



State of Nevada  
Department of Health and Human Services  
**Division of Child & Family Services**  
(hereinafter referred to as the Department)

Agency Ref. #: 93556-19-046  
Budget Account: 3145  
Category: 17  
GL: \_\_\_\_\_  
Job Number: 9355619

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Promoting Safe & Stable Families Title IV-B, Subpart 2 dcfsgrants@dcfs.nv.gov	<b>Subrecipient's Name:</b> Washoe County Human Services Agency Program: Amber Howell AHowell@washoecounty.us Fiscal: Pamela Mann PMann@washoecounty.us
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009	<b>Address:</b> Mailing: P.O. Box 11130, Reno, NV 89520 - 0027 Physical: 350 South Center Street, Reno, NV 89501-2103
<b>Subaward Period:</b> July 1, 2019 through June 30, 2020	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400 A</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** Family Reunification: Washoe County Human Services Agency will support services and activities to facilitate timely reunion and support a strong and stable reunification.

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 55,025.00
2. Travel/Training	\$0.00	Cumulative Prior Awards this Budget Period:	\$
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$
4. Equipment	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	18,341.67
5. Contractual/Consultant	\$2,500.00	Amount Required this Action:	\$
6. Other	\$52,525.00	Amount Required Prior Awards:	\$
<b>TOTAL DIRECT COSTS</b>	<b>\$55,025.00</b>	Total Match Amount Required:	\$
7. Indirect Costs	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>TOTAL APPROVED BUDGET</b>	<b>\$55,025.00</b>	<b>Federal Budget Period:</b> October 1, 2018 through September 30, 2020	
		<b>Federal Project Period:</b> October 1, 2018 through September 30, 2020	
<b>FOR AGENCY USE, ONLY</b>			

<b>Source of Funds</b> Title IV-B, Subpart 2, Social Security Act	<b>% Funds:</b> 100	<b>CFDA:</b> 93.556	<b>FAIN:</b> 1901NVFPSS	<b>Federal Grant #:</b> 1901NVFPSS	<b>Federal Grant Award Date by Federal Agency:</b> 4/15/2019
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**Agency Approved Indirect Rate:** 0.00

**Subrecipient Approved Indirect Rate:** N/A

**Terms and Conditions:**

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
4. Subrecipient must comply with all applicable Federal regulations.
5. Quarterly progress reports are due by the 15<sup>th</sup> 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.

**Incorporated Documents:**

Section A: Grant Conditions and Assurances;  
Section B: Description of Services, Scope of Work and Deliverables;  
Section C: Budget and Financial Reporting Requirements;  
Section D: Request for Reimbursement;

Section E: Audit Information Request;  
Section F: Current/Former State Employee Disclaimer;  
Section G: DHHS Confidentiality Addendum; and  
Section H: Matching Funds Agreement

Authorized Subrecipient Official's Name and Title	Signature	Date
Paula Pence Grants & Project Analyst II		
For Ross E. Armstrong Administrator, Division of Child & Family Services		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD & FAMILY SERVICES  
NOTICE OF SUBAWARD  
SECTION A**

**GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any recipient or employee because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for subrecipients that expend \$750,000 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. To acknowledge this requirement, Section E of this notice of subaward must be completed.
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD & FAMILY SERVICES  
NOTICE OF SUBAWARD**

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

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

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD & FAMILY SERVICES  
NOTICE OF SUBAWARD**

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

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

**Scope of Work for Washoe County Human Services Agency**

Washoe County Human Services Agency will support services and activities to facilitate timely reunion and support a strong and stable reunification.

**Goal 1: Mental Health evaluations for children in crisis**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. Provide children 30 in crisis access to timely mental health assessments through a licensed professional available 24/7	1. Direct children in crisis to the contract, licensed professional and use resulting reports to establish safety plans and appropriate level of care to support the well-being and healing of said child.	Upon funding and ongoing throughout the grant period.	1. Contracts, invoices, reports, case records, fiscal tracking, and etc. will be used to support this objective and related activities.

**Goal 2: Temporary Child Care in support of reunification**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. To provide temporary child care for 50 children as a temporary resolution for barriers to reunification	1. Families needing assistance with child care as part of reunification will be provided with short-term support to ensure a stable and safe transition.	Upon funding and ongoing throughout the grant period.	1. Invoices, case notes, receipts and fiscal reports will be used to support this objective and related activities.

**Goal 3: Parent and primary caregiver transportation to services and activities related to timely reunification and supporting a strong and stable reunification.**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. Provide 50 parents and families with access to transportation services to support reunification efforts and visitation.	1. Transportation for parents will be provided through bus passes, taxi vouchers, and other options such as ridesharing as available or appropriate.  2. Foster parents able to extend transportation to birth parents for visitation will be reimbursed mileage at the approved GSA rate.	Upon funding and ongoing throughout the grant period.	1. Invoices, case notes, receipts and fiscal reports will be used to support this objective and related activities

Any activities performed under this subaward shall acknowledge that funding was provided through the Division by Grant Number 1901NVFPSS from the Title IV-B, Subpart 2, of the Social Security Act.

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Child and Family Services through Grant Number 1901NVFPSS from the Title IV-B, Subpart 2, of the Social Security Act. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the State of Nevada."

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

**SECTION C**

**Budget and Financial Reporting Requirements**

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE - SFY20

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

\*revise this formula as needed to include each position listed

Travel/Training		Total:		\$
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to <a href="http://www.gsa.gov">www.gsa.gov</a> ) 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.				
Title of Trip & Destination such as CDC Conference: San Diego, CA	Cost	# of Trips	# of Days	# of Staff
Airfare: Cost per trip (origin & destination) x # of trips x # of staff				\$
Baggage fee: \$ amount per person x # of trips x # of staff				\$
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff				\$
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff				\$
Ground Transportation: \$ per trip x # of trips x # of staff				\$
Mileage: (rate per mile x # of miles per trip) x # of trips x # of staff				\$
Parking: \$ per day x # of trips x # of days x # of staff				\$

\*revise as needed to include costs of multiple trips.

**Justification:**

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

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

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

\*Revise as needed to include costs of multiple trips.

**Justification:**

Who will travel and why

If travelling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

**Operating**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

	Total:
Office supplies: \$ Amount x # of FTE staff x # of months	\$ -
Occupancy	\$ -
Communications	\$ -
Rent: \$ per month x 12 months x # of FTE	\$ -
Utilities: \$ per quarter x 4 quarters	\$ -
State Phone Line: \$ per month x 12 months x # of FTE	\$ -
Voice Mail: \$ per month x 12 months x # of FTE	\$ -
Conference Calls: \$ per month x 12 months	\$ -
Long Distance: \$ per month x 12 months	\$ -
Email: \$ per month x 12 months x # of FTE	\$ -

**Justification:**

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

**Equipment**

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

	Total:
Describe equipment	\$ -

**Contractual****Total: \$ 2,500.00**

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

Name of Contractor/Subrecipient: TBD

\$ 2,500.00

Method of Selection: Competitive Bid

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

Scope of Work: Provide Mental Health Assessments for children in crisis with 24/7 availability

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

Method of Accountability:

Define - Program staff as well as Grants Management staff will monitor for both grant and contract compliance.

**Other****Total: \$ 52,525.00**

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.

Transportation for parents will be provided through bus passes, taxi vouchers, and other options like rideshares \$ 26,275.00

Short term child care for children during reunification \$ 26,250.00

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

**TOTAL DIRECT CHARGES****\$ 55,025.00****Indirect****Total: \$ -**

Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Subrecipients without a negotiated indirect rate with their cognizant federal agency may use a 10% de minimis rate of "modified total direct costs" (MTDC). The de minimis rate is only an option for subrecipients that have never received an approved federally-negotiated indirect cost rate. The MTDC base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards up to the first \$25,000 of each subaward.

Identify Indirect Expenses

Add more as necessary and adjust formula in F112 to reflect changes.

**TOTAL BUDGET****Total: \$ 55,025.00**

\*Revise this formula as needed to include each Contractor listed

Applicant Name: Washoe County Human Services Agency

Form 2

## PROPOSED BUDGET SUMMARY - SFY20

(Form Revised May 2018)

A.

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ 55,025.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,341.67	\$ 73,366.67

## EXPENSE CATEGORY

Personnel	\$ -							\$ 18,341.67	\$ 18,341.67
Travel/Training	\$ -							\$ -	\$ -
Operating	\$ -							\$ -	\$ -
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ 2,500.00							\$ -	\$ 2,500.00
Other Expenses	\$ 52,525.00							\$ -	\$ 52,525.00
Indirect	\$ -							\$ -	\$ -

TOTAL EXPENSES	\$ 55,025.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,341.67	\$ 73,366.67
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ -							Total Agency Budget	\$ 73,366.67
Indirect % of Budget	10%							Percent of Agency Budget	0.749999936

B. Explain any items noted as pending:



**Total Personnel Costs** ..... Including Fringe **Total:** \$ 18,341.67  
 List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant

Revise this formula as  
 needed to include each  
 position listed

		Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
<b>Jessica Crane</b>						
Mental Health Counselor 70001144		\$ 75,058.49	50%	2%	12	\$ 2,292.85
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>Jordan Fralick</b>						
Mental Health Counselor 70001151		\$ 75,485.66	50%	3%	12	\$ 2,864.68
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>Heather Hughes</b>						
Mental Health Counselor 70001154		\$ 83,469.89	50%	2%	12	\$ 1,915.63
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>Denise Linamit</b>						
Mental Health Counselor 70004428		\$ 93,779.70	50%	2%	12	\$ 2,152.24
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>Lisa Eckard</b>						
Mental Health Counselor 70009327		\$ 74,827.24	50%	3%	12	\$ 2,839.69
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>James Casarez</b>						
Mental Health Counselor 70009328		\$ 75,112.03	50%	2%	12	\$ 1,723.82
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>Falon Schnieder</b>						
Mental Health Counselor 70009535		\$ 82,239.67	50%	2%	12	\$ 1,893.86
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>Danica Anderson</b>						
Mental Health Counselor 70009536		\$ 69,787.02	50%	3%	12	\$ 2,658.89
perform emergency and immediate mental health counseling for children and provide linkage to community resources.						
<b>Total Fringe Cost</b>		<b>#REF!</b>			<b>Total:</b>	<b>\$ 18,341.67</b>
<b>Travel/Training</b>					<b>Total:</b>	<b>\$ -</b>

Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to [www.gsa.gov](http://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					
<i>Title of Trip &amp; Destination such as CDC Conference: San Diego, CA</i>	Cost	# of Trips	# of Days	# of Staff	\$
Airfare: Cost per trip (origin & destination) x # of trips x # of staff					-
Baggage fee: \$ amount per person x # of trips x # of staff					-
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					-
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					-
Ground Transportation: \$ per rtrip x # of trips x # of staff					-
Mileage: (rate per mile x # of miles per rtrip) x # of trips x # of staff					-
Parking: \$ per day x # of trips x # of days x # of staff					-

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

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

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

**Justification:**  
Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating	Total:	\$
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.		-
Office supplies: \$ Amount x # of FTE staff x # of months		-
Occupancy		\$
Communications		\$
Rent: \$ per month x 12 months x # of FTE		-
Utilities: \$ per quarter x 4 quarters		-
State Phone Line: \$ per month x 12 months x # of FTE		-
Voice Mail: \$ per month x 12 months x # of FTE		-
Conference Calls: \$ per month x 12 months		-
Long Distance: \$ per month x 12 months		-
Email: \$ per month x 12 months x # of FTE		-

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

<b>Equipment</b>	<b>Total:</b>	<b>\$</b>
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.		
Describe equipment	\$	-

Revise this formula as needed to include each Contractor listed

<b>Contractual</b>	<b>Total:</b>	<b>\$</b>
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should		
Name of Contractor/Subrecipient		\$ -
Method of Selection: Explain, i.e. sole source or competitive bid		
Period of Performance: July 1, 2018 - June 30, 2019		
Scope of Work: Define Scope of Work		
*Sole Source Justification: Define if sole source method, not needed for competitive bid		
Method of Accountability:		
Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.		
*Add additional Contractor/Subrecipients here with justification or delete this row.	\$	-

<b>Other</b>	<b>Total:</b>	<b>\$</b>
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc.		
Printing Services: \$ amount/month x 12 months	\$	-
Copier/Printer Lease: \$ amount/month x 12 months	\$	-
Property and Contents Insurance per Year	\$	-
Car Insurance: \$ per month x 12 months	\$	-
Postage: \$ per month x 12 months	\$	-
Audit	\$	-
Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. The budget		

<b>TOTAL DIRECT CHARGES</b>	<b>\$</b>	<b>18,341.67</b>
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<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$</b>	<b>18,341.67</b>
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**STATE OF NEVADA  
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- Department of Health and Human Services policy allows no more than 10% flexibility of the total budget category not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

**The Subrecipient agrees to:**

- Request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.
  - Total reimbursement through this subaward will not exceed **\$55,025**
  - Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
  - Additional expenditure detail and/or supporting documentation will be provided to the Department upon request.
- Provide a complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD.
  - Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
  - Any work performed after the SUBAWARD PERIOD will not be reimbursed.
  - If a Request for Reimbursement (RFR) is received after the 30-day closing period, the Department may not be able to provide reimbursement.
  - If a credit is owed to the Department after the 30-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees to:**

- Identify specific items the program must provide or accomplish to ensure successful completion of this project.
- Provide technical assistance, upon request from the Subrecipient.
- Issue prior approval of reports or documents to be developed.

**Both parties understand:**

- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements:**

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed unless all reporting requirements are current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentations are submitted to and accepted by the Department.

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**SECTION D**

Agency Ref. #: 93556-19-046  
 Budget Account: 3145  
 Category: 17  
 Draw #: \_\_\_\_\_

Request for Reimbursement

<b>Program Name:</b> Promoting Safe and Stable Families, Title IV-B, Subpart 2	<b>Subrecipient Name:</b> Washoe County Human Services Agency Program: Amber Howell AHowell@washoeconomy.us Fiscal: Pamela Mann PMann@washoeconomy.us
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2023	<b>Address:</b> Mailing: P.O. Box 11130, Reno, NV 89520 - 0027 Physical: 350 South Center Street, Reno, NV 89501-2103
<b>Subaward Period:</b> July 1, 2019 – June 30, 2020	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400 A

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s): \_\_\_\_\_

Calendar year: 2019

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	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00	0.0%
6. Other	\$52,525.00	\$0.00	\$0.00	\$0.00	\$52,525.00	0.0%
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$55,025.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$55,025.00</b>	<b>0.0%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
	\$18,341.67	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the subrecipient, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____	Title _____	Date _____
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**FOR DEPARTMENT USE ONLY**

Is program contact required? ☐ Yes ☐ No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_

Date

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NOTICE OF SUBAWARD**

**SECTION E**

**Audit Information Request**

1. Non-Federal entities that expend \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES ☐ NO ☐
3. When does your organization's fiscal year end? \_\_\_\_\_
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? \_\_\_\_\_

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

**STATE OF NEVADA  
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NOTICE OF SUBAWARD**

**SECTION F**

**Notification of Utilization of Current or Former State Employee**

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

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

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

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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**SECTION G**

**Confidentiality Addendum**

**BETWEEN**

**Nevada Department of Health and Human Services**

Hereinafter referred to as "Department"

and

**Washoe County Human Services Agency**

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Department and Subrecipient agree as follows:

**I. DEFINITIONS**

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning as described to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Subrecipient** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

**II. TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI.

**III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Department for any purpose other than as permitted by Agreement or required by law.

**IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT**

Subrecipient shall be permitted to use and/or disclose information accessed, viewed or provided from Department for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

**V. USE OR DISCLOSURE OF INFORMATION**

Subrecipient may use information as stipulated in the primary agreement if necessary, for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Department. Subrecipient may disclose information if:

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

**VI. OBLIGATIONS OF SUBRECIPIENT**

1. **Agents and Subcontractors.** Subrecipient shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Subrecipient and are contained in Agreement.



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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 Department any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Subrecipient will return or destroy all confidential information created or received by Subrecipient on behalf of Department. If returning or destroying confidential information at termination of Agreement is not feasible, Subrecipient will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Subrecipient maintains will not be used or disclosed.

**IN WITNESS WHEREOF,** Subrecipient and the Department have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**SECTION H**

**Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County Human Services Agency (referred to as "Subrecipient").

<b>Program Name</b>	Promoting Safe and Stable Families, Title IV-B, Subpart 2	<b>Subrecipient Name</b>	Washoe County Human Services Agency
<b>Federal Grant Number</b>	1901NVFPSS	<b>Subaward Number</b>	93556-19-046
<b>Federal Amount</b>	\$55,025.00	<b>Contact Name</b>	Program: Amber Howell AHowell@washoecounty.us Fiscal: Pamela Mann PMann@washoecounty.us
<b>Non-Federal (Match) Amount</b>	\$18,341.67	<b>Address</b>	Mailing: P.O. Box 11130, Reno, NV 89520 - 0027 Physical: 350 South Center Street, Reno, NV 89501-2103
<b>Total Project</b>	\$73,366.67		
<b>Performance Period</b>	July 1, 2019 – June 30, 2020		

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 is required to be documented and submitted with the Request for Reimbursement and will be verified during subrecipient monitoring. Non-Federal (Match) funding must be in compliance with CFR 200.306.

**§ 200.306 Cost sharing or matching.**

(b) For all Federal awards, any shared costs or matching funds and all contributions, including cash and third party in-kind contributions, must be accepted as part of the non-Federal entity's cost sharing or matching when such contributions meet all of the following criteria:

- (1) Are verifiable from the non-Federal entity's records;
- (2) Are not included as contributions for any other Federal award;
- (3) Are necessary and reasonable for accomplishment of project or program objectives;
- (4) Are allowable under Subpart E - Cost Principles of this part;
- (5) Are not paid by the Federal Government under another Federal award, except where the Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs;
- (6) Are provided for in the approved budget when required by the Federal awarding agency; and
- (7) Conform to other provisions of this part, as applicable.

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

<b>Total Federal Awarded</b>	<b>\$55,025.00</b>
<b>Required Match Percentage</b>	<b>25%</b>
<b>Total Required Match</b>	<b>\$18,341.67</b>

Approved Budget Category		Budgeted Match	
1	Personnel	\$	18,341.67
2	Travel/Training	\$	
3	Operating	\$	
4	Equipment	\$	
5	Contractual/Consultant	\$	
6	Other	\$	
	<b>Total</b>	<b>\$</b>	<b>18,341.67</b>

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