



State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services

Agency Ref. #: **TANF1902**
Budget Account: 3230
Category: 19
GL: 7060
Job Number: 93558

NOTICE OF SUBAWARD

Program Name: Eligibility and Payments, TANF Emergency Assistance Program Division of Welfare and Supportive Services	Subrecipient's Name: Washoe County Human Services Agency Amber Howell, Director
Address: 1470 College Parkway Carson City, NV 89706	Address: 1001 E. Ninth Street- Building D-20 Reno, NV 89512
Project Period: February 1, 2019 through January 31, 2020 Budget Period: February 1, 2019 through January 31, 2020	Subrecipient's: <div style="text-align: right;"> EIN: ****0138 Vendor #: T40283400 Dun & Bradstreet: 073786998 </div>

Purpose of Award: The purpose of this sub-award is to provide funding to establish a community partnership for the implementation of the Emergency Assistance Program. Family engagement through these community partnerships will aid needy families so that children may be cared for in their own homes, or in the homes of relatives, to ensure families are independently successful, prevent children's entrance into foster care, and reduce the recurrence of maltreatment.

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

Approved Budget Categories:		AWARD COMPUTATION:	
1. Personnel	\$1,164,146.87	Total Obligated by This Action:	\$1,400,000.87
2. Travel/Training	\$0.00	Cumulative Prior Awards this Budget Period:	\$0.00
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$1,400,000.87
4. Equipment	\$0.00		
5. Contractual/Consultant	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
6. Other	\$235,854.00	Amount Required This Action:	\$0.00
TOTAL DIRECT COSTS	\$1,400,000.87	Amount Required Prior Awards:	\$0.00
7. Administrative / Indirect Costs	\$0.00	Total Match Amount Required:	\$0.00
8. MATCH	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$1,400,000.87	Must be completed for federal funding sources. If multiple federal sources apply, fill out the optional Subaward Additional Funding Sheet and leave this section blank.	

Source of Funds:	% of Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
1. TANF BLOCK GRANT	100%	93.558	1901NVTANF	2019-G996115	10/30/2018

Terms and Conditions:
 In accepting these grant funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DWSS 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
- Subrecipient must comply with all applicable Federal regulations
- 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.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:		
Section A:	Assurances;	
Section B:	Description of Services, Scope of Work and Deliverables;	
Section C:	Budget and Financial Reporting Requirements;	
Section D:	Request for Reimbursement;	
Section E:	Audit Information Request;	
Section F:	Current/Former State Employee Disclaimer	
Section G:	Confidentiality Addendum	
Washoe County Human Services Agency Amber Howell	Signature	Date
DWSS Grant Manager Name: Tricia Laske, Social Service Program Specialist III:		
DWSS Chief, Eligibility & Payments: Lisa Swearingen, Chief		
DWSS Administrator: Steve H. Fisher		

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section A

FY19 GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Grantee shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Welfare and Supportive Services (hereafter referred to as "The Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Grantee is an independent entity.
2. The Grantee shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Division or Grantee may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Grantee from its obligations under this Agreement.

The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Grantee.

4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Grantee under this Agreement shall, at the option of the Division, become the property of the Division, and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

The Division may also suspend or terminate this Agreement, in whole or in part, if the Grantee materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Grantee ineligible for any further participation in the Division's Grant Agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Grantee is in noncompliance with any applicable rules or regulations, the Division may withhold funding as outlined in the current Grant Instructions and Requirements.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section A

Grant Assurances

A signature below indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
 2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
 3. These grant funds will not be used to supplant existing financial support for current programs.
 4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
 5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
 6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
 7. **Compliance with Title 2 of the Code of Federal Regulations and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year.**
 8. Certification that neither the Grantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
 9. No funding associated with this grant will be used for lobbying.
 10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
 11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
 12. Compliance with Grant Instructions and Requirements from the Division of Welfare and Supportive Services.
- An organization receiving grant funds through the Nevada Department of Health and Human Services, Division of Welfare and supportive Services shall not use grant funds for any activity related to the following.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section A

1. Any attempt to influence the outcome of any Federal, State or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
3. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation; or
 - (b) The enactment or modification of any pending Federal, State or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
4. Any attempt to influence the introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity.
5. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation;
 - (b) The enactment or modification of any pending Federal, State or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section A

position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

- An organization receiving grant funds through the Nevada Department of Health and Human Services, Division of Welfare and supportive Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a grantee or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the Division of Welfare and Supportive Services.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Division with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Name of Organization

Signature of Authorized Representative

Name and Title (Please Print)

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section B

Description of Services and Scope of Work

OVERVIEW

Family conditions that lack support and resources ranging from housing and day care to social and spiritual supports is one of the main reasons that children are unable to remain at home. Through the Washoe County Human Services Agency and community partnerships, the goal of Washoe County is to lessen these barriers by making accessible a broad array of prevention support services in a community-based setting, such as behavioral health, day care, transportation, and job find assistance, that add the key components to reduce the number of children that must be placed outside their homes.

To achieve these goals, Washoe County has built community partnerships that will participate in the Emergency Assistance Program to provide necessary resources to meet the basic needs that often bring families to the attention of Child Welfare and those needs of the families that the Child Welfare agency currently serves. Through this subaward, the Division of Welfare and Supportive Services (DWSS) will provide Federal funding from the Temporary Assistance for Needy Families (TANF) Block Grant for the implementation of the Emergency Assistance Program through Washoe County.

It is anticipated that by linking families to a continuum of services, conveniently located within their community and equipped with the variety of needs specific to the families in the area, that it will reduce the referrals and entries into foster care fulfilling TANF Purpose #1.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section B

ACTIVITIES

Provide services for the following Emergency Assistance Program covered emergencies:

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

The services covered to include:

- Short term (up to 120 days) substitute care for children in emergency situations where continued presence in the home is not in the best interest of the child;
- Family preservation services to improve family functioning to prevent the out-of-home placement of children including counseling, home based crisis intervention, home management skills and employment and training activities;
- Direct family assistance services implementing delivering, or maintaining Emergency Assistance program services affecting a child's emergency such as:
 - Shelter,
 - Case management and family preservation services,
 - Program information, and
 - Costs to screen and assess families in the child welfare system and develop and manage case plans.

Family based direct program and community partnership services will be provided to alleviate the emergency situations and allow the children to remain in or return safely to their family home. The program will include the Washoe County HSA in-house services for families and community partners that have been sub-contracted through the approved **invitation to bid process in compliance with Washoe County Procurement policy.**

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section B

<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Ongoing fiscal management of Washoe County Emergency Assistance Program utilizing intake and ongoing direct case management personnel.	Throughout the term of the subaward.	Documentation to be maintained by WASHOE COUNTY for the Emergency Assistance Program and made available upon request by authorized State or Federal personnel.
2. Have an approved system in place for addressing complaints or hearing requests regarding the WASHOE COUNTY Emergency Assistance Program and maintain clear policy for handling complaints/hearings including documentation, internal and external communications, action steps, and follow-up activities.	Throughout the term of the subaward.	Documentation provided upon authorized State or Federal request.
3. Submit billing claims to the Division of Welfare and Supportive Services no later than the 10 th working day after the month that service is rendered.	By the 10 th work day of the month following the month of expenditures throughout the term of the subaward.	Billing claims and supporting documentation as required by this subaward will be provided by the 10 th work day of the month following the month of such expenditures and provided upon authorized State or Federal request.
4. Billing claims for the months starting with February 1, 2019 through the execution date of this subaward, must be provided to the DWSS within 20 work days after the subaward execution date.	By the 20th work day after the execution date of this subaward.	Billing claims and supporting documentation as required by this subaward for the period of February 1, 2019 and up to the execution date of this subaward will be provided by the 20th work day of the month following the month of subaward execution and provided upon authorized State or Federal request.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Section B

5. Upon completion of the invitation to bid process and prior to submission of a billing claim for contracted services the subrecipient will notify DWSS of additional contract(s) awarded, the method of procurement implemented, and provide DWSS with documentation demonstrating the procurement process followed for those additional contracts for services that are to be determined after the execution of this subaward. Any partnership contracts must meet the TANF purpose to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.	The Subrecipient will provide notice and supporting documentation throughout the term of the subaward and prior to submitting a billing claim to DWSS for all sub-contracts.	Documentation as required by this scope of work and provided upon authorized State or Federal request.
6. DWSS will process payment to the subrecipient for claimed and approved billing claims within 30 days of receipt.	Within 30 days of receipt of the monthly claims submitted throughout the term of the subaward.	Documentation as required by this scope of work and provided upon authorized State or Federal request.
7. Washoe County will provide notification to DWSS of the method of procurement for any community providers that are selected to enter into contract/subaward with Washoe County to receive TANF funding for Emergency Assistance Program implementation.	Subrecipient will provide supporting documentation to DWSS upon completion of the competitive bid process and vendor selection.	Budget Narrative update as requested by DWSS.

SECTION C

Budget and Financial Reporting Requirements

Applicant Name: Washoe County Human Services Agency

Form 2

PROPOSED BUDGET SUMMARY -FY19

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

FUNDING SOURCES	DWSS	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
PENDING OR SECURED										
ENTER TOTAL REQUEST	\$1,400,000.87	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,400,000.87

EXPENSE CATEGORY

Personnel	\$ 1,164,146.87									\$ 1,164,146.87
Travel/Training	\$0									\$ -
Operating	\$0									\$ -
Equipment	\$0									\$ -
Contractual/Consultant	\$0									\$ -
Other Expenses	\$235,854.00									\$ 235,854.00
Indirect: 0%	\$0									\$ -

TOTAL EXPENSE	\$ 1,400,000.87	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,400,000.87
----------------------	-----------------	------	------	------	------	------	------	------	------	-----------------

These boxes should equal 0	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
-----------------------------------	-----	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$0
Indirect 0% of Budget	0.00%

Total Agency Budget	\$ 1,400,001
Percent of Agency Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

SECTION C
Budget and Financial Reporting Requirements

Applicant Name: Washoe County Human Services Agency

BUDGET NARRATIVE- SFY19

Total Personnel Costs including fringe **Total:** \$ 1,164,146.87

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>Amount Requested</u>
<u>Intake Supervisor - 70000992-Monibi</u>	\$93,523	44.753%	100.00%	12	\$135,377.97
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener- 70001062- Mann-Johnson</u>	\$70,247	59.468%	100.00%	12	\$112,021.25
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener- 70001064- Bohach</u>	\$70,247	48.522%	100.00%	12	\$104,332.03
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener- 70006561-Phillips</u>	\$70,247	47.308%	100.00%	12	\$103,479.23
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener- 70009679- Garcia</u>	\$70,247	58.685%	100.00%	12	\$111,471.21
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener- 70001120-Calvo</u>	\$83,241	49.006%	100.00%	12	\$124,033.86
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Supervisor- 70000987-Martinez</u>	\$93,523	48.642%	100%	12	\$139,015.10
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener-70010191-Peeler</u>	\$70,247	58.686%	100.00%	12	\$111,471.92
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener-70010192-King</u>	\$70,247	58.686%	100.00%	12	\$111,472.15
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
<u>Intake Screener-70010193</u>	\$70,247	58.686%	100.00%	12	\$111,472.15
Intake Unit Receives, assesses, and assigns reports of potential abuse and neglect to appropriate CPS Assessment unit(s) of the Department (element of maintaining EA program Services as allowed as direct service)					

Total Fringe Cost \$ 402,130.91 **Total:** \$ 1,164,146.87

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

Out-of-State Travel: N/A **\$0**

<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</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
Baggage fee: \$ amount per person x # of trips x # of staff					\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$0

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services

SECTION C
Budget and Financial Reporting Requirements

Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0

Justification:

If traveling to more than 1 out-of-state destination, copy section above, revise formula in cell F26 and complete for each trip

In-State Travel: N/A

<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
Baggage fee: \$ amount per person x # of trips x # of staff					\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$0
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff					\$0
Parking: \$ per day x # of trips x # of days x # of staff					\$0

Justification:

If traveling to more than 1 out-of-state destination, copy section above, revise formula in cell F39 and complete for each trip

Operating **Total: \$0**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required.

Office supplies \$ amount x # of FTE staff x # of mo.	\$0.00
Occupancy	\$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

Describe equipment	\$0.00
--------------------	--------

Contractual **\$0**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative

Name of Contractor, Subrecipient: N/A	Total	\$0
--	--------------	------------

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

Period of Performance: June 30, 2014 - June 29, 2015

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

Budget:

Personnel: List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. **\$0**

Executive Director: Annual Salary amount x % of FTE	\$0	
---	-----	--

Fringe @ what percent (currently set @ 20% in formula)	\$0	
--	-----	--

Travel: how much and where **\$0**

Instate Mileage: (amount of miles x rate)	\$0	
---	-----	--

Airfare:	\$0	
----------	-----	--

Per diem: GSA amount allowed	\$0	
------------------------------	-----	--

Parking: Amount	\$0	
-----------------	-----	--

Hotel: \$ amount + tax	\$0	
------------------------	-----	--

Operating **\$0**

Office Rent \$ amount per mo. x # of months	\$0	
---	-----	--

Ready Talk Conference System	\$0	
------------------------------	-----	--

Media: who and how much	\$0	
-------------------------	-----	--

Telephone \$ amount x 12 months	\$0	
---------------------------------	-----	--

Contractual **\$0**

Who and what will they do

Office Supplies \$ per mo. x 12 months	\$0	
--	-----	--

Computer	\$0	
----------	-----	--

	\$0	
--	-----	--

Indirect: 5.8% Direct Costs (or your federal approved rate - must change formula if not 5.8%) **\$0**

Justification:

State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services

SECTION C
Budget and Financial Reporting Requirements

If more than once Contractor/Consultant, copy section above (rows 63-90), revise formula in cell F61 and complete for entity.

Other	Total:	\$235,854.00
--------------	---------------	---------------------

Emergency Temporary Shelter: an estimated 16 children per day x 365 days
per year x \$40.386 per shelter per day

\$235,854.00

\$0

\$0

\$0

Justification: 1) *Provide short term (up to 120 days per child) emergency substitute care for children in emergency situations where continued presence in the home is not in the best interest of the child.*

TOTAL DIRECT CHARGES	\$1,400,000.87
-----------------------------	-----------------------

Indirect Charges	\$0
-------------------------	------------

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 8% of Direct Expenses. Note that the formula in Cell C125 will automatically calculate 8%. Applicants may override this formula only to request a lower indirect rate. ***There are no Indirect Charges included in this budget.***

TOTAL BUDGET	Total:	\$1,400,000.87
---------------------	---------------	-----------------------

Department of Health and Human Services

**Division of Welfare and Supportive Services
Section D**

FY19 Financial Status Report and Request for Funds

Agency Ref # **TANF1902**
 Budget Account: 3230
 GL: 7060
 Draw #: _____
 CFDA # 93.558

REQUEST FOR REIMBURSEMENT

Program Name: Eligibility and Payments, TANF Emergency Assistance Program Division of Welfare and Supportive Services	Subrecipient's Name: Washoe County Human Services Agency
Address: 1470 College Parkway Carson City, Nevada 89706-7924	Address: 1001 E. Ninth Street - Bldg D-20 Reno, NV 89512
Subaward Period: February 01, 2019 through January 31, 2020	Subrecipient's: <div style="text-align: right;"> EIN: <u>****0138</u> Vendor #: <u>T40283400</u> </div>

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	\$1,164,146.87	\$0.00	\$0.00	\$0.00	\$1,164,146.87	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 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$235,854.00	\$0.00	\$0.00	\$0.00	\$235,854.00	0.0%
Administrative / Indirect						
7 Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$1,400,000.87	\$0.00	\$0.00	\$0.00	\$1,400,000.87	0.0%

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 - DIVISION OF WELFARE AND SUPPORTIVE SERVICES - OFFICE USE ONLY

Program contact necessary? ____ Yes ____ No Contact Person: _____

Reason for contact: _____

Scope of Work/approval date: _____ Signed: _____

Fiscal Review/approval date: _____ Signed: _____

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Report Number/Unduplicated RFF | <input type="checkbox"/> No Negative Balances | <input type="checkbox"/> RFF Tracking Log | <input type="checkbox"/> Approved in AF | <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"/> To Fiscal | <input type="checkbox"/> Signed and Dated |
| <input type="checkbox"/> Math Accurate/Rff Trans Match | | | | <input type="checkbox"/> Submitted through AF |
| <input type="checkbox"/> Travel Claim/Backup Doc Attached | | | | <input type="checkbox"/> Expenses in AF match RFF |

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

NOTICE OF SUBAWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to the Division of Welfare and Supportive Services. Electronic copies are preferred and can be sent to sxjones@dwss.nv.gov. Mail hard copies to the following address:

***State of Nevada Division of Welfare and Supportive Services
1470 College Parkway
Carson City, NV 89706***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? ☐ YES ☐ NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

Signature

Date

Title

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD
SUBAWARD# TANF1902**

SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, Subrecipient represents and warrants that if Subrecipient, or any employee of Subrecipient who will be performing services under this Subaward, is a current employee of the State or was employed by the State within the preceding 24 months, Subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency, and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES ☐ If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO ☐ Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name

Services

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

Signature

Date

Title

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

Section G

Confidentiality Addendum

BETWEEN

Department of Health and Human Services, Division of Welfare and Supportive 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, health information or other information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by 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 operations of Division. Subrecipient may disclose information if:

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

Section G

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the 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 Organization

Signature Date

Print Name

Title

Division of Welfare and Supportive Services

Signature Date

Steve H. Fisher

Print Name

Administrator

Title