



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

Agency Ref. #: 16575-19-126  
Budget Account: 3145  
Category: 20  
GL: \_\_\_\_\_  
Job Number: 1657519

**NOTICE OF SUBAWARD**

|   |   |
|---|---|
| <b>Program Name:</b><br>VOCA Victim Assistance<br>DCFS Grants Management Unit<br>DCFSGrants@dcfs.nv.gov | <b>Subrecipient's Name:</b><br>Washoe County Human Services Agency<br>Amber Howell, Director<br>ahowell@washoecounty.us   |
| <b>Address:</b><br>4126 Technology Way, 3 <sup>rd</sup> Floor<br>Carson City, NV 89706-2009             | <b>Address:</b><br>350 S. Center St.<br>Reno, NV 89501  |
| <b>Subaward Period:</b><br>July 1, 2020 through June 30, 2021   | <b>Subrecipient's:</b><br><div style="text-align: right;"> <b>EIN:</b> <u>88-6000138</u><br/> <b>Vendor #:</b> <u>T40283400</u><br/> <b>Dun &amp; Bradstreet:</b> <u>073786998</u> </div> |

**Purpose of Award:** Provide emergency assistance for victims, emergency shelter for homeless youth, provide enhanced technology for HSA workers, and increase access to safety and services.

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

|  |                     |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
|--|---------------------|---------------|--------------------|---------------|--------------|---------------|--------------|-------------------|---------------------------|--------------------|----------|---------------------|---------------------------|---------------------|-------------------|---------------|------------------------------|---------------------|---|
| <b>Approved Budget Categories:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>2. Travel/Training</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>3. Operating</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;"><b>\$7,500.00</b></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;"><b>\$50,000.00</b></td></tr> <tr><td>6. Other</td><td style="text-align: right;"><b>\$142,900.00</b></td></tr> <tr><td><b>TOTAL DIRECT COSTS</b></td><td style="text-align: right;"><b>\$200,400.00</b></td></tr> <tr><td>7. Indirect Costs</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td><b>TOTAL APPROVED BUDGET</b></td><td style="text-align: right;"><b>\$200,400.00</b></td></tr> </table> | 1. Personnel        | <b>\$0.00</b> | 2. Travel/Training | <b>\$0.00</b> | 3. Operating | <b>\$0.00</b> | 4. Equipment | <b>\$7,500.00</b> | 5. Contractual/Consultant | <b>\$50,000.00</b> | 6. Other | <b>\$142,900.00</b> | <b>TOTAL DIRECT COSTS</b> | <b>\$200,400.00</b> | 7. Indirect Costs | <b>\$0.00</b> | <b>TOTAL APPROVED BUDGET</b> | <b>\$200,400.00</b> | <b>FEDERAL AWARD COMPUTATION:</b><br>Total Obligated by this Action: \$ 200,400.00<br>Cumulative Prior Awards this Budget Period: \$ 0.00<br>Total Federal Funds Awarded to Date: \$ 0.00<br><br>Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br>Amount Required this Action: \$ 50,100.00<br>Amount Required Prior Awards: \$ 0.00<br>Total Match Amount Required: \$ 0.00<br>Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><b>Federal Budget Period:</b><br>October 1, 2018 through September 30, 2022<br><b>Federal Project Period:</b><br>October 1, 2018 through September 30, 2022<br><br><b>FOR AGENCY USE, ONLY</b> |
| 1. Personnel   | <b>\$0.00</b>       |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| 2. Travel/Training   | <b>\$0.00</b>       |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| 3. Operating   | <b>\$0.00</b>       |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| 4. Equipment   | <b>\$7,500.00</b>   |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| 5. Contractual/Consultant  | <b>\$50,000.00</b>  |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| 6. Other   | <b>\$142,900.00</b> |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| <b>TOTAL DIRECT COSTS</b>  | <b>\$200,400.00</b> |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| 7. Indirect Costs  | <b>\$0.00</b>       |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |
| <b>TOTAL APPROVED BUDGET</b>   | <b>\$200,400.00</b> |               |                    |               |              |               |              |                   |                           |                    |          |                     |                           |                     |                   |               |                              |                     |   |

|  |                         |                        |                                 |  |   |
|--|-------------------------|------------------------|---------------------------------|--|---|
| <b>Source of Funds</b> U.S. Department of Justice<br>Office of Justice Programs<br>Office for Victims of Crime | <b>% Funds:</b><br>100% | <b>CFDA:</b><br>16.575 | <b>FAIN:</b><br>2019-V2-GX-0021 | <b>Federal Grant #:</b><br>2019-V2-GX-0021 | <b>Federal Grant Award Date by Federal Agency:</b><br>9/13/2019 |
|--|-------------------------|------------------------|---------------------------------|--|---|

**Agency Approved Indirect Rate:** 0.00% **Subrecipient Approved Indirect Rate:** 0%

**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 DHHS 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 15<sup>th</sup> 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.

|  |  |
|--|--|
| <b>Incorporated Documents:</b><br>Section A: Grant Conditions and Assurances;<br>Section B: Description of Services, Scope of Work and Deliverables;<br>Section C: Budget and Financial Reporting Requirements;<br>Section D: Request for Reimbursement; | Section E: Audit Information Request;<br>Section F: Current/Former State Employee Disclaimer;<br>Section G: DHHS Confidentiality Addendum; and<br>Section H: Matching Funds Agreement<br>Appendix A: Victims of Crime Act (VOCA) Assurance |
|--|--|

|   |           |      |
|---|-----------|------|
| Authorized Subrecipient Official's Name and Title                           | Signature | Date |
| Julie Lindesmith<br>Social Services Program Specialist III                  |           |      |
| For Ross E. Armstrong<br>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

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

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).

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**

**Goal 1:** Provide emergency assistance support for victims with a focus on victims impacted as a result of the COVID-19 public health crisis.

| <b><u>Objective</u></b>   | <b><u>Activities</u></b>   | <b><u>Due Date</u></b>                                | <b><u>Documentation Needed</u></b>   | <b><u>How will this Goal be measure (quantitative)</u></b>  |
|---|--|---|--|---|
| 1. Provide emergency assistance to 150 victims of crime; with a focus on serving those who have been impacted as a result of the COVID-19 pandemic. | 1. Manage intake calls; interview victims and assess individual needs; utilize available resources to secure housing, transportation, mental health services and other services as needed; provide additional emergency support as necessary to ensure the safety, stability and security of victim. | Upon funding and ongoing throughout the grant period. | 1. Case notes, assessment reports, intake logs, receipts, fiscal reports, etc. will be used to support this objective and related activities | 1. Baseline developed from prior grant periods.<br>2. Number of victims that have been provided assistance. |

**Goal 2:** Provide emergency shelter for homeless youth, aged 18-24, especially those in need of quarantine as a result of COVID-19 exposure.

| <b><u>Objective</u></b>   | <b><u>Activities</u></b>   | <b><u>Due Date</u></b>                                | <b><u>Documentation Needed</u></b>   | <b><u>How will this Goal be measure (quantitative)</u></b>  |
|---|--|---|--|---|
| 1. Provide emergency shelter and wrap-around services for up to 50 homeless youth, aged 18-24, who are victims of crime, including youth aging out of foster care.<br>2. Provide quarantine/respice housing for homeless youth victims, aged 18-24, who have been exposed to or test positive for COVID-19. | 1. Contract with the Eddy House to provide emergency shelter and wrap-around services for transitional and episodic homeless youth victims, aged 18-24, including youth aging out of foster care. Services will include homeless prevention and diversion, outreach and engagement, meeting emergency and basic needs, and providing rapid re-housing and a range of permanent supportive housing options. | Upon funding and ongoing throughout the grant period. | 1. Case notes, intake logs, receipts, fiscal reports, etc. will be used to support this objective and related activities.<br>2. Personnel utilize an assessment/screening tool that determines services needed and eligibility for VOCA. | 1. Number of victims that have been provided emergency assistance.<br>2. Number of youth provided with quarantine/respice housing as a result of the COVID-19 exposure. |

**Goal 3:** Provide enhanced technology for HAS workers.

| <b><u>Objective</u></b>   | <b><u>Activities</u></b>                            | <b><u>Due Date</u></b>                                | <b><u>Documentation Needed</u></b>   | <b><u>How will this Goal be measure (quantitative)</u></b> |
|---|---|---|--|--|
| 1. WC HSA victim services caseworkers are working remotely due to COVID-19 social distancing restrictions, the laptops will ensure workers have access to necessary information while in the field. | 1. Provide laptop computers to WC HSA case workers. | Upon funding and ongoing throughout the grant period. | 1. Case notes, receipts, fiscal reports, etc. will be used to support this objective and related activities. | 1. Case note documentation.                                |

**Goal 4:** Increase access to safety and services.

| <b><u>Objective</u></b>   | <b><u>Activities</u></b>   | <b><u>Due Date</u></b>                                | <b><u>Documentation Needed</u></b>           | <b><u>How will this Goal be measure (quantitative)</u></b> |
|---|--|---|--|--|
| 1. Continuation of the Centralized Hotline brings consistency to the way abuse and neglect calls are managed throughout the agency by eliminating the additional, non-traditional screeners that are not a component of the Hotline Unit. It also ensures a safe process during pandemic. | 1. Measure and track hotline calls by number, length of time on hold and disposition. Track Crisis Call Numbers. Based on current numbers, we anticipate the hotline responding to an average of 575 reports per month with 90% having little or no wait time. Calls are received, prioritized according to details of suspected abuse and referred for action, differential response, information, etc. | Upon funding and ongoing throughout the grant period. | 1. Call logs; victim tacking; intake reports | 1. Number of calls received                                |

**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 C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Child and Family Services from the Office for Victims of Crime through 2018-V2-GX-0076. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the State of Nevada."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by 2018-V2-GX-0076 from the Office for Victims of Crime.

Subrecipient agrees to adhere to the following budget:

**Applicant Name: Washoe County Human Services Agency**

**Form 1**

**BUDGET NARRATIVE - SFY21**

| <u>Total Personnel Costs</u>   | Including<br>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. |                          | -                           | -                |
|  | <u>Annual<br/>Salary</u> | <u>Fringe<br/>Rate</u>      | <u>% of Time</u> |
|  | <u>Month<br/>s</u>       | <u>Amount<br/>Requested</u> |                  |
|  |                          |                             |                  |
|  | \$                       | -                           | -                |
|  |                          |                             |                  |
|  | \$                       | -                           | -                |
|  | Total Fringe Cost        | \$                          | -                |
|  | Total:                   | \$                          | -                |

| <u>Travel/Training</u>  | 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. |                  | -                 |
| <u>Out-of-State Travel</u>  |                  | \$                |
| <u>Origin &amp; Destination</u>   | <u>Cost</u>      | <u># of Trips</u> |
|   | <u># of Days</u> | <u># of Staff</u> |
| 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   |                  | \$                |

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

|   |                   |
|---|-------------------|
| Ground Transportation: \$ per r/trip x # of trips x # of staff  | \$                |
|   | -                 |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff  | \$                |
|   | -                 |
| Parking: \$ per day x # of trips x # of days x # of staff   | \$                |
|   | -                 |
| <b><u>Justification:</u></b>  |                   |
|   |                   |
| <b>In-State Travel</b>  | <b>\$</b>         |
|   | -                 |
| <u>Origin &amp; 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   | \$                |
|   | -                 |
| 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   | \$                |
|   | -                 |
| <b><u>Justification:</u></b>  |                   |
| 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. |                   |

|   |                  |
|---|------------------|
| <b><u>Operating</u></b>   | <b>Total: \$</b> |
|   | -                |
| <b>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.</b> |                  |
|   |                  |
| 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  | \$               |
|   | -                |
| <b><u>Justification:</u></b>  |                  |
| Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.  |                  |
|   |                  |

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

|   |                        |
|---|------------------------|
| <b><u>Equipment</u></b>   | <b>Total: \$</b>       |
|   | <b>7,500.00</b>        |
| <p><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. All other equipment costing less than \$5,000 should be listed under Supplies.</b></p>  |                        |
| <p>Laptop computers + software for HSA workers - \$1,500 each x 5</p>   | <p>\$<br/>7,500.00</p> |
| <p><i>Justification: Laptops for HSA workers will be used by those providing assessment and case management to child victims and their families. Laptops will provide portability and flexibility for these individuals to work from any location necessary to best serve clients. These resources are especially important as many workers are working remotely due to COVID-19. (VOCA staff utilizing these laptops are captured in 16575-19-069 and our DV Advocate funded by general funds)</i></p> |                        |

|   |                         |
|---|-------------------------|
| <b><u>Contractual</u></b>   | <b>Total: \$</b>        |
|   | <b>50,000.00</b>        |
| <p><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 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.</b></p>  |                         |
| <p><u>Name of Contractor/Subrecipient:</u> Eddy House</p> <p><u>Method of Selection:</u> Competitive bid</p> <p><u>Period of Performance:</u> July 1, 2020 - June 30, 2021</p> <p><u>Scope of Work:</u> Contractor will provide emergency shelter and wrap-around services for transitional and episodic homeless youth victims, aged 18-24, including youth aging out of foster care. Contractor will also provide quarantine/respite housing for homeless youth who have been exposed to or test positive for COVID-19.</p> <p><u>*Sole Source Justification:</u> N/A</p> <p><u>Method of Accountability:</u></p> <p>Program staff as well as Grants Management staff will monitor for both grant and contract compliance and fulfillment</p> | <p>\$<br/>50,000.00</p> |
| <p><b>*Add additional Contractor/Subrecipients here with justification or delete this row.</b></p>  |                         |
|   | <p>\$<br/>-</p>         |

|  |   |
|--|---|
| <b><u>Other</u></b>  | <b>Total: \$</b>  |
|  | <b>142,900.00</b>   |
| <p><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. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.</b></p>   |   |
| <p>Printing Services: \$ amount/month x 12 months</p> <p>Copier/Printer Lease: \$ amount/month x 12 months</p> <p>Property and Contents Insurance per year</p> <p>Car insurance: \$ per month x 12 months</p> <p>Postage: \$ per month x 12 months</p> <p>Audit</p> <p>Centurylink</p> <p>Victims Services: housing, transportation, mental health services, nutrition and other allowable direct services for victims</p> | <p>\$<br/>-<br/>\$<br/>-<br/>\$<br/>-<br/>\$<br/>-<br/>\$<br/>-<br/>\$<br/>60,000.00<br/>\$<br/>82,900.00</p> |

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

Justification: **Victim services** includes those expenses necessary to support victims under this program. Expenses include housing assistance, transportation, mental health services and other allowable and necessary direct services, especially related to an increased need for services as a result of COVID-19. **Century Link** is the company that provides the centralized hotline for reports of victimization.

**TOTAL DIRECT CHARGES**

**\$  
200,400.00**

**Indirect**

**Total: \$  
-**

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

|  |         |
|--|---------|
| Identify Indirect Expenses - Base Salaries       | \$<br>- |
| Add more as necessary and adjust formula in F112 | \$<br>- |
| to reflect changes.                              | \$<br>- |

**TOTAL BUDGET**

**Total: \$  
200,400.00**

**Applicant Name: Washoe County Human  
Services Agency**

**Form 2**

**PROPOSED TOTAL AGENCY BUDGET SUMMARY - SFY21  
(Form Revised January 2020)**

**A. PATTERN BOXES ARE FORMULA DRIVEN - DO  
NOT OVERRIDE**

| <b>FUNDING<br/>SOURCES</b> | GMU                  | Other<br>Funding | Other<br>Funding | Other<br>Funding | Other<br>Funding | Other<br>Funding | Other<br>Funding | Match           | TOTAL            |
|----------------------------|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------|------------------|
| PENDING OR<br>SECURED      |                      |                  |                  |                  |                  |                  |                  |                 |                  |
| ENTER TOTAL<br>REQUEST     | \$<br>200,400.0<br>0 |                  |                  |                  |                  |                  | \$<br>-          | \$<br>50,691.91 | \$<br>251,091.91 |

**EXPENSE  
CATEGORY**

|                            |                      |  |  |  |  |  |  |                 |                  |
|----------------------------|----------------------|--|--|--|--|--|--|-----------------|------------------|
| Personnel                  | \$<br>-              |  |  |  |  |  |  | \$<br>50,691.91 | \$<br>50,691.91  |
| Travel/Training            | \$<br>-              |  |  |  |  |  |  | \$<br>-         | \$<br>-          |
| Operating                  | \$<br>-              |  |  |  |  |  |  | \$<br>-         | \$<br>-          |
| Equipment                  | \$<br>7,500.00       |  |  |  |  |  |  | \$<br>-         | \$<br>7,500.00   |
| Contractual/Consulta<br>nt | \$<br>50,000.00      |  |  |  |  |  |  | \$<br>-         | \$<br>50,000.00  |
| Other Expenses             | \$<br>142,900.0<br>0 |  |  |  |  |  |  | \$<br>-         | \$<br>142,900.00 |
| Indirect                   | \$<br>-              |  |  |  |  |  |  | \$<br>-         | \$<br>-          |



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

|                |               |      |      |      |      |      |      |              |               |
|----------------|---------------|------|------|------|------|------|------|--------------|---------------|
| TOTAL EXPENSES | \$ 200,400.00 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 50,100.00 | \$ 250,500.00 |
|----------------|---------------|------|------|------|------|------|------|--------------|---------------|

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

|                      |      |
|----------------------|------|
| Total Indirect Cost  | \$ - |
| Indirect % of Budget | 10%  |

|                          |               |
|--------------------------|---------------|
| Total Agency Budget      | \$ 250,500.00 |
| Percent of Agency Budget | 0.798114129   |

**B. Explain any items noted as pending:**

**Applicant Name: Washoe County Human Services Agency**

**Form 3**

**MATCH BUDGET NARRATIVE - SFY21**

**Funding for Match Received From (State Funding Source):**

| <b><u>Total Personnel Costs</u></b>   | Including Fringe     | <b>Total:</b>      | <b>\$</b>        |               |                         |
|---|----------------------|--------------------|------------------|---------------|-------------------------|
|   |                      |                    | 50,100.00        |               |                         |
| <b>List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</b> |                      |                    |                  |               |                         |
|   | <b>Annual Salary</b> | <b>Fringe Rate</b> | <b>% of Time</b> | <b>Months</b> | <b>Amount Requested</b> |
| Norm Enlow<br>ICPC Liaison, 70006626<br>Acts as liaison for Interstate Compact for the Placement of Children                      | \$ 84,968.00         | 57%                | 38%              | 12            | \$ 50,100.00            |
| Name of Employee (if known, otherwise state new position).  |                      |                    |                  |               |                         |
| Title of position & Position Control Number   |                      |                    |                  |               |                         |
| *Insert details to describe position duties as it relates to the funding (specific program objectives).                           |                      |                    |                  |               | \$ -                    |
| Name of Employee (if known, otherwise state new position).  |                      |                    |                  |               |                         |
| Title of position & Position Control Number   |                      |                    |                  |               |                         |
| *Insert details to describe position duties as it relates to the funding (specific program objectives).                           |                      |                    |                  |               | \$ -                    |
| Name of Employee (if known, otherwise state new position).  |                      |                    |                  |               |                         |
| Title of position & Position Control Number   |                      |                    |                  |               |                         |
| *Insert details to describe position duties as it relates to the funding (specific program objectives).                           |                      |                    |                  |               | \$ -                    |
| *Insert new row for each position funded or delete this row.  |                      |                    |                  |               |                         |

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

|                          |                  |               |                  |
|--------------------------|------------------|---------------|------------------|
| <b>Total Fringe Cost</b> | <b>\$</b>        | <b>Total:</b> | <b>\$</b>        |
|                          | <b>18,404.07</b> |               | <b>50,100.00</b> |

| <u>Travel/Training</u>  |             |                   |                  |                   | 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. |             |                   |                  |                   | -         |
| <u>Out-of-State Travel</u>  |             |                   |                  |                   | \$        |
| <u>Travel/Training</u>  | <u>Cost</u> | <u># of Trips</u> | <u># of Days</u> | <u># of Staff</u> | -         |
| Airfare: Cost per trip (origin & destination) x # of trips x # of staff   | \$          |                   |                  |                   | \$        |
| Baggage fee: \$ amount per person x # of trips x # of staff   | -           |                   |                  |                   | \$        |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff  |             |                   |                  |                   | \$        |
| Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff   |             |                   |                  |                   | \$        |
| Ground Transportation: \$ per r/trip x # of trips x # of staff  |             |                   |                  |                   | \$        |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff  |             |                   |                  |                   | \$        |
| Parking: \$ per day x # of trips x # of days x # of staff   |             |                   |                  |                   | \$        |
| <u>Justification:</u>   |             |                   |                  |                   |           |
| Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.  |             |                   |                  |                   |           |
| If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip   |             |                   |                  |                   |           |
| <u>In-State Travel</u>  |             |                   |                  |                   | \$        |
| <u>Origin &amp; 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   |             |                   |                  |                   | \$        |
| 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   |             |                   |                  |                   | \$        |
| <u>Justification:</u>   |             |                   |                  |                   |           |
| 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.   |             |                   |                  |                   |           |

|                  |           |
|------------------|-----------|
| <u>Operating</u> | Total: \$ |
|                  | -         |

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

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

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

**Justification:**

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

**Equipment**

**Total: \$**

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.

|           |    |
|-----------|----|
| Equipment | \$ |
|           | -  |

**Contractual**

**Total: \$**

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

Name of Contractor/Subrecipient:

\$

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

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

Scope of Work: Define Scope of Work

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

Method of Accountability:

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

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

\$

**Other**

**Total: \$**

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

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

|  |    |
|--|----|
| 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  | \$ |
|  | -  |
| Translation (Goal #1) use of Language Bank services  | \$ |
|  | -  |
| Victims Services (Goal #1) Includes housing, transportation, mental health services and other allowable direct services for victims  | \$ |
|  | -  |
| Audit  | \$ |
|  | -  |
| Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables. |    |

|                             |                  |
|-----------------------------|------------------|
| <b>TOTAL DIRECT CHARGES</b> | <b>\$</b>        |
|                             | <b>50,100.00</b> |

|                     |               |                  |
|---------------------|---------------|------------------|
| <b>TOTAL BUDGET</b> | <b>Total:</b> | <b>\$</b>        |
|                     |               | <b>50,100.00</b> |

- Department of Health and Human Services policy allows no more than 10% flexibility of the total 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 \$200,400.00.
  - 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.
  - Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- 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.

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

**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.

**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF CHILD & FAMILY SERVICES**  
**NOTICE OF SUBAWARD**  
**SECTION D**  
**Request for Reimbursement**

Agency Ref. #: **16575-19-126**  
 Budget Account: **3145**  
 Category: **20**  
 Draw #: \_\_\_\_\_

|  |   |
|--|---|
| <b>Program Name:</b><br>VOCA Victim Assistance   | <b>Subrecipient Name:</b><br>Washoe County Human Services Agency  |
| <b>Address:</b><br>4126 Technology Way 3 <sup>rd</sup> Floor<br>Carson City, NV 89706-2023 | <b>Address:</b><br>350 S. Center St.<br>Reno, NV 89501            |
| <b>Subaward Period:</b><br>July 1, 2020 – June 30, 2021                                    | <b>Subrecipient's:</b><br>EIN: 88-60000138<br>Vendor #: T40283400 |

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**  
 (must be accompanied by expenditure report/back-up documentation)  
 Month(s) \_\_\_\_\_ Calendar year 2020

| Approved Budget Category  | A<br>Approved Budget | B<br>Total Prior Requests | C<br>Current Request | D<br>Year to Date Total | E<br>Budget Balance | F<br>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              | \$7,500.00           | \$0.00                    | \$0.00               | \$0.00                  | \$7,500.00          | 0.0%                  |
| 5. Contractual/Consultant | \$50,000.00          | \$0.00                    | \$0.00               | \$0.00                  | \$50,000.00         | 0.0%                  |
| 6. Other                  | \$142,900.00         | \$0.00                    | \$0.00               | \$0.00                  | \$142,900.00        | 0.0%                  |
| 7. Indirect               | \$0.00               | \$0.00                    | \$0.00               | \$0.00                  | \$0.00              | -                     |
| <b>Total</b>              | <b>\$200,400.00</b>  | <b>\$0.00</b>             | <b>\$0.00</b>        | <b>\$0.00</b>           | <b>\$200,400.00</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 |
|----------------------|-----------------------|----------------------------|------------------------|--------------------|---------------|-------------------|
| INSERT MONTH/QUARTER | \$50,100.00           | \$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 \_\_\_\_\_

**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  
DIVISION OF CHILD & FAMILY 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).
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  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD & FAMILY SERVICES  
NOTICE OF SUBAWARD**

**SECTION F**

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

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

Are any current or former employees of the State of Nevada 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.**



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

**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.

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

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  
DIVISION OF CHILD & FAMILY SERVICES  
NOTICE OF SUBAWARD**

**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>               | VOCA Victim Assistance       | <b>Subrecipient Name</b> | Washoe County Human Services Agency |
| <b>Federal Grant Number</b>       | 2019-V2-GX-0021              | <b>Subaward Number</b>   | 16575-19-126                        |
| <b>Federal Amount</b>             | \$200,400.00                 | <b>Contact Name</b>      | Amber Howell, Director              |
| <b>Non-Federal (Match) Amount</b> | \$50,100.00                  | <b>Address</b>           | 350 S. Center St.<br>Reno, NV 89501 |
| <b>Total Project</b>              | \$250,500.00                 |                          |                                     |
| <b>Performance Period</b>         | July 1, 2020 – June 30, 2021 |                          |                                     |

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 Amount Awarded</b>      | <b>\$200,400.00</b> |
| <b>Required Match Percentage</b> | <b>20%</b>          |
| <b>Total Required Match</b>      | <b>\$50,100.00</b>  |

| Approved Budget Category |                        |    | Budgeted Match |
|--------------------------|------------------------|----|----------------|
| 1                        | Personnel              | \$ | 50,100.00      |
| 2                        | Travel/Training        | \$ | 0.00           |
| 3                        | Equipment              | \$ | 0.00           |
| 4                        | Operating              | \$ | 0.00           |
| 5                        | Contractual/Consultant | \$ | 0.00           |
| 6                        | Other                  | \$ | 0.00           |
|                          | <b>Total</b>           | \$ | 50,100.00      |

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**

**APPENDIX A**

**Victims of Crime Act (VOCA) Assurance**

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

1. Agrees to utilize volunteers to supplement victim services.
2. Agrees to assist victims in seeking compensation assistance where appropriate.
3. Agrees to provide VOCA funded victim services at no fee to victims.
4. Agrees that VOCA funds will not be used to provide services to perpetrators.

As the duly authorized representatives of the applicant organization, we certify that the applicant will comply with nondiscrimination requirements:

1. Agrees to comply with DOJ regulations pertaining to civil rights and nondiscrimination—28 C.F.R. Part 42
  - i. The recipient, and any subrecipient (“subgrantee”) at any tier, must comply with all applicable requirements of 28 C.F.R. Part 42, specifically including any applicable requirements in Subpart E of 28 C.F.R. Part 42 that relate to an equal employment opportunity program.
2. Agrees to comply with DOJ regulations pertaining to civil rights and nondiscrimination—28 C.F.R. Part 54
  - i. The recipient, and any subrecipient (“subgrantee”) at any tier, must comply with all applicable requirements of 28 C.F.R. Part 54, which relates to nondiscrimination on the basis of sex in certain “education programs.”
3. Agrees to comply with DOJ regulations pertaining to civil rights and nondiscrimination—28 C.F.R. Part 38
  - i. The recipient, and any subrecipient (“subgrantee”) at any tier, must comply with all applicable requirements of 28 C.F.R. Part 38, specifically including any applicable requirements regarding written notice to program beneficiaries and prospective program beneficiaries.
  - ii. Among other things, 28 C.F.R. Part 38 includes rules that prohibit specific forms of discrimination on the basis of religion, a religious belief, a refusal to hold a religious belief or refusal to attend or participate in a religious practice. Part 38 also set out rules and requirements that pertain to recipient and subrecipient (“subgrant”) organizations that engage in or conduct explicitly religious activities, as well as rules and requirements that pertain to recipients and subrecipients that are faith-based or religious organizations.
4. Agrees to complete the required DOJ Office of Justice Programs Civil Rights Online Training by September 30, 2020. The training can be found at <https://ojp.gov/about/ocr/assistance.htm>.

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