



State of Nevada
 Department of Health and Human Services
Division of Child & Family Services

Subaward #: 93556-18-102
 Budget Account: 3145
 Category: 17CW
 GL: _____
 Job Number: 9355618

NOTICE OF SUBAWARD

Program Name: Title IV-B, Subpart 2 Caseworker		Subrecipient's Name: Washoe County Human Services Agency Contact: Leslie Williams																																							
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: PO Box 11130 Reno, NV 89520																																							
Project Period: October 1, 2018 through September 30, 2019		Subrecipient's:																																							
Budget Period: October 1, 2018 through September 30, 2019		EIN: <u>88-6000138</u>																																							
		Vendor #: <u>T40283400A</u>																																							
		Dun & Bradstreet: <u>073786998</u>																																							
Purpose of Award: Promoting Safe and Stable Families – Caseworker Visitation Program																																									
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Approved Budget</th> <th style="text-align: left;">Categories</th> </tr> </thead> <tbody> <tr><td>1. Personnel</td><td style="text-align: right;">\$33,017.00</td></tr> <tr><td>2. Travel/Training</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>TOTAL DIRECT COSTS</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>7. Indirect Costs</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>TOTAL COSTS</td><td style="text-align: right;">\$33,017.00</td></tr> </tbody> </table>		Approved Budget	Categories	1. Personnel	\$33,017.00	2. Travel/Training	\$0.00	3. Operating	\$0.00	4. Equipment	\$0.00	5. Contractual/Consultant	\$0.00	6. Other	\$0.00	TOTAL DIRECT COSTS	\$0.00	7. Indirect Costs	\$0.00	TOTAL COSTS	\$33,017.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Award Computation</th> </tr> </thead> <tbody> <tr><td>Total Obligated by This Action:</td><td style="text-align: right;">\$33,017.00</td></tr> <tr><td>Cumulative Prior Awards this Budget Period:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Federal Funds Awarded to Date:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Match Required</td><td style="text-align: right;">Yes</td></tr> <tr><td>Amount Required this Action:</td><td style="text-align: right;">\$11,601.00</td></tr> <tr><td>Amount Required Prior Awards:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Match Amount Required:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Research and Development (R&D)</td><td style="text-align: right;">No</td></tr> </tbody> </table>		Award Computation		Total Obligated by This Action:	\$33,017.00	Cumulative Prior Awards this Budget Period:	\$0.00	Total Federal Funds Awarded to Date:	\$0.00	Match Required	Yes	Amount Required this Action:	\$11,601.00	Amount Required Prior Awards:	\$0.00	Total Match Amount Required:	\$0.00	Research and Development (R&D)	No
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Source of Funds: Title IV-B, Subpart 2, Social Security Act		CFDA: 93.556	FAIN: 1801NVFPCV																																						
		Federal Grant #: 1801NVFPCV																																							
Federal Grant Award Date by Federal Agency:		10/1/2017-9/30/2019																																							
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> This award is subject to the availability of appropriate funds. Expenditures must comply with appropriate state statutory guidelines and/or federal regulations, the DCFS Grant Instructions and Requirements, and the State Administrative Manual. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 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. Financial Status Reports and Requests for Funds must be submitted by the 15th of each month, unless specific exceptions are provided in writing by the grant administrator. The recipient of these funds agrees to stipulations listed in the incorporated documents. Match must be provided equal to 26% of the total award and described in the budget narrative. 																																									
Incorporated Documents:																																									
Subrecipient Agreement		Section D: Financial Status Reports and Requests for Funds																																							
Section A: Assurances;		Section E: Audit Information Request;																																							
Section B: Description of Services, Scope of Work and Deliverables;		Section F: Current/Former State Employee Disclaimer; and																																							
Section C: Budget and Financial Reporting Requirements;		Section G: Confidentiality Addendum																																							
Authorized Official Name	Signature		Date																																						
Jean Booth																																									
Grants & Project Analyst II																																									
for Ross E. Armstrong																																									
Administrator,																																									
Division of Child & Family Services																																									

State of Nevada
 Department of Health and Human Services
Division of Child & Family Services

SUBRECIPIENT AGREEMENT

This Subrecipient Agreement is entered into between the Nevada Division of Child and Family Services (referred to as "Division") and Washoe County Human Services Agency (referred to as "Subrecipient").

Program Name	Title IVB-2 Caseworker Visits	Subrecipient Name	Washoe County Human Services Agency
Federal Grant Number	1801NVFPCV	Subaward Number	93556-18-102
Federal Amount	\$33,017	Contact Name	Leslie Williams
Non-Federal (Match) Amount	\$11,601	Address	350 S. Center Street Reno, NV 89501
Total Award	\$44,618		
Performance Period	October 1, 2018 through September 30, 2019		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding will be required to be documented on the Monthly Financial Status and Request for Funds Request form and will be verified during subrecipient monitoring.

This subaward is subject to the requirements (federal, state financial and program assurances) established by the federal government, the State of Nevada and the Division as well as any local code, ordinances and policy. This subaward is subject to the availability of funding. Special Conditions: This project is approved subject to the conditions and limitations set forth on the following pages(s): Section A-Assurances and Certifications; Section B- Description of Services, Scope of Work and Deliverables; Section C- Budget and Financial Reporting Requirements; Section E- Audit Information Request; Section F- Current and Former State Employee Disclaimer; and Section G- Confidentiality Addendum.

Authorized Subrecipient Official Title	Signature	Date
Jean Booth Grants and Projects Analyst II		
for Ross E. Armstrong Administrator, Division of Child & Family Services		

**DIVISION OF CHILD AND FAMILY SERVICES
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SECTION A

Assurances and Certification

As the duly authorized representatives of the applicant organization, we certify that:

1. The subrecipient agrees to abide by all appropriate provisions and procedures of the Division of Child and Family Services (DCFS).
2. The subrecipient will give the awarding agency access to and the right to examine all records, books, papers and/or documents related to the grant award and will establish an accounting system in accordance with Generally Accepted Accounting Standards or agency directives.
3. The subrecipient agrees to facilitate and participate in annual monitoring, where fiscal and programmatic documents will be reviewed and discussed.
4. The subrecipient agrees to account for grant funds in accordance with generally accepted accounting principles, insofar as practicable, consistently applied, regardless of the source of funds. The Division of Child and Family Services reserves the right, however, to prescribe the method of accountability in any particular case.
5. The subrecipient agrees that where costs are applied to two or more projects, such costs will be prorated to each grant.
6. The subrecipient will establish and have available for review, policies and procedures that provide safeguards to prohibit employees or board members from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
7. The subrecipient has a copy of its official organizational by laws and amendments available for review. (Required of Community Based Organizations only)
8. The subrecipient has resumes for key personnel on file for review.
9. The subrecipient will initiate, comply with and complete the Scope of Work authorized by the awarding agency per grant requirements and within the applicable timeframe.
10. The subrecipient will inform the awarding agency within 30 days of any substantial material situations affecting the successful completion of this project.
11. The subrecipient will comply with all federal and state statutes relating to nondiscrimination, including, but not limited to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.
12. The subrecipient will comply with the provisions of the Hatch Act which limits the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
13. The subrecipient will comply with P.L. 93-34B regarding the protection of human subjects involved in research, development and related activities supported by this award.
14. The subrecipient will comply with all applicable requirements of all other state and federal laws, executive orders, regulations and policies governing the program.
15. The subrecipient will comply with the minimum wage and maximum hours of the federal Fair Labor Standards Act.

**DIVISION OF CHILD AND FAMILY SERVICES
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16. The subrecipient will provide reports as required by the awarding agency as well as additional information requested by the awarding agency.
17. The subrecipient will provide the awarding agency with a copy of each outside audit conducted for the organization, whether that audit is a formal audit or a report from a qualified, independent source which provides an opinion regarding the financial practices and solvency of the applicant organization. **(Formal audits are required for organizations that received \$750,000.00 or more in federal funds during a Federal Fiscal Year.)**
18. The subrecipient agrees to submit the Monthly Financial Status and Request for Funds Report form (RFF). Payment for services rendered under this grant will only be made after the complete and correct financial request has been approved by the GMU.
19. The subrecipient will cooperate with DCFS GMU and any contractor hired by the GMU in establishing a professional program evaluation system to include outcome measures and the measurement of consumer impact.
20. The subrecipient agrees to submit quarterly program performance reports utilizing the online reporting system, if applicable.
21. The subrecipient certifies that the proposal upon which these grant funds are based was authorized by the governing body of the applicant.
22. The subrecipient agrees to comply with Public Law 103-227, Part C, Environmental Tobacco Smoke (Pro Children Act of 1994).
23. The subrecipient acknowledges that either party may terminate funding with 30 calendar days written notice.
24. The subrecipient has provided DCFS GMU with verification that the following insurance coverage meets State of Nevada insurance requirements: Worker's Compensation Insurance, Commercial General Liability Insurance, Business Automobile Insurance (for agency owned vehicles) and Professional Liability Insurance (as applicable). Verification of Professional Liability Insurance coverage and coverage limits is provided if counseling, therapy or treatment related services are provided.
25. The subrecipient will establish and have available for review, policies and procedures that require employees, volunteers, and Directors or Trustees to maintain the confidentiality of any information which would identify persons receiving services.
26. The subrecipient acknowledges that this subaward is contingent upon available funding and may be reduced within the subaward period.
27. The subrecipient agrees to have a 5-year record retention schedule for the Victims of Domestic Violence, Family Violence and Prevention Services Act and Victims of Crime Act subaward documentation.
28. The subrecipient agrees to make its services available to clients who may not be specified within their Scope of Work and upon the request of DCFS, in the event of a disaster.
29. The subrecipient must promptly refer to the Department of Justice (DOJ) Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, contractor, subrecipient, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. The condition also applies to any subrecipients. Potential fraud, waste, abuse or misconduct should be reported to the OIG by:

**DIVISION OF CHILD AND FAMILY SERVICES
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Mail:

Office of the Inspector General
U.S. Department of Justice
Investigations Division
950 Pennsylvania Avenue, N.W.
Room 4706
Washington, DC 20530

Email: oig.hotline@usdoj.gov

Hotline: (contact information in English and Spanish): (800) 869-4499

Or Hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG website at www.usdoj.gov/oig

30. The subrecipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of the Office of Justice Programs (OJP).
31. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving", 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages subrecipients and subrecipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
32. The subrecipient agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the name and total compensation of the five most highly compensated executives of the subrecipient and first-tier subrecipients of award funds. Such data will be submitted to the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS). The details of subrecipient obligations, which derive from the Federal Funding Accountability and Transparency act of 2006 are posted on the Office of Justice Programs website at <http://www.ojp.gov/funding/ffata.htm> (Award condition: Reporting Subawards and Executive Compensation), and are incorporated by reference here. This condition, and its reporting requirement does not apply to grant awards made to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own operate in his or her name).
33. The subrecipient understands and agrees that penalties and interest are not allowable expenditures.

All documents, certifications and Public Laws addressed in this document are considered part of the conditions under which this subaward is offered and must be adhered to by the subrecipient. Additional requirements of the subrecipient may also apply.

_____	_____
Printed Name	Date
_____	_____
Signature	Date
_____	_____
Signature of President / Chairperson of Governing Body, Tribal Authority or Director of Public Agency	Date

**DIVISION OF CHILD AND FAMILY SERVICES
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Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -

Lower Tier Covered Transactions

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal" and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549: 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations or the definitions.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, the prospective lower tier participant shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions" will be included, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon the certification of a prospective participant in a lower tier covered transaction that the prospective participant is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless the participant in a covered transaction knows that the certification is erroneous. A participant may decide the method and frequency of determining the eligibility of the principals. Each participant may, but is not required to, check the Non-procurement List (of excluded parties).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including debarment and/or suspension.

**DIVISION OF CHILD AND FAMILY SERVICES
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**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion –
Lower Tier Covered Transactions**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither the prospective participant or the prospective participant's principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Suspension. An action taken by a suspending official in accordance with these regulations that immediately excludes a person from participating in a covered transaction for a temporary period, pending completion of an investigation and such legal, debarment, or Program Fraud Civil Remedies Act proceedings as may ensue. A person so excluded is "suspended".

Voluntary Exclusion or Voluntarily Excluded. A status of nonparticipation or limited participation in covered transactions assumed by a person pursuant to the terms of a settlement.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

**DIVISION OF CHILD AND FAMILY SERVICES
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Certification Regarding Drug-Free Workplace Requirements

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If grantee does not identify the workplace at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in the office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other areas where work under the grant take place. Categorical descriptions may be used (e.g. all vehicles of a mass authority of State highway department while in operation, State employees in each local unemployment office, performance in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s) if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to the certification. Grantee's attention is called, in particular, to the following definitions from these rules:

Controlled substances means a controlled substance in Schedules I through V of the Controlled Substance Act (21 U.S.C. #12) and as further defined by regulations (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of Nolo Contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (I) All direct charge employees; (II) All indirect charge employees under their impact or involvement is insignificant to the performance of the grant; and (III) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirements consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Alternate I - Grantees Other Than Individuals

The grantee certifies that it will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's

**DIVISION OF CHILD AND FAMILY SERVICES
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workplace and specifying the actions that will be taken against employees for violation of such prohibition;

- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
 - (4) The penalties that may be imposed upon employees or drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (g) The grantee may insert the space provided below the site(s) for the performance of work done in connection with the specific grant:

PLACE OF PERFORMANCE:

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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Are there workplaces on file that are not identified here? YES NO

Alternate II - Grantees Who Are Individuals

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- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in conducting any activity with the grant;
- (b) If the convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include identification number(s) of each affected grant.

[55 FR 2160, 21702, May 25, 1990]

Signature

Title

Grantee Legal / Corporate Entity Name

Date

**DIVISION OF CHILD AND FAMILY SERVICES
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CERTIFICATION REGARDING LOBBYING

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form 111, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subawards, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

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Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C – Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (ACT), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, the applicant/grantee certifies compliance with the requirements of the Act. The applicant/grantee further agrees that the language of this certification will be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

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Certification Regarding Equal Treatment for Faith-Based Organizations

A final rule of the Department of Health and Human Services (DHHS) went into effect on August 16, 2004, which created, among other things, a new Part 87 Equal Treatment for Faith-Based Organizations, and revised the Department's uniform administrative requirements at 45 CFR Parts 74, 92 and 96 to incorporate the requirements of Part 87.

The Administration of Children and Families (ACF) is committed to providing State Administrators, State Grant Managers and subsequently subrecipients with the most accurate and concise information to help guide program activities. This regulation addresses several key Equal Treatment issues that require full compliance by Federally-funded State Programs, subrecipients, grantees and contractors.

Issues include:

- Nondiscrimination against religions organizations;
- Ability of religious organizations to maintain their religious character, including the use of space in their facilities, without removing religious art, icons, scriptures, or other religious symbols;
- Prohibition against the use of Federal funds to finance inherently religious activities, except where Federal funds are provided to religious organizations as a result of a genuine and independent private choice of a beneficiary or through other indirect funding mechanisms, such as certificates or vouchers; and
- Application of State or local government laws to religious organizations.

NOTE: Neither the Department (DHHS) nor any State or local government and other intermediate organizations receiving funds under any Department (DHHS) program shall, in the selection of service providers, discriminate for or against an organization on the basis of the organization's religious character or affiliation.

It is imperative that State subrecipients, grantees and contractors policies reflect the Equal Treatment Regulations. The full text of the final rule may be accessed via the Internet at <http://www.hhs.gov/fbc/regs.html>

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 45 CFR Part 87, Equal Treatment for Faith-Based Organizations as revised in the Department's uniform Administrative requirements identified above. Any organization that fails to file the required certification shall be subject to disqualification of their application.

Signature

Title

Grantee Legal / Corporate Entity Name

Date

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

SUBAWARD #: 93556-18-102

PROGRAM: Title IVB-2 Caseworker Visits

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: Support caseworkers with their monthly face-to-face contact with each child on their caseload including those in out-of-state treatment facilities or in their out-of-home placement.

Objective	Activities	Due Date	Documentation Needed
<p>1. Support caseworker visits with children to promote placement stability, permanency and wellbeing of children in care. Specifically those children in shelter care.</p> <p>2. To make the aforementioned visits not only within normal "work" hours but also outside of, conducive to the child's schedule and to comply with visitation policy.</p> <p>3. To use funding to support visitations through Overtime. Current caseworker caseload requirements make it difficult to complete all expectations within a normal 40 hour work week.</p>	<p>1. Conduct approximately 600 Caseworker visits with children in their out-of-home placement.</p> <p>2. Conduct approximately 50 Caseworker visits in the child's out-of-state therapeutic treatment facility.</p>	<p>Throughout life of grant in accordance with required visitation schedule.</p>	<p>1. Caseworkers will document overtime in the county payroll system to include case number.</p> <p>2. Caseworker will document child contact through UNITY case notes.</p> <p>3. Monthly reports will be provided to supervisors to ensure compliance with visitation policy.</p> <p>4. Supervisors will review caseworker documentation to assess policy.</p>

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

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 Grant Number 1801NVFPCV from Title IV-B, Subpart 2 of the Social Security Act. 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 Grant Number 1801NVFPCV from Title IV-B, Subpart 2 of the Social Security Act.

Subrecipient agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 33,107	See Budget Narrative	
		\$	
2. Travel/Training	\$		
		\$	
3. Operating	\$		
		\$	
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Other	\$		
		\$	
7. Indirect	\$		
		\$	
Total Cost	\$ 33,107		

- All changes greater than 10% in any Category within the approved Scope of Work must be approved in writing in advance by the granting agency.
- 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 Subrecipient agrees:

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

- Up to 12 payments/installments from October 19, 2018 through September 30, 2019;
- The maximum available through subaward is \$ 33,107
- Obligations incurred prior to the beginning of the performance period cannot be paid from grant funds;

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBAWARD**

- Obligations incurred during the performance period must be liquidated within 45 days after the end of the performance period;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Supporting documentation must be in sufficient detail to show the exact nature of expenditures;
- Expenditures must be prorated to each benefiting project;
- Expenditures must be cross referenced to the project using the subaward number; and
- 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.

The Division agrees:

- The Grant Management Unit will provide the following to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient; and
 - Providing prior approval of reports or documents to be developed.
- 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:

Annual subrecipient monitoring will be scheduled after a risk assessment has been completed. The actual date will be negotiated with the subrecipient.

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 and sign Section F, 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Monthly Financial Status and Request for Funds Report is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.
- Match must be reported monthly.

**Department of Health and Human Services
Division of Child Family Services
FY19 Financial Status Report and Request for Funds**

Agency Ref # 93556-18-102
 Budget Account: 3145
 GL: 17CW
 Draw #: _____
 CFDA # 9355618

Program Name: Title IV-B, Subpart 2 Caseworker	Subgrantee Name: Washoe County Human Services Agency Contact: Leslie Williams
Address: 4126 Technology Way 3rd Floor Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: July 1 2018 - June 30, 2019	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400A</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): July Calendar year: 2018

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$33,017.00	\$0.00	\$0.00	\$0.00	\$33,017.00	0.0%
2 Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$33,017.00	\$0.00	\$0.00	\$0.00	\$33,017.00	0.0%
8 Match	\$11,601.00	\$0.00	\$0.00	\$0.00	\$11,601.00	0.0%

I, an 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 _____

OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Recommended for Payment By: _____ Date: _____

Fiscal Review/Approval By: _____ Date: _____

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Report Number/Unduplicated RFF | <input type="checkbox"/> No Negative Balances | <input type="checkbox"/> RFF Tracking Log | <input type="checkbox"/> Expenses Allowable/Reasonable |
| <input type="checkbox"/> Prior Balances Match Contract Log | <input type="checkbox"/> Expenses Categorized per Budget | <input type="checkbox"/> Subgrant Log | <input type="checkbox"/> Signed and Dated |
| <input type="checkbox"/> Math Accurate/Rff Trans Match | <input type="checkbox"/> Travel Claim/Backup Doc Attached | <input type="checkbox"/> To Fiscal | |

*Revise this formula as needed to include each position listed

Total Personnel Costs		Including Fringe	Total:	\$	33,017.00
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Human Services - Caseworker Staff with Caseloads					
The grant allows caseworker staff overtime to complete required face-to-face contact visitation with children on their caseload.					\$ 33,017.00
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).					\$ -
*Insert new row for each position funded or delete this row.					
Total Fringe Cost				\$	33,017.00

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 (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel	Cost	# of Trips	# of Days	# of Staff
Title of Trip & Destination such as CDC Conference: San Diego, CA				
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:

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

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

<u>In-State Travel</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	\$
<u>Origin & Destination</u>					
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					

*Revise as needed to include costs of multiple trips.

Justification:

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F-48 and complete for each trip.

Operating

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	\$	-
Total:	\$	-

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

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.

Total: \$ -

\$

Describe equipment

Revise this formula as needed to include each Contractor listed

Contractual **Total:** \$ -

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

Name of Contractor/Subrecipient: _____ \$

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

Period of Performance: July 1, 2018 - June 30, 2019

Scope of Work: Define Scope of Work

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

Method of Accountability:

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

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

Other **Total:** \$ -

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

Printing Services: \$ amount/month x 12 months -

Copier/Printer Lease: \$ amount/month x 12 months -

Property and Contents Insurance per year -

Car insurance: \$ per month x 12 months -

Postage: \$ per month x 12 months -

Audit -

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

TOTAL DIRECT CHARGES **\$ 33,017.00**

Indirect **Total:** \$ -

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

Identify Indirect Expenses \$ -

Add more as necessary and adjust formula in F112 \$ -

to reflect changes. \$ -

TOTAL BUDGET

Total: \$ 33,017.00

Applicant Name: Washoe County Human Services Agency
PROPOSED BUDGET SUMMARY - SFYXX
 (Form Revised May 2018)

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

FUNDING SOURCES	GMU	Other Funding	Match	TOTAL					
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ 33,017.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,601.00	\$ 44,618.00

EXPENSE CATEGORY

Personnel	\$ 33,017.00							\$ -	\$ 33,017.00
Travel/Training	\$ -							\$ 11,601.00	\$ 11,601.00
Operating	\$ -							\$ -	\$ -
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ -							\$ -	\$ -
Indirect	\$ -							\$ -	\$ -

TOTAL EXPENSES	\$ 33,017.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,601.00	\$ 44,618.00
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------------------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$ 2,642.00
Indirect % of Budget	8%

Total Agency Budget	\$ 44,618.00
Percent of Agency Budget	0.739992828

B. Explain any items noted as pending:

MATCH BUDGET NARRATIVE - SFYXX

Total Personnel Costs		Including Fringe	Total:	Amount Requested
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.		Annual Salary	% of Time	Months
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).				\$
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).				\$
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).				\$
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number *Insert details to describe position duties as it relates to the funding (specific program objectives).				\$
Total Fringe Cost \$ - Total: \$ -				

revise this formula as needed to include each position listed

Travel/Training	Cost	# of Trips	# of Days	# of Staff
Total:	\$ 11,601.00	46		
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 (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.				
Out-of-State Travel				
Caseworker Staff Travel to visit children in out-of-state therapeutic placements	\$ 250.00			
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:

Staff are required to visit all children on their caseloads including those in out-of-state therapeutic placements. The agency will use those expenses as match.

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

*Revise as needed to include costs of multiple trips.

In-State Travel	Cost	# of Trips	# of Days	# of Staff	\$
Origin & Destination					
Airfare: cost per trip (origin & designation) x # of trips x # of staff					
Baggage fee: \$ amount per person x # of trips x # of staff					
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					
Motor Pool: (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days					
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					
Parking: \$ per day x # of trips x # of days x # of staff					

Justification:

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F-48 and complete for each trip.

Operating

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	\$	-			

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

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

Describe equipment	\$	-			
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Contractual

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

Name of Contractor/Subrecipient:

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

Period of Performance: July 1, 2018 - June 30, 2019

Scope of Work: Define Scope of Work

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

Method of Accountability:

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

*Revise this formula as needed to include each Contractor listed

Total:	\$	-			
--------	----	---	--	--	--

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

\$

Other	Total:	\$
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.		
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: <i>Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie</i>		

TOTAL DIRECT CHARGES \$ 11,601.00

Indirect	Total:	\$
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		
Identify Indirect Expenses	\$	-
Add more as necessary and adjust formula in F112 to reflect changes.	\$	-
	\$	-
TOTAL BUDGET		
Total:		\$ 11,601.00

DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBGRANT AWARD

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). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Child and Family Services
Attn: Grants Management Unit
4126 Technology Way, 3rd Floor
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your Organizations 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?

Signature

Date

Title

**DIVISION OF CHILD AND 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 within the provisions above 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 Division.

Name

Services

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Signature

Date

Title

**DIVISION OF CHILD AND FAMILY SERVICES
NOTICE OF SUBGRANT AWARD**

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Division of Child and Family Services

Hereinafter referred to as "Division"

and

Washoe County Human Services Agency.

Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Subrecipient.

WHEREAS, Subrecipient may have access, view or be provided information, in conjunction with goods or services provided by Subrecipient to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division 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 or health 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 Division or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Division 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 Division 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 Division 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 Division. Subrecipient may disclose information if:

1. The disclosure is required by law; or

