State of Nevada

Department of Health and Human Services

Office of Community Partnerships and Grants

Social Services Block Grant: Title XX

4126 Technology Way Ste 100, Carson City, NV 89706

Notice Of Subaward

Subrecipient #:	7108
Budget Account:	3195
Category:	33
FISCAL ONLY	
GL:	
Job Number:	

Program Name:	**Subrecipient's Name:**
Washoe County Department of Social Services	Washoe County Department of Social Services
Physical Address:	**Mailing Address:**
P.O. Box 11130 Reno, NV 89520-0027	P.O. Box 11130 Reno, NV 89520-0027
Contact:	**Email:**
Brandi Johnson	bajohnson@washoecounty.us
Telephone:	**Grant Period:**
775-337-4489	July 1,2017- June 30, 2018

Subrecipient's:

EIN:	88-6000022
State Vendor #:	
Dun & Bradstreet #:	625364849

Purpose of Award:

Promote reunification, safety, educational support and normalcy for children in care.

Region(s) to be served: ☐ **Statewide** ☑ **Specific County or Counties:**

Approved Budget:

Personnel	$0.00
Contract/Consult	$665,775.00
Staff Travel/Per Diem	$0.00
Equipment	$0.00
Supplies	$0.00
Occupancy	$0.00
Communications	$0.00
Public Information	$0.00
Other	$0.00
Indirect	$0.00
Total Cost:	$665,775.00

Disbursement of funds will be as follows

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures specific to this subaward. Total reimbursement will not exceed $665,775.00 during grant period.

Terms and Conditions: In accepting these grant funds, the subrecipient understands and agrees to the following.

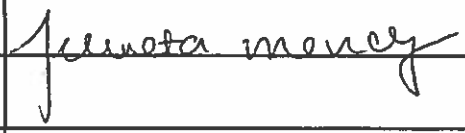
1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the OCPG Grant Instructions and Requirements, and the Nevada State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
4. Subrecipient must comply with the OCPG Grant Conditions and Assurances, and Grant Instructions and Requirements.
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.
7. TXX subrecipients must provide total program expenditures from all funding sources and all clients served, unless specific exceptions are provided in writing by the grant administrator.
8. If the funded project is under the umbrella of "Prevention of Child Abuse and Neglect," subrecipients are required to: (a) Support meaningful involvement of parents in the planning, implementation, and evaluation of the funded program; (b) Incorporate the Six Protective Factors in program and activities; (c) Use the Protective Factors Survey for parenting programs; (d) conduct pre/post or retrospective assessments for direct service programs; (e) Conduct client satisfaction surveys; (f) Work with Pervent Child Abuse Nevada (PCA-NV) on strategies for public awareness in the subrecipient's community; (g) Participate in Child Abuse Prevention activities during Child Abuse Prevention month (h) Demonstrate bilingual service capacity, and (i) Demonstrate accountability for collaboration

Additional Federal Terms and Conditions

1. In accordance with Public Law 103-333, the "Departments of Labor, Health and Human Services, Education, and related Agencies Appropriations Act of 1995, the following provisions are applicable to this grant award: Section 507: "Purchase of American-Made Equipment and Products- It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made."
2. This award is subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)
3. Subrecipient must comply with audit requirements for agencies that expend $750,000 or more in Federal awards during the subrecipient's fiscal year.
4. Subrecipient must comply with 45 CFR 92.35 requiring that neither the subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant#:
Title XX	100%	93.667	1-886000022-A9	G-17OINVSOSR

Incorporated Documents:
Attachment A: Grant Conditions and Assurances
Attachment B: Description of Services, Scope of Work and Deliverables
Attachment C: Audit Information Request
Attachment D: DHHS Confidentiality Addendum or Business Associate Addendum
Attachment E: Grant Instructions and Requirements (GIRS)

Authorized Official Name:	Signature:	Date:
Grant Manager Name: Julieta Mendoza		2/1/2017
OCPG Chief: Cynthia Routh Smith		
DHHS Director: Richard Whitley		

Attachment B

Description of Services, Scope of Work and Deliverables, Budget

Washoe County Department of Social Services hereinafter referred to as Subrecipient, agrees to provide the following services and reports per the identified timeframes:

Scope of Work for Washoe County Department of Social Services

Goal 1: Promote reunification, safety, educational support, and normalcy for children in care.

Objective	Activities	Due Date	Documentation Needed
1.Provide behavioral health and domestic violence evaluation and treatment for adults and children	1.Clinical assessments, counseling, therapy, training	06/30/2018	1.Print out of all expenditures and services provided from SAP system
2.Provide care for children at emergency shelters and foster homes <90 days	2. Foster Care room and board		2. Report of expenditures for foster care maintenance at emergency shelter and foster homes <90 days
3.Adoption incentive and support	3. Support adoption, recruitment and stabilization		3. SAP report of expenditures for contractor providing services and/or items purchased.
4.Providing tutoring for foster children	4. Contract for provision of tutoring services to foster children		4. SAP report of expenditures and detail of number of services provided

Goal 2: Describe the most important secondary goal the program wishes to accomplish with this subaward.

Objective	Activities	Due Date	Documentation Needed
1.	1.		1.
2.	2.		2.
3.	3.		3.
4.	4.		4.

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

Applicant Name: Washoe County Social Services

DO NOT OVERIDE FORMULAS IN LAST COLUMN!

BUDGET NARRATIVE-SFY18

(Form Revised January 6, 2017)

Form 1

NOTE: Only include amounts to be funded through this grant in the Extension column.

Expense Category	Description of item and relation to project.	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Personnel	**List Direct Costs Only**			
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
			Personnel Total	$ -
Contractual/Consultant	**List Direct Costs Only**			
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 that are a component of a larger project or program may be included here	Behavioral Health and Domestic Violence evaluation and treatment	$550.00	330.00	$ 181,500
	Emergency Shelter Costs and Foster Care Maintenance <90 days in care-Children	$4,400.00	90.00	$ 396,000
	Contract to provide visitation and adoption support	$53,775.00	1.00	$ 53,775
	Tutoring for Foster Children	$1,150.00	30.00	$ 34,500
		$0.00	5.00	$ -
		$0.00	5.00	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
			Contractual/Consultant Total	$ 665,775

	Applicant Name: Washoe County Social Services	DO NOT OVERIDE FORMULAS IN LAST COLUMN!		
Staff Travel/Per Diem:	**List Direct Costs Only**			
Identify staff position 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 (53.5 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.		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		Staff Travel/Per Diem Total		$ -
Equipment	**List Direct Costs Only**			
List Equipment purchase or lease costing $1,000 or more, and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than $1,000 should be listed under Supplies.		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		Equipment Total		$ -
Supplies:	**List Direct Costs Only**			
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.		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		Supplies Total		$ -

	Applicant Name: Washoe County Social Services	DO NOT OVERIDE FORMULAS IN LAST COLUMN!		
Occupancy	**List Direct Costs Only**			
Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the allocated share of costs associated with this grant should be charged.		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
			Occupancy Total	$ -
Communications	**List Direct Costs Only**			
Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
			Communications Total	$ -
Public Information	**List Direct Costs Only**			
Identify and justify costs for brochures, project promotion, media buys, etc.		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
		$0.00	-	$ -
			Public Information Total	$ -

	Applicant Name: Washoe County Social Services	DO NOT OVERIDE FORMULAS IN LAST COLUMN!			
Other expenses:	**List Direct Costs Only**				
Identify and justify these expenditures, which can include virtually any relevant expenditure directly associated with the project, such as audit costs, car insurance, client transportation, etc.		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
			Other Expenses Total	$	-
		Direct Total		$	665,775
Indirect expenses:	**List Indirect Costs Only**				
Indirect costs represent the expenses of doing business that are not a direct service but are necessary for the general operation of the organization. This includes (a) Facility costs-Janitorial, maintenance, periodicals and memberships. (b) Administrative costs-General executive and admin personnel including fringe benefits. **This percentage cannot exceed 8% of Direct Costs.** Note that the formula in Cell C125 will automatically calculate 8%.			1.00	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
		$0.00	-	$	-
			Indirect Total	$	-
		Direct Total		$	665,775
		Indirect Total	**0.00%**	$	-
		Total Direct & Indirect		$	665,775

655,775 $ (10,000)

For Fee for Service Budgets - Number of Units of Service*	0	Unit Cost	#DIV/0!

*Define Unit of Service:

Applicant Name: Washoe County Social Services **Form 2**

PROPOSED BUDGET - SFY18

(Form Revised January 6, 2017)

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

FUNDING SOURCES	*GMU/FHN*	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
PENDING OR SECURED									
ENTER TOTAL REQUEST	$ 665,775	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 665,775
EXPENSE CATEGORY									
Personnel	$ -								$ -
Contractual/Consultant	$ 665,775								$ 665,775
Staff Travel/Per Diem	$ -								$ -
Equipment	$ -								$ -
Supplies	$ -								$ -
Occupancy	$ -								$ -
Communications	$ -								$ -
Public Information	$ -								$ -
Other Expenses	$ -								$ -
Indirect	$ -								$ -
TOTAL EXPENSE	$ 665,775	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 665,775
These boxes should equal 0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Total Indirect Cost	$ -
Indirect % of Budget	0.00%

Total Agency Budget	$ -
Percent of Agency Budget	#DIV/0!

B. Explain any items noted as pending:

C. Program Income Calculation: