children.

Through this subaward, the Division will provide Federal funding from the Temporary Assistance for Needy Families (TANF) Block Grant in accordance with the Emergency Assistance to Needy Families guidelines for the implementation of the Emergency Assistance program through the Subrecipient and their established community partners.

Eligibility Criteria for Emergency Assistance

A family is eligible if all of the following conditions are met:

- An application is filed by a specified adult relative of a child, or where the parent or relative is absent or unwilling to apply on behalf of the child, the agency staff acting on behalf of the child may file the application; and
- A child is at risk of abuse or neglect or the child's situation is such that out-of-home care is likely because the family has insufficient resources to prevent out-of-home placement; and
- The child's family is receiving TANF, SSI, SNAP or Medicaid; or does not have cash available to provide needed emergency care or services, and the family's gross countable income for the month of application does not exceed 500% of the federal poverty level (FPL). A child's income alone is considered when the child's parents cannot be located, or they refuse to cooperate in supporting the child or applying for assistance and the emergency assistance is necessary to avoid destitution of the child or to provide living arrangements in an out-of-home placement.

The Subrecipient and selected community partners, under this subaward, may provide services for the following Emergency Assistance Program covered emergencies:

- Abuse, neglect, or abandonment of children;
- Children in emergency situations where continued presence in the home is not in the best interest of the child; or
- Children that are at risk of removal from the home because of abuse, neglect, or the inability of parents to provide care.

Family-based services are provided to alleviate the emergency situation and allow the child to remain in or return to the family's home. Such services may include family preservation services including non-medical counseling for the consumer and/or the parents, case management services, employment and training activities, and/or substitute care.

The services covered may include:

- Short-term (up to 120 days) substitute care for children in emergency situations where continued presence in the home is not in the best interest of the child;
- Family preservation services to improve family functioning to prevent the out-of-home placement of children including non-medical counseling, home-based crisis intervention, home management skills and employment and training activities;
- Direct family assistance services implementing, delivering, or maintaining Emergency Assistance program services affecting a child's emergency such as:
 - Shelter;
 - Residential, foster, or group care services;
 - Case management and family preservation services;
 - Non-medical psychological care services;
 - Non-medical counseling and community partner resources established through Washoe County;

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

- Program information; and
- Costs to screen and assess families in the child welfare system and develop and manage case plans.

Definitions:

- Family Preservation – an array of services – including non-medical counseling; home-based crisis intervention; home management, parenting and marriage skills; and employment and training activities – are provided to improve family functioning to prevent the permanent out-of-home placement of children.
- Case Management – casework services to help the family members resolve the emergency situation, including family assessment, planning and coordination of services.

The Subrecipient will ensure that the services covered follow the requirements listed below:

- Nonrecurring, short-term benefits, which are limited in scope, to meet basic needs, designed to deal with a specific crisis situation or episode of need, not intended to meet recurrent or ongoing needs, limited to a maximum duration of four (4) months, which must be authorized within a single thirty (30) day period.
- Family-based services which do not provide basic income support, or which alleviate an emergency situation and allow the child to remain in or return to the family's home, e.g., case management, non-medical counseling, peer support, childcare information/referral, transitional services, job retention, family preservation, job advancement, and other employment related services.
- Medical services and/or costs are not an allowable expense under the terms of this subaward.

Family-based direct program and community partnership services will be provided to alleviate the emergency situations and allow the children to remain in or return safely to their family home. The Subrecipient agrees to only provide such services that do not meet the definition of "assistance" as defined by the Department of Health and Human Services, Administration for Children and Families and which are outlined in the Code of Federal Regulations Title 45 Subtitle B Chapter II Part 260 Subpart A §260.31. The program will include the Subrecipient's in-house services for families and community partners that have been sub-contracted through the approved invitation to bid process in compliance with Washoe County Procurement policy.

ACTIVITIES

The Subrecipient is responsible for the administration, management, and fiscal management for the Emergency Assistance Program as described above, which includes providing:

- eligibility and certification activities including initial and ongoing eligibility
- program management
- program integrity
- fiscal/budget management

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19.

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

**Scope of Work for Subrecipient
(form amended 2.4.2021)**

Goal 1: Subrecipient shall implement Emergency Assistance Program services that will provide necessary resources to meet the basic needs that often bring families to the attention of WCHSA and those needs of the families that the Subrecipient currently services.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
1.1 Partner with one or more contractors to operate family-style emergency shelter pilot homes.	Subrecipient shall develop eligibility criteria for services. Based on criteria, Subrecipient staff shall identify and refer eligible children and families for needed services.	Screening, eligibility and certification documents.	Throughout the term of the subaward. Completed by the end of each corresponding quarter.	Low-income (under 500% FPL) families with a child under the age of 18 experiencing an immediate/emergent episode of need.	Line-item list of families/children served and the TANF-funded services provided.	Documentation of criteria for eligibility and supporting documentation for determined referrals. Maintain all applications, case records, verifications and related documentation required to determine initial and ongoing eligibility/certification requirements.
1.2 Partner with one or more contractors, hereinafter referred to as the implementing agency, to provide short-term (up to 120 days) of substitute care for children in emergency situations.	Subrecipient shall oversee the placement of children in short-term emergent shelter.	Documentation / justification of placement determinations.	Throughout the term of the subaward. Completed by the end of each corresponding quarter.	Low-income (under 500% FPL) families with a child under the age of 18 experiencing an immediate/emergent episode of need.	Number count of children determined to need short-term substitute care. Number count of children placed in short-term emergent shelter. Length of stay count for each child placed in short-term emergent shelter.	Maintenance of all case records, verifications, services provided and related documentation.
	Subrecipient will ensure that agreements with contractors align with terms set forth in this subaward and will include the required documentation and verification requirements as set forth in this subaward.	Subrecipient will provide to the Division, the finalized / executed scope of work (SOW) between the Subrecipient and each implementing agency which must include content which aligns with the content outlined in this subaward.	Throughout the term of the subaward, to be submitted upon completion of the procurement process and vendor selection.	Not applicable	Not applicable	Finalized scope of work between the Subrecipient and each implementing agency which must include content which aligns with the content outlined in this subaward.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Goal 1: Subrecipient shall implement Emergency Assistance Program services that will provide necessary resources to meet the basic needs that often bring families to the attention of WCHSA and those needs of the families that the Subrecipient currently services.

Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
	The implementing agency will coordinate, and case manage the care, placement and reunification of children placed in short-term emergent shelter.	Documentation / justification of placement determinations. Case notes on coordination, case management, care, placement and reunification of children placed in short-term emergent shelter.	Throughout the term of the subaward. Completed by the end of each corresponding quarter.	Low-income (under 500% FPL) families with a child under the age of 18 experiencing an immediate/emergent episode of need.	Number count of children placed in short-term emergent shelter.	Maintenance of all case records, verifications and related documentation.
	The Subrecipient will provide written notification and related documentation to the Division of the method of procurement for any community providers that are selected to enter into a contract/subaward with the Subrecipient. Furthermore, the Subrecipient will provide notification of the contract(s) awarded, the method of procurement implemented, and provide the Division with documentation demonstrating the procurement process was followed for those additional contracts for services that are to be determined after the execution of this subaward. Any partnership contracts must meet the TANF purpose to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.	Verification that the procurement process was followed.	Throughout the term of the subaward and prior to submitting a billing claim to the Division for all sub-contracts.	Not applicable	Not applicable	Written notification of the method of procurement and supporting documentation as required by this scope of work. Related documentation verifying that the procurement process was adhered to and that the purpose of the contract(s) aligns with TANF Purpose #1.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Goal 1: Subrecipient shall implement Emergency Assistance Program services that will provide necessary resources to meet the basic needs that often bring families to the attention of WCHSA and those needs of the families that the Subrecipient currently services.

Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
1.3 Partner with the Reno Initiative for Shelter & Equality (RISE), hereinafter referred to as the implementing agency, to provide temporary housing to homeless families at Washoe County's Our Place Family Shelter as part of Foster Care prevention activities.	The implementing agency will coordinate, and case manage the care, placement and reunification of children placed in short-term emergent shelter.	Documentation / justification of placement determinations. Case notes on coordination, case management, care, placement and reunification of children placed in short-term emergent shelter.	Throughout the term of the subaward. Completed by the end of each corresponding quarter.	Low-income (under 500% FPL) families with a child under the age of 18 experiencing an immediate/emergent episode of need.	Number count of children placed in short-term emergent shelter.	Maintained case records, verifications and related documentation.
	<p>The Subrecipient will provide written notification and related documentation to the Division of the method of procurement for any community providers that are selected to enter into a contract / subaward with the Subrecipient.</p> <p>Furthermore, the Subrecipient will provide notification of the contract(s) awarded, the method of procurement implemented, and provide the Division with documentation demonstrating the procurement process was followed for those additional contracts for services that are to be determined after the execution of this subaward.</p> <p>Any partnership contracts must meet the TANF purpose to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.</p>	Verification that the procurement process was followed.	Throughout the term of the subaward and prior to submitting a billing claim to the Division for all sub-contracts.	Not applicable	Not applicable	<p>Written notification of the method of procurement and supporting documentation as required by this scope of work.</p> <p>Related documentation verifying that the procurement process was adhered to and that the purpose of the contract(s) aligns with TANF Purpose #1.</p>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

Goal 2: Ensure accurate and thorough programmatic record keeping and compliance with all levels of governmental oversight.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
2.1 Maintain Program Integrity	<p>Subrecipient agrees to permit authorized auditors and/or Division, State and Federal personnel full access to:</p> <ul style="list-style-type: none"> • Program files • Business files • Accounting files • Case records • Applications • Verifications and related documentation required to determine initial and ongoing eligibility/certification for the program • Reports of expenditures • Requests for reimbursement • Invoices and receipts of payment • Certified time-tracking documents when applicable • Provider files <p>to monitor and/or audit the activities, procedures, cases and accounting records subject to this agreement.</p>	Maintain program integrity and compliance through accurate and thorough programmatic record keeping.	<p>Throughout the term of the subaward and/or upon audit.</p> <p>All records for each quarter shall be completed by the end of each corresponding quarter</p>	Not applicable	Not applicable	<p>Any and all supporting documentation as requested by authorized auditors and/or State or Federal Personnel, which may include but is not limited to:</p> <ul style="list-style-type: none"> • Program files • Business files • Accounting files • Case records • Applications • Verifications and related documentation required to determine initial and ongoing eligibility/certification for the program • Reports of expenditures • Requests for reimbursement • Invoices and receipts of payment • Certified time-tracking documents when applicable • Provider files <p>to monitor and/or audit the activities, procedures, cases and accounting records subject to this agreement.</p>
	<p>Within required timeframes, Subrecipient agrees to develop corrective action plans to rectify any exceptions noted in monitoring and/or audit reports that place any office out of compliance with this agreement, Federal/State statutes or regulations.</p>	Approved Corrective Action Plan	When applicable, as specified in written notification/request	Not applicable	Not applicable	<p>Any and all supporting documentation as requested by authorized State or Federal personnel.</p>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Goal 2: Ensure accurate and thorough programmatic record keeping and compliance with all levels of governmental oversight.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
	<p>All books, records, reports and statements relevant to this subaward must be retained for a minimum of five (5) years after the Federal award period ends.</p> <p>Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.</p>	Complete and accurate books, records, reports and statements relevant to this subaward.	Throughout the term of the subaward and for five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue	Not applicable	Not applicable	Any and all supporting documentation as requested by authorized State and Federal personnel.
	Subrecipient agrees to have an approved system in place for addressing complaints or hearing requests and will maintain clear written policies for handling complaints/hearings and will further maintain all documentation, internal and external communications, action steps, and follow-up activities.	<p>The following maintained documents:</p> <ul style="list-style-type: none"> • Written policies • Documentation • Internal and external communications • Action Steps • Follow-up Activities 	Throughout the term of the subaward and for five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue	Not applicable	Not applicable	Any and all supporting documentation as requested by authorized State or Federal personnel.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

Goal 2: Ensure accurate and thorough programmatic record keeping and compliance with all levels of governmental oversight.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool / Required Documentation
	<p>Subrecipient agrees to submit billing claims quarterly (based on the State Fiscal calendar) to the Division no later than the 15th of the month following the end of each quarter that services were rendered.</p> <p>A complete financial accounting of all expenditures shall be submitted to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD.</p> <p>Any unobligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.</p> <p>If a Request for reimbursement is received after the 45-day closing period, the Division may not be able to provide reimbursement.</p>	Accurate and thorough billing claims with all supporting documentation.	<p>Billing claim(s) for April, May and June are due: July 20th</p> <p>Billing claims for July, August and September are due: October 20th</p> <p>Billing claims for October, November and December are due: January 20th</p> <p>Billing claims for January, February and March are due: July 15th</p> <p>NOTE: Refer to Close of Subaward Period guidelines</p>	Not applicable	Not applicable	<p>Complete and accurate billing claims and supporting documentation as required by this subaward, including:</p> <ul style="list-style-type: none"> • Request for Reimbursement form • Billing Claim • Back-up Report • Transaction List including line item descriptions of expenses incurred and documentation identifying the number of families/children served including the child's first and last name, date of birth, case number, placement location, dates of service, service(s) provided/activities performed and cost of qualifying service(s), if applicable. • Required supporting documentation includes, but is not limited to: <ul style="list-style-type: none"> • payroll records per PCN • time-tracking records per PCN certifying amount of time spent on TANF Emergency Assistance services only • invoices and receipts for all supplies and claimed expenses • invoices and proof of payment for contracted services • List of any new vendors/contractors added after execution of the subaward to include name of contractor, method of selection (including MSA Contract #), period of performance

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

Goal 3: The Subrecipient shall maintain controls for program funds and provide oversight of the program.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
3.1: Provide Programmatic Oversight	The Subrecipient agrees to maintain adequate controls and documentation of expenditures in accordance with Federal and State regulations and provide additional expenditure detail upon request from the Department.	Documentation of expenditures and back-up for expenditures claimed in accordance with Federal and State regulations	Throughout the term of the subaward and stored for five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue	Not applicable	Not applicable	Review of Nevada Revised Statutes (NRS)/Nevada Administrative Code (NAC)/Code of Federal Regulations (CFR)/ Social Security Act (SSA) for verification of compliance and any other requested documentation. Specifically, Code of Federal Regulations Title 45 Part 75, Part 95 Subpart A and G, Part 260 Subpart A, and Part 263 Subpart B, as well as 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
	The Subrecipient agrees to comply with applicable sections regarding TANF Block Grant funding as outlined in State and Federal statutes, regulations, and laws.	Reference documents to include NRS, NAC, CFR and SSA. Correspondence seeking guidance related to NRS, NAC, CFR and SSA if/when applicable.	Ongoing	Not applicable	Not applicable	Review of NRS/NAC/CFR/SSA for verification of compliance and any other requested documentation. Specifically, Code of Federal Regulations Title 45 Part 75, Part 95 Subpart A and G, Part 260 Subpart A, and Part 263 Subpart B, as well as 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
	The Subrecipient agrees to ensure and maintain quality control of data for the program.	Documented Quality Control policies/ guidelines related to data	Ongoing	Not applicable	Not applicable	Verification of data analysis in comparison to previous year with any discrepancies identified and explained. If there are no discrepancies, report this information as well.
	The Subrecipient agrees to ensure and maintain quality control of program staff.	Documented Quality Control policies/ guidelines related to program staff.	Ongoing	Not applicable	Not applicable	Records of any interventions, changes or disciplinary action taken in response to issues that arise. If no interventions, changes, or disciplinary actions have been taken in response to issues that arise, or if no issues have arisen, report this information as well.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

Goal 3: The Subrecipient shall maintain controls for program funds and provide oversight of the program.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
	<p>The Subrecipient agrees to ensure that all invoices on final reconciliation for dates of services during the subaward period are submitted to the Division timely.</p> <p>Any costs that cannot be substantiated by source documents or any costs which are not allowable costs as defined in Code of Federal Regulations Title 45 Part 75, Part 95 Subpart A and G, Part 260 Subpart A, and Part 263 Subpart B, as well as 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards will not be allowed and will not be reimbursed.</p> <p>Any invoices submitted after the closing date may be subject to non-reimbursement.</p>	<p>Complete and accurate invoices</p> <p>All required backup documentation</p>	30 days after the close of the subaward period	Not applicable	Not applicable	<p>Complete and accurate billing claims and supporting documentation as required by this subaward, including:</p> <ul style="list-style-type: none"> • Request for Reimbursement form • Billing Claim • Back-up Report • Transaction List including line item descriptions of expenses incurred and documentation identifying the number of families/children served including the child's first and last name, date of birth, case number, placement location, dates of service, service(s) provided/activities performed and cost of qualifying service(s), if applicable. • Required supporting documentation includes, but is not limited to: <ul style="list-style-type: none"> • payroll records per PCN • time-tracking records per PCN certifying amount of time spent on TANF Emergency Assistance services only • invoices and receipts for all supplies and claimed expenses • invoices and proof of payment for contracted services • List of any new vendors/contractors added after execution of the subaward to include name of contractor, method of selection (including MSA Contract #), period of performance

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Goal 3: The Subrecipient shall maintain controls for program funds and provide oversight of the program.						
Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
	The Subrecipient agrees to work with the Division's Eligibility and Payments Unit and Fiscal Unit to resolve any identified billing discrepancies.	Documented correspondence Billing documents requested by Division	Within one (1) business day from notification of discrepancy	Not applicable	Not applicable	Any supporting documentation as requested by the Division.
	The Subrecipient understands that administrative costs are not part of this subaward and will not be reimbursed.	Billing documents absent administrative costs	Throughout the term of the subaward	Not applicable	Not applicable	Not applicable
	The Subrecipient agrees to submit any proposed program or budget changes to the Division for review of compliance with federal program requirements. This includes significant changes in program goals and objectives, scope of work, text or content of materials developed with TANF funds.	Final drafts of proposed program or budget changes to include but not limited to program goals and objectives, scope of work, text or content of material developed with TANF funds.	Prior to implementation of change	Not applicable	Not applicable	Any supporting documentation or explanation as requested by the Division.
	The Subrecipient agrees to comply with all Federal and State audits as requested.	Documentation of expenditures and back-up for expenditures claimed in accordance with Federal and State regulations	Throughout the term of the subaward and during a period reasonably necessary	Not applicable	Not applicable	Any and all supporting documentation as requested by authorized State or Federal personnel.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Goal 4: The Division, will administer program funds, interpret and properly implement Federal and State regulations, and provide oversight, guidance and technical assistance in relation to the subaward.

Objective	Activities	Expected Outcomes	Timeline: Begin-Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
4.1.1 Provide Program Guidance	The Division will serve as liaison between the US Department of Health and Human Services (USDHHS), Administration for Children and Families (ACF), and the Subrecipient, pursuant to 45 CFR 263 et seq.	Related correspondence and documentation	Based on State and Federal requirements	Not applicable	Not applicable	Publication and submission of the TANF State Plan.
	The Division will maintain eligibility for the maximum allotment of the TANF block grant and submit all required paperwork in accordance with current State and Federal regulations.	Award letter	On an annual basis	Not applicable	Not applicable	Based on Federal budgets as determined on an annual basis.
	Drawdown Federal funds to reimburse the Subrecipient for operation of the TANF-funded program, up to the subaward allotment.	Documents and/or correspondence related to drawdown of Federal funds.	Within 30 days of receipt of the quarterly claim and all required supporting documentation submitted throughout the term of the subaward billing period	Not applicable	Not applicable	Documents and/ or correspondence related to drawdown of Federal funds.
	The Division will provide answers to questions related to Federal and State statutes and regulations covering program policies and appropriate expenditures.	Documentation and correspondence related to questions and answers surrounding Federal and State statutes and regulations covering program policies and appropriate expenditures.	As needed	Not applicable	Not applicable	Policy and Procedure (P&P) documents, Informational Memos (IMs), emails, telephone calls, teleconferences, and in-person meetings.
	The Division will monitor implementation of the program as required.	Correspondence and related documentation	Throughout the term of the subaward	Not applicable	Not applicable	TANF policy manual, State Plan, and any other reports or documentation required by the Administration for Children and Families (ACF) or any other interested parties.

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 WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD

Exhibit A

SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 2020-G996115 and 2021-G996115 from the Administration for Children & Families, Temporary Assistance for Needy Families Block Grant.

Subrecipient agrees to adhere to the following budget:

Applicant Name: Washoe County Human Services Agency

BUDGET NARRATIVE
(Form Revised June 2019)

Total Personnel Costs	including fringe	Total:	\$494,339
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Office Support Specialist, To be Determined (TBD) 70001031</u>	\$59,058.92	56.500%	100.000%	9	75.00%	\$69,320

Process Temporary Aid for Needy Families (TANF) applications (element of maintaining EA program services as allowed as direct service).

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Ruben Garcia, Intake Screener, 70010194</u>	\$74,688.28	57.200%	100.000%	12	100.00%	\$117,410

Receive incoming calls, screen incident reports, provide crisis intervention and make referrals (element of maintaining EA program services as allowed as direct service).

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Andrea King Intake Screener, 70010191</u>	\$62,176.62	44.400%	100.000%	12	100.00%	\$89,783

Receive incoming calls, screen incident reports, provide crisis intervention and make referrals (element of maintaining EA program services as allowed as direct service).

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Tara Spang, Intake Screener, 70010192</u>	\$65,079.12	46.600%	100.000%	12	100.00%	\$95,406

Receive incoming calls, screen incident reports, provide crisis intervention and make referrals (element of maintaining EA program services as allowed as direct service).

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Pamela Babbitt-Cook, Intake Screener, 70006627</u>	\$59,300.80	42.500%	100.000%	12	100.00%	\$84,504

Receive incoming calls, screen incident reports, provide crisis intervention and make referrals (element of maintaining EA program services as allowed as direct service).

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Laura Harper, Intake Screener, 70010193</u>	\$62,275.20	48.500%	41.000%	12	100.00%	\$37,916

Receive incoming calls, screen incident reports, provide crisis intervention and make referrals (element of maintaining EA program services as allowed as direct service).

-	-	-	-	-	-	-
Total Fringe Cost	\$163,267				Total Salary Cost:	\$331,072
Total Budgeted FTE	5.41000					

Travel	Total:	\$0
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Operating	Total:	\$4,350
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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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

Cell Phone Service: \$67 per phone per FTE x
5.41 FTE x 12 months \$4,349.64

Justification: *Cell phones required for staff to conduct program business.*

Equipment	Total:	\$4,083
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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.

Subtotal

2 Laptop docking stations and 2 monitors for new staff: \$2,041.50 per FTE x 2 FTE	\$4,083.00
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Contractual	Total:	\$1,084,571
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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: TBD	Total \$421,843
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Method of Selection: Sole source

Period of Performance: April 1, 2021 through March 31, 2022

Scope of Work: Contractor(s) will operate family-style emergency shelter pilot homes. These homes will address emergencies that include abuse, neglect or abandonment of children; children in emergency situations where continued presence in the home is not in the best interest of the child; and children who are at risk of removal from the home because of abuse, neglect or inability of parents to provide care. TANF reimbursement will only cover time periods (not to exceed 120 days) for which beds are filled with children meeting the TANF EA Program eligibility set forth in the subaward documents.

* Sole Source Justification: Contractor(s) must hold appropriate licenses and certifications in order to implement these services

Budget

Contractual: Estimated at 8 children per day x \$229.762 per child per day x 340 days per year. Total estimated 75% of beds filled per day x 90% TANF eligible children	\$421,843.03
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Total Budget	\$421,843.03
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Method of Accountability:

Contractor(s) will provide monthly reports that include child's first and last name, date of birth, placement location, individual columns which confirm that each child meets each of the TANF EA Program eligibility criteria listed in the subaward documents, dates of service, services provided, case numbers and cost of qualifying service/expense. For personnel costs, payroll records and certified time-tracking documents verifying the amount/percentage of time attributed to specifically serving the TANF EA Program are required.

Name of Contractor, Subrecipient: TBD	Total \$460,230
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Method of Selection: Sole source

Period of Performance: April 1, 2021 through March 31, 2022

Scope of Work: Contractor(s) will provide short-term (up to 120 days) substitute care for children in emergency situations where continued presence in the home is not in the best interest of the child. This includes cases of abuse, neglect or abandonment of children, and children in emergency situations where continued presence in the home is not in the best interest of the child. TANF reimbursement will only cover time period (not to exceed 120 days) for which beds are filled with children meeting the TANF EA Program eligibility criteria set forth in the subaward documents.

* Sole Source Justification: Contractor(s) must hold appropriate licenses and certifications in order to implement these services.

Budget

Personnel: N/A	\$0.00
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Travel: N/A	\$0.00
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Contractual: Estimated at 31 children per day x \$60.2583 per child per day x 365 days per year. Total estimated at 75% of beds filled per day x 90% TANF eligible children.	\$460,230.30
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Total Budget	\$460,230.30
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Method of Accountability: Contractor(s) will provide monthly reports that include child's first and last name, date of birth, placement location, individual columns which confirm that each child meets each of the TANF EA Program eligibility criteria listed in the subaward documents, dates of service, services provided, case numbers and cost of qualifying service/expense. For personnel costs, payroll records and certified time-tracking documents verifying the amount/percentage of time attributed to specifically serving the TANF EA Program are required.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD

Exhibit A

Name of Contractor, Subrecipient: The Reno Initiative for Shelter & Equality (RISE)

Total \$202,498

Method of Selection: Sole source

Period of Performance: April 1, 2021 through March 31, 2022

Scope of Work: RISE is currently partnered with Washoe County to staff the Our Place Family Shelter, which provides temporary housing to homeless families as part of our Foster Care prevention activities. We underwent an RFP process in 2020 for the procurement of this contract. In the first quarter of 2021, we will add an additional building and beds to the shelter. The existing contract will be amended to incorporate these expanded services.

* Sole Source Justification: RISE is currently partnered with Washoe County to staff Our Place Family Shelter

Budget

Personnel: N/A \$0.00

Travel: N/A \$0.00

Contractual: Estimated at 30 children per day x \$27.397 per child per day x 365 days per year. Total estimated at 75% of beds filled per day x 90% TANF eligible children. \$202,498.08

Total Budget - - \$202,498.08

Method of Accountability: Define - Contractor(s) will provide monthly reports that include child's first and last name, date of birth, placement location, individual columns which confirm that each child meets each of the TANF EA Program eligibility criteria listed in the subaward documents, dates of service, services provided, case numbers and cost of qualifying service/expense. For personnel costs, payroll records and certified time-tracking documents verifying the amount/percentage of time attributed to specifically serving the TANF EA Program are required.

Training **Total: \$0**

Other **Total: \$0**

TOTAL DIRECT CHARGES \$1,587,343

Indirect Charges **Indirect Rate: 0.000% \$0**

Indirect Methodology: Not applicable

TOTAL BUDGET **Total: \$1,587,343**

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD

Exhibit A

Applicant Name: Washoe County Human Services Agency

Form 2

PROPOSED BUDGET SUMMARY

(Form Revised May 2019)

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

FUNDING SOURCES	Division	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$1,587,343								\$1,587,343

EXPENSE CATEGORY

Personnel	\$494,339								\$494,339
Travel	\$0								\$0
Operating	\$4,350								\$4,350
Equipment	\$4,083								\$4,083
Contractual/Consultant	\$1,084,571								\$1,084,571
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$0								\$0

TOTAL EXPENSE	\$1,587,343	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,587,343
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$0
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Total Agency Budget	\$1,587,343
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

N/A

C. Program Income Calculation:

N/A

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD

Exhibit A

- Department of Health and Human Services (Department) policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed 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 **\$1,587,343.00**;
- Additional supporting documentation includes quarterly reporting identifying the number of placements, type of service provided and cost of qualifying services.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

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

Both parties agree:

- 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.
- All reports of expenditures and requests for reimbursement processed by the Division 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 quarterly basis, based on the terms of the subaward agreement, no later than the 20th of the month following the quarter expenditures were incurred.
- 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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

Agency Ref. #: **TANF2102**

Budget Account: 3230

GL: 8795

Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Eligibility and Payments, TANF Emergency Assistance Program Division of Welfare and Supportive Services	Subrecipient Name: Washoe County Human Services Agency				
Address: 1470 College Parkway Carson City, Nevada 89706-7924	Address: 1001 E. Ninth Street- Building D-20 Reno, NV 89512				
Subgrant Period: Retroactive to April 1, 2021 through March 31, 2022	Subrecipient's: <table style="width: 100%;"> <tr> <td style="width: 50%;">EIN: **-***0138</td> <td style="width: 50%;"></td> </tr> <tr> <td>Vendor #: T40283400</td> <td></td> </tr> </table>	EIN: **-***0138		Vendor #: T40283400	
EIN: **-***0138					
Vendor #: T40283400					

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

	Month(s):			Calendar year:		
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	A	B	C	D	E	F
Approved Budget Category	Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	Percent Expended
1 Personnel	\$494,339.00	\$0.00	\$0.00	\$0.00	\$494,339.00	0.0%
2 Travel/Per Diem	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Training	\$4,350.00	\$0.00	\$0.00	\$0.00	\$4,350.00	0.0%
4 Supplies/Operating	\$4,083.00	\$0.00	\$0.00	\$0.00	\$4,083.00	0.0%
5 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Contractual/Consultant	\$1,084,571.00	\$0.00	\$0.00	\$0.00	\$1,084,571.00	0.0%
7 Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8 Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
9 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$1,587,343.00	\$0.00	\$0.00	\$0.00	\$1,587,343.00	0.0%

	Approved Match Budget	Total Prior Reported Match	Current Match Reported*	Year to Date Total	Match Balance	Percent Match Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, 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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OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY

Program contact necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person: _____
Reason for contact: _____	
Scope of Work/approval date: _____	Signed: _____
Fiscal Review/approval date: _____	Signed: _____

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE 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? June 30
4. What is the official name of your organization? Washoe County Human Services Agency
5. How often is your organization audited? Annually
6. When was your last audit performed? December 2020
7. What time-period did your last audit cover? July 1, 2019 - June 30, 2020
8. Which accounting firm conducted your last audit? Eide Bailly CPAs

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 WELFARE AND SUPPORTIVE 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 WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD

Exhibit A

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 ascribed 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 (4).

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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD**

Exhibit A

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.