



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

Subaward #: **93645-18-005**
Budget Account: 3141
Category: 13
GL: _____
Job Number: 9364518

NOTICE OF SUBAWARD

Program Name: Title IV-B, Subpart 1		Subrecipient's Name: Washoe County Human Services Agency Contact: Amber Howell																					
Address: 4126 Technology Way, 3rd Floor Carson City, NV 89706-2009		Address: PO Box 11130 Reno, NV 89520																					
Project Period: July 1, 2018 through September 30, 2019 Budget Period: July 1, 2018 through September 30, 2019		Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400A</u> Dun & Bradstreet: <u>073786998</u>																					
Purpose of Award: Child Welfare Social Service Program- Provide Services to prevent removal from or return children to their homes																							
Region(s) to be served: ☐ Statewide ☒ Specific county or counties: <u>Washoe</u>																							
<table border="1"><thead><tr><th>Approved Budget</th><th>Categories</th></tr></thead><tbody><tr><td>1. Personnel</td><td>\$0</td></tr><tr><td>2. Travel/Training</td><td>\$0</td></tr><tr><td>3. Operating</td><td>\$0</td></tr><tr><td>4. Equipment</td><td>\$0</td></tr><tr><td>5. Contractual/Consultant</td><td>\$87,004</td></tr><tr><td>6. Other</td><td>\$125,000</td></tr><tr><td>TOTAL DIRECT COSTS</td><td>\$212,004</td></tr><tr><td>7. Indirect Costs</td><td>\$0</td></tr><tr><td>TOTAL COSTS</td><td>\$212,004</td></tr></tbody></table>		Approved Budget	Categories	1. Personnel	\$0	2. Travel/Training	\$0	3. Operating	\$0	4. Equipment	\$0	5. Contractual/Consultant	\$87,004	6. Other	\$125,000	TOTAL DIRECT COSTS	\$212,004	7. Indirect Costs	\$0	TOTAL COSTS	\$212,004	Award Computation Total Obligated by This Action: \$150,000 Cumulative Prior Awards this Budget Period: \$62,004 Total Federal Funds Awarded to Date: \$212,004 Match Required Yes Amount Required this Action: \$70,668 Amount Required Prior Awards: Total Match Amount Required: Research and Development (R&D) No	
Approved Budget	Categories																						
1. Personnel	\$0																						
2. Travel/Training	\$0																						
3. Operating	\$0																						
4. Equipment	\$0																						
5. Contractual/Consultant	\$87,004																						
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TOTAL DIRECT COSTS	\$212,004																						
7. Indirect Costs	\$0																						
TOTAL COSTS	\$212,004																						
Source of Funds: 1. Title IV-B, Subpart 1, Social Security Act		CFDA: 93.645	FAIN: 1801NVCWSS																				
Federal Grant Award Date by Federal Agency:		Federal Grant #: 1801NVCWSS																					
		May 11, 2018																					
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 appropriate state statutory guidelines and/or federal regulations, the DCFS 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. Monthly progress reports are due by the 15 th of each month following the end of the month, unless specific exceptions are provided in writing by the grant administrator. 5. Financial Status Reports and Requests for Funds must be submitted by the 15 th of each month, unless specific exceptions are provided in writing by the grant administrator. 6. The recipient of these funds agrees to stipulations listed in the incorporated documents.																							
Incorporated Documents: Subrecipient Agreement Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements;		Section D: Financial Status Reports and Requests for Funds Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: Confidentiality Addendum.																					
Authorized Official Name	Signature		Date																				
Marian Henderson Management Analyst IV																							
for Ross E. Armstrong Administrator, Division of Child & Family Services																							

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

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
NOTICE OF SUBAWARD**

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.

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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

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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

**DIVISION OF CHILD AND FAMILY SERVICES
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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 or 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

**DIVISION OF CHILD AND FAMILY SERVICES
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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/fbciregs.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

SECTION B

Description of Services, Scope of Work and Deliverables

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

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

Goal 1: Provide Services to prevent removal from or return children to their homes

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Provide Family Preservation and reunification activities services to improve family functioning to prevent the out-of-home placement of children	Home based crisis intervention, home management skills, employment and training activities, bus passes, transportation/fuel III.A.1.a,b and c	Monthly	Family Services Report which includes dates of service, services provided, cost of service, case number
2. Residence Assistance- Emergency housing assistance	Rental and utility payments to avoid eviction or service termination, motel rental and housing subsidy such as move in expenses (first/last/deposit), utilities and deposits, rental subsidy. SERVE 100 cases III.A.1.a,b and c	Monthly	Expenditure report indicating amount paid, general purchase description, date paid, case number, vendor and detailed receipt upon request.
3. Family general assistance	household items, food, baby items such as diapers and formula, clothing, furniture, safety items including car seats, pak n play, and linens. III.A.1.a, b and c	Monthly	Expenditure report indicating amount paid, general item description, date paid, case number, vendor and detailed receipt upon requests.
4. Provide short term (up to 90 days) emergency shelter and substitute care for children in emergency situations where continued presence in the home is not in the best interest of the child. Substitute care providers are utilized in accordance with NRS.424.	Provide room and board payments for fostercare in accordance with established rates consistent with Title IVE and TANF reimbursement. Room and board will only be paid for those placements that TANF and IVE have not been claimed III.A.1.a, b and d	Monthly	Expenditure Spreadsheet containing all dates of stay and payment amount, child PID.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Provide Family Preservation and reunification activities services to improve family functioning to prevent the out-of-home placement of children	Home based crisis intervention, home management skills, employment and training activities, bus passes, transportation/fuel III.A.1.a,b and c	Monthly	Family Services Report which includes dates of service, services provided, cost of service, case number
5. Providing Zero to Three training for CPS staff	Provide training in Zero to three programs to expedite permanence for children III.A.1.a, d and e	Per occurrence	Invoice for training provided

Goal 2: Unity/PRIME/Sanswrite software integration

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Prime foster care matching system integration with UNITY and Sanswrite licensing software.	Software integration III.A.1.d – Promoting safety permanence	9/30/2019	1. Invoice for completed work

*Note to preparer: Add lines to the table as applicable to accomplish all that goals of the subaward. Line up activities, due dates and documentation as best as possible for easier analysis.

Note: This document should not contain any red text when completed.

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

Applicant Name:

Washoe County Human Services Agency

BUDGET NARRATIVE

(Form Revised June 2019)

Total Personnel Costs	including fringe	Total:	\$0
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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>
Name of Employee (if known, otherwise state new position),	\$0.00	0.000%	25.000%	12	100.00%	\$0
Title of position & Position Control Number						

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<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>
Name of Employee (if known, otherwise state new position),	\$0.00	0.000%	25.000%	12	100.00%	\$0
Title of position & Position Control Number						

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<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>
Name of Employee (if known, otherwise state new position),	\$0.00	0.000%	25.000%	12	100.00%	\$0
Title of position & Position Control Number						

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<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>
Name of Employee (if known, otherwise state new position),	\$0.00	0.000%	25.000%	12	100.00%	\$0
Title of position & Position Control Number						

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$0	Total Salary Cost:	\$0
Total Budgeted FTE	1.00000		

Travel	Total:	\$0
---------------	---------------	------------

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

Title of Trip & Destination such as CDC Conference: San Diego, CA

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

<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
\$0	0		0
\$0	0		0
\$0	0	0	0
\$0	0	0	0

\$0

Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification:

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

In-State Travel

\$0

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification:

Who will travel and why

Operating **Total: \$0**

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 mo. \$0.00

Rent: \$ per/mo. x 12 months x # of FTE \$0.00

Communications \$0.00

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

Equipment **Total: \$0**

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

Describe equipment \$0.00

Contractual **\$87,004**

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

Name of Contractor, Subrecipient: Spirit Solutions **Total \$25,000**

Method of Selection: sole source

July 1, 2019- September 30, 2019

Scope of Work: Complete software interface with UNITY and Sanwswrite

* Sole Source Justification: Sole Source approved due to prioprietary software

<u>Budget</u>	
Programming Hours	\$25,000.00
Travel	\$0.00
<u>Total Budget</u>	<u>\$25,000.00</u>

Method of Accountability:

Define -Interface completed

Name of Contractor, Subrecipient: Core
Dynamic's and various foster
parents/relative placements

Total \$62,004

Method of Selection: competitive bid &
NRS Compliance

Period of Performance: July 1, 2019-
September 30, 2020

Scope of Work: 1. Provide Emergency

* Sole Source Justification: Core Dynamic

<u>Budget</u>	
Room and Board Payments	\$62,004.00
Travel	\$0.00
<u>Total Budget</u>	<u>\$62,004.00</u>

Other **Total:** **\$125,000**

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.

Residence Assistance- 1) emergency housing assistance such as rental and utility payments to avoid eviction or service termination, motel rental. 2) Housing subsidy such as move in expenses (first/last/deposit), utilities and depositis, rental subsidy.	\$75,000
Family Preservation Services- household items, food, baby items such as diapers and formula, clothing, safety items including carseats, pak n play, and bed rails,	\$30,000
Participant training for Zero to Three safe babies court	\$20,000
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0
Long Distance: \$ per mo. x 12 months	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships,*

TOTAL DIRECT CHARGES **\$212,004**

Indirect Charges **Indirect Rate:** **0.000%**

Indirect Methodology: Explain how indirect is calculated (e.g. 11% of all direct expenses per Federally approved indirect

TOTAL BUDGET **Total:** **\$212,004**

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

Agency Ref #
Budget Account: _____
GL: _____
Draw #: _____
CFDA # _____

<u>Program Name:</u>	<u>Subgrantee Name:</u>
<u>Address:</u>	<u>Address:</u>
<u>Subgrant Period:</u>	<u>Subgrantee's:</u> EIN: _____ Vendor #: _____

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: _____

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

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: _____

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

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

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

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 Division.

VI. OBLIGATIONS OF SUBRECIPIENT

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Subrecipient will immediately report in writing to Division 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 Division. 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 Division 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.

SUBRECIPIENT'S ORGANIZATION

DIVISION

Signature

Date

Signature

Date

Print Name

for Ross E. Armstrong

Administrator,
Division of Child and Family Services

Title

Title

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 IV-B, Subpart 1	Subrecipient Name	Washoe County Human Services Agency
Federal Grant Number	1801NVCWSS	Subaward Number	93645-18-005
Federal Amount	\$212,004	Contact Name	Amber Howell
Non-Federal (Match) Amount	\$70,668	Address	PO Box 11130 Reno, NV 89520
Total Award	\$282,672		
Performance Period	July 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 Director	Signature	Date
Marian Henderson Management Analyst IV		
for Ross E. Armstrong Administrator, Division of Child & Family Services		