



**State of Nevada**  
Department of Health and Human Services  
**Division of Welfare and Supportive Services**  
(hereinafter referred to as the Division)

Agency Ref. #: **TANF2102**  
Budget Account: 3230  
Category: 19  
GL: 8795  
9355820  
Job Number: 9355821

## NOTICE OF SUBAWARD

<b>Program Name:</b> Eligibility and Payments, Temporary Assistance for Needy Families (TANF) Division of Welfare and Supportive Services Contact Name: Tonya Stevens / <a href="mailto:tstevens@dwss.nv.gov">tstevens@dwss.nv.gov</a>		<b>Subrecipient's Name:</b> Washoe County Human Services Agency Contact Name: Lauren Soulam / <a href="mailto:lsoulam@washoecounty.us">lsoulam@washoecounty.us</a>																							
<b>Address:</b> 1470 College Parkway Carson City, NV 89706		<b>Address:</b> 1001 E. Ninth Street- Building D-20 Reno, NV 89512																							
<b>Subaward Period:</b> April 1, 2021 through March 31, 2022		<b>Subrecipient's:</b> EIN: <b>**_***0138</b> Vendor #: <b>T40283400</b> Dun & Bradstreet: <b>073786998</b>																							
<b>Purpose of Award:</b> The purpose of this sub-award is to provide Federal funding from the Temporary Assistance for Needy Families (TANF) Block Grant for the implementation of the Emergency Assistance Program through Washoe County to serve children and their families. Through the WCHSA and community partnerships, the goal of Washoe County is to lessen these barriers by making accessible a broad array of prevention support services in a community-based setting, such as behavioral health, day care, transportation, and job-find assistance, which add the key components to reduce the number of children that must be placed outside their homes.																									
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>																									
<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>\$214,064.00</b></td></tr> <tr><td>2. Travel</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>3. Training</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>4. Supplies/Operating</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>5. Equipment</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>6. Contractual/Consultant</td><td style="text-align: right;"><b>\$1,360,231.00</b></td></tr> <tr><td>7. Construction</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td>8. Other Expenses</td><td style="text-align: right;"><b>\$0.00</b></td></tr> <tr><td><b>TOTAL DIRECT COSTS</b></td><td style="text-align: right;"><b>\$1,574,295.00</b></td></tr> <tr><td>9. Indirect Costs</td><td style="text-align: right;"><b>\$13,522.00</b></td></tr> <tr><td><b>TOTAL APPROVED BUDGET</b></td><td style="text-align: right;"><b>\$1,587,817.00</b></td></tr> </table>		1. Personnel	<b>\$214,064.00</b>	2. Travel	<b>\$0.00</b>	3. Training	<b>\$0.00</b>	4. Supplies/Operating	<b>\$0.00</b>	5. Equipment	<b>\$0.00</b>	6. Contractual/Consultant	<b>\$1,360,231.00</b>	7. Construction	<b>\$0.00</b>	8. Other Expenses	<b>\$0.00</b>	<b>TOTAL DIRECT COSTS</b>	<b>\$1,574,295.00</b>	9. Indirect Costs	<b>\$13,522.00</b>	<b>TOTAL APPROVED BUDGET</b>	<b>\$1,587,817.00</b>	<b>FEDERAL AWARD COMPUTATION:</b> Total Obligated by this Action: \$ 1,587,817.00 Cumulative Prior Awards this Budget Period: \$ 0.00 Total Federal Funds Awarded to Date: \$ 1,587,817.00  Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Amount Required this Action: \$ 0.00 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: \$ 0.00 Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>Federal Budget Period:</b> July 01, 2020 through June 30, 2022  <b>Federal Project Period:</b> July 01, 2020 through June 30, 2022  <b>FOR AGENCY USE, ONLY</b>	
1. Personnel	<b>\$214,064.00</b>																								
2. Travel	<b>\$0.00</b>																								
3. Training	<b>\$0.00</b>																								
4. Supplies/Operating	<b>\$0.00</b>																								
5. Equipment	<b>\$0.00</b>																								
6. Contractual/Consultant	<b>\$1,360,231.00</b>																								
7. Construction	<b>\$0.00</b>																								
8. Other Expenses	<b>\$0.00</b>																								
<b>TOTAL DIRECT COSTS</b>	<b>\$1,574,295.00</b>																								
9. Indirect Costs	<b>\$13,522.00</b>																								
<b>TOTAL APPROVED BUDGET</b>	<b>\$1,587,817.00</b>																								
<b>Source of Funds:</b> Administration for Children & Families, Temporary Assistance for Needy Families Block Grant		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>% Funds:</th> <th>CFDA:</th> <th>FAIN:</th> <th>Federal Grant #:</th> <th>Federal Grant Award Date by Federal Agency:</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>93.558</td> <td>2001NVTANF</td> <td>2020G996115</td> <td>11/06/2019</td> </tr> <tr> <td>100%</td> <td>93.558</td> <td>2101NVTANF</td> <td>2021G996115</td> <td>10/01/2020</td> </tr> </tbody> </table>		% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:	100%	93.558	2001NVTANF	2020G996115	11/06/2019	100%	93.558	2101NVTANF	2021G996115	10/01/2020							
% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:																					
100%	93.558	2001NVTANF	2020G996115	11/06/2019																					
100%	93.558	2101NVTANF	2021G996115	10/01/2020																					
<b>Agency Approved Indirect Rate:</b> N/A		<b>Subrecipient Approved Indirect Rate:</b> N/A																							
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>This award is subject to the availability of appropriate funds.</li> <li>Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.</li> <li>Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented</li> <li>Subrecipient must comply with all applicable Federal regulations</li> <li>Financial Status Reports and Requests for Funds must be submitted quarterly, unless specific exceptions are provided in writing by the grant administrator.</li> </ol>																									
<b>Incorporated Documents:</b> 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: Confidentiality Addendum.																							
Washoe County Human Services Agency <b>Amber Howell, Director</b>		Signature																							
Division Eligibility & Payments Unit: <b>Lisa Swearingen, Chief</b>		Date																							
Division Administrator: <b>Steve H. Fisher</b>																									

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE 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 employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with 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 award 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 grantees that expend \$750,000 or more in Federal awards during the grantee'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 WELFARE AND SUPPORTIVE 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, subawards, 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 WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

**SECTION B**

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

**OVERVIEW**

The mission of the Washoe County Human Services Agency (WCHSA) is to promote the health, safety and well-being of children, adults and seniors who are vulnerable to abuse, neglect and exploitation.

It is anticipated that by linking families with children to a continuum of services, conveniently located within their community and equipped with the variety of needs specific to the families in the area, that it will reduce the referrals and entries into foster care, fulfilling TANF Purpose #1 – to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

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

To achieve these goals, Washoe County has built community partnerships that will participate in the Emergency Assistance Program to provide necessary resources to meet the basic needs that often bring families to the attention of Child Welfare and those needs of the families that the Child Welfare agency currently serves.

As provided in the Social Security Act Title-IV Section 404(a)(2) and CFR Title 45 Subtitle B Chapter II Part 263 Subpart B 263.11(a)(2), Nevada uses federal TANF funds for expenditures for which Nevada was authorized under prior law, as in effect on September 30, 1995. The Division of Welfare and Supportive Services, hereinafter referred to as the Division, may contract with WCHSA to provide emergency assistance – primarily case management services and substitute care – to needy families with children. Emergency assistance will be limited to 120 days from child welfare agency involvement and prior to a determination that a child will remain in or return to the family home or requires permanent out-of-home placement. Family-based services are provided to alleviate the emergency situation to improve family functioning to prevent the permanent out-of-home placement of children.

Through this subaward, the Division will provide Federal funding from the Temporary Assistance for Needy Families (TANF) Block Grant in accordance with the Emergency Assistance to Needy Families guidelines for the implementation of the Emergency Assistance program through WCHSA and their established community partnerships.

Eligibility Criteria for Emergency Assistance

A family is eligible if all of the following conditions are met:

- An application is filed by a specified adult relative of a child, or where the parent or relative is absent or unwilling to apply on behalf of the child, the agency staff acting on behalf of the child may file the application; and
- A child is at risk of abuse or neglect or the child's situation is such that out-of-home care is likely because the family has insufficient resources to prevent out-of-home placement; and
- The child's family is receiving TANF, SSI, SNAP or Medicaid; or does not have cash available to provide needed emergency care or services, and the family's gross countable income for the month of application does not exceed 500% of the federal poverty level (FPL). A child's income alone is considered when the child's parents cannot be located, or they refuse to cooperate in supporting the child or applying for assistance and the emergency assistance is necessary to avoid destitution of the child or to provide living arrangements in an out-of-home placement.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

- A child's eligibility for service or assistance is determined based on a certification need, which includes an evaluation of the family or child's ability to pay for such service or assistance.

**ACTIVITIES**

*WCHSA and selected community partners, under this subaward, may provide services for the following Emergency Assistance Program covered emergencies:*

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

*The services covered may include:*

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

*WCHSA will ensure that the services covered follow the requirements listed below:*

- Nonrecurring, short-term benefits, which are limited in scope, to meet basic needs, designed to deal with a specific crisis situation or episode of need, not intended to meet recurrent or ongoing needs, limited to a maximum duration of four (4) months, which must be authorized within a single thirty (30) day period.
- Family-based services which do not provide basic income support, but which alleviate an emergency situation and allow the child to remain in or return to the family's home, e.g., case management, counseling, peer support, childcare information/referral, transitional services, job retention, family preservation, job advancement, and other employment related services,
- Medical services and/or costs are not an allowable expense under the terms of this subaward.

Family-based direct program and community partnership services will be provided to alleviate the emergency situations and allow the children to remain in or return safely to their family home. The Subrecipient agrees to only provide such services that do not meet the definition of "assistance" as defined by the Department of Health and Human Services, Administration for Children and Families and which are outlined in the Code of Federal Regulations Title 45 Subtitle B Chapter II Part 260 Subpart A §260.31.

The program will include WCHSA in-house services for families and community partners that have been sub-contracted through approved processes in compliance with the Washoe County Procurement policy.

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

**Scope of Work for Subrecipient**

**Goal 1:** Subrecipient shall implement Emergency Assistance Program services that will provide necessary resources to meet the basic needs that often bring families to the attention of WCHSA and those needs of the families that WCHSA currently services.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Partner with one or more contractors to operate family-style emergency shelter pilot homes.</p> <p>2. Partner with one or more contractors to provide short-term (up to 120 days) of substitute care for children in emergency situations.</p> <p>3. Partner with the Reno Initiative for Shelter &amp; Equality (RISE) to provide temporary housing to homeless families at Washoe County's Our Place Family Shelter as part of Foster Care prevention activities.</p>	<p>1. The Subrecipient shall develop eligibility criteria for services. Based on criteria, Subrecipient staff shall identify and refer eligible children and families for needed services.</p> <p>2. The Subrecipient shall oversee the placement of children in short-term emergent shelter.</p> <p>3. The implementing agency will coordinate and case manage the care, placement and reunification of children placed in short-term emergent shelter.</p> <p>4. Subrecipient will ensure that agreements with contractors align with terms set forth in this subaward and will include the required documentation and verification requirements as set forth in this subaward.</p> <p>5. The Subrecipient will provide written notification and related documentation to the Division of the method of procurement for any community providers that are selected to enter into a contract/subaward with the Subrecipient. Furthermore, the Subrecipient will provide notification of the contract(s) awarded, the method of procurement implemented, and provide the Division with documentation demonstrating the procurement process followed for those additional contracts for services that are to be determined after the execution of this subaward. Any partnership contracts must meet the TANF purpose to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.</p> <p>6. Subrecipient will provide an updated Budget Narrative when a community provider is selected to enter into a contract or subaward meant to carry out any of the aforementioned services to eligible children and families.</p>	<p>1. Throughout the term of the subaward</p> <p>2. Throughout the term of the subaward.</p> <p>3. Throughout the term of the subaward.</p> <p>4. Throughout the term of the subaward. Subrecipient will provide supporting documentation to the Division upon completion of the procurement process and vendor selection.</p> <p>5. The Subrecipient will provide notice and supporting documentation throughout the term of the subaward and prior to submitting a billing claim to the Division for all sub-contracts.</p> <p>6. Throughout the term of the subaward when selection has been made, and prior to submission of corresponding quarterly billing claim.</p>	<p>1. Documentation of Criteria for eligibility and supporting documentation for determined referrals.</p> <p>1a. Maintain all applications, case records, verifications and related documentation required to determine initial eligibility.</p> <p>1b. Maintain all case records for ongoing case management, documentation of types of services provided, as well as outcomes related to each referral.</p> <p>2. Maintenance of all case records, verifications and related documentation.</p> <p>3. Maintenance of all case records, verifications and related documentation.</p> <p>4. Copy of agreement/scope of work between contractor and Subrecipient.</p> <p>5. Written notification of the method of procurement and supporting documentation as required by this scope of work.</p> <p>6. Updated Budget Narrative to include scope of work between provider and Subrecipient.</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

**Goal 2: Subrecipient shall ensure accurate and thorough programmatic record keeping and compliance with all levels of governmental oversight.**

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Maintain Program Integrity	1. Permit authorized auditors and/or State and Federal personnel full access to business records, reports of expenditures, requests for reimbursement and provider files to monitor and/or audit the activities, procedures, cases and accounting records that are subject to this agreement.	Throughout the term of the subaward and/or upon audit.	Any and all supporting documentation as requested by authorized auditors and/or State or Federal personnel.
	2. All reports of expenditures and requests for reimbursement processed by the Division staff are subject to audit. Provide all requested information during the audit processes.	Throughout the term of the subaward and/or upon audit.	Any and all supporting documentation as requested by authorized State or Federal personnel.
	3. Within required timeframes, develop corrective action plans to rectify any exceptions noted in monitoring and/or audit reports that place any office out of compliance with this agreement, Federal/State statutes or regulations.	Upon request.	Any and all supporting documentation as requested by authorized State or Federal personnel.
	4. All books, records, reports and statements relevant to this subaward must be retained for a minimum of five (5) years after the Federal award period ends. Retention time shall be extended when an audit is scheduled or in-progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.	Throughout the term of the subaward and during a period reasonably necessary.	Any and all supporting documentation as requested by authorized State and Federal personnel.
	5. Have an approved system in place for addressing complaints or hearing requests and maintain clear policies for handling complaints/hearings including documentation, internal and external communications, action steps, and follow-up activities.	Throughout the term of the subaward.	Any and all supporting documentation as requested by authorized State or Federal personnel.
	6. Submit billing claims quarterly (based on the Federal Fiscal calendar) to the Division of Welfare and Supportive Services no later than the 20 <sup>th</sup> of the month following the end of each quarter that services were rendered.	July 20 <sup>th</sup> October 20 <sup>th</sup> January 20 <sup>th</sup> April 20 <sup>th</sup>	Billing claims and supporting documentation as required by this subaward, including the Request for Reimbursement form, Backup Report and Transaction List to include line item descriptions of expenses incurred and documentation identifying the number of families served, service(s) provided/activities performed and cost of qualifying service(s), if applicable.
	7. The Division will process payment to the subrecipient for claimed and approved billing claims within 30 days of receipt.	Within 30 days of receipt of the quarterly claim and all required supporting documentation submitted throughout the term of the subaward billing period.	Billing claims and supporting documentation as required by this subaward, including the Request for Reimbursement form, Backup Report and Transaction List to include line item descriptions of expenses incurred and documentation identifying the number of families served, service(s) provided/activities performed and cost of qualifying service(s), if applicable.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

**Goal 3: Subrecipient shall maintain controls for program funds and provide oversight of the program.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Provide Programmatic Oversight	1. Maintain adequate controls and documentation of expenditures in accordance with Federal and State regulations and provide additional expenditure detail upon request from the Division.	Ongoing	Review of Nevada Revised Statutes (NRS) /Nevada Administrative Code (NAC)/Code of Federal Regulations (CFR) /Social Security Administration (SSA) for verification of compliance and any other requested documentation.
	2. Comply with applicable sections regarding TANF Block Grant funding as outlined in State and Federal statutes, regulations, and laws.	Ongoing	Review of NRS/NAC/CFR/SSA for verification of compliance and any other requested documentation.
	3. Ensure and maintain quality control of data for the program.	Ongoing	Verification of data analysis in comparison to previous year with any discrepancies identified and explained. If there are no discrepancies, report this information as well.
	4. Ensure and maintain quality control of Program staff.	Ongoing	Records of any interventions, changes or disciplinary action taken in response to issues that arise. If no interventions, changes, or disciplinary actions have been taken in response to issues that arise, or if no issues have arisen, report this information as well.
	5. Ensure that all invoices on final reconciliation for dates of services during the subaward period are submitted to the Division timely. Any costs that cannot be substantiated by source documents or any costs which are not allowable costs as defined in CFR 45 will not be allowed and will not be reimbursed. Any invoices submitted after the closing date may be subject to non-reimbursement.	30 days after the close of the subaward period.	Request for Reimbursement using the authorized form(s) with required backup documentation, final annual reconciliation report; reimbursement of any overpayment.
	6. Work with the Division's Eligibility and Payments Unit and Fiscal Unit to resolve any identified billing discrepancies.	Within one (1) business day from notification of discrepancy.	Any supporting documentation as requested by the Division.
	7. Do not exceed the 15% Administrative Cost cap as outlined in the TANF Block Grant budget requirements and per the budget associated with this subaward.	Throughout the term of the subaward.	Request for Reimbursement using the authorized form (s) with required backup documentation as well as any supporting documentation as requested by the Department.
	8. Submit any proposed program or budget changes to the Division for review of compliance with federal program requirements. This includes significant changes in program goals and objectives, scope of work, text or content of materials developed with TANF funds.	Prior to implementation of change.	Any supporting documentation or explanation as requested by the Division.
	9. Comply with all Federal and State audits as requested.	Throughout the term of the subaward and during a period reasonably necessary.	Any and all supporting documentation as requested by authorized State or Federal personnel.
	10. In the event costs have been determined to be unallowable, such as in an audit, the parties agree as follows: A. The Division is responsible to pay back any unallowable costs if the directions or other written instructions provided by DWSS are incorrect. B. The Subrecipient is responsible to pay back any unallowable costs if: <ul style="list-style-type: none"> <li>the required documentation is not maintained; or</li> <li>the documentation does not support the amount billed.</li> </ul>	Throughout the term of the subaward and during a period reasonably necessary	Any and all supporting documentation as requested by authorized State or Federal personnel.



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

**Goal 4: The Division will administer program funds, interpret and properly implement federal and state regulations, and provide oversight, guidance and technical assistance in relation to the subaward.**

<b><u>Objective</u></b>	<b><u>Activities</u></b>	<b><u>Due Date</u></b>	<b><u>Documentation Needed</u></b>
1. Provide Program Guidance	1. The Division will serve as liaison between the US Department of Health and Human Services (USDHHS), Administration for Children and Families (ACF), and the subrecipient, pursuant to 45 CFR 263 et seq.	Based on State and Federal requirements.	Publication and submission of the TANF State Plan.
	2. The Division will maintain eligibility for the maximum allotment of the TANF block grant and submit all required paperwork in accordance with current State and Federal regulations.	On an annual basis.	Based on Federal budgets as determined on an annual basis.
	3. Drawdown Federal funds to reimburse the subrecipient for operation of the TANF-funded program, up to the subaward allotment.	Within 30 days of receipt of the quarterly claim and all required supporting documentation submitted throughout the term of the subaward billing period.	Billing claims and supporting documentation as required by this subaward, including the Request for Reimbursement form, Backup Report and Transaction List to include line item descriptions of expenses incurred and documentation identifying the number of students served, service(s) provided/activities performed and cost of qualifying service(s).
	4. The Division will provide answers to questions related to Federal and State statutes and regulations covering program policies and appropriate expenditures.	As needed.	Policy and Procedure (P&P) documents, Informational Memos (IMs), emails, telephone calls, teleconferences, and in-person meetings.
	5. The Division will monitor implementation of the program as required.	Throughout the term of the subaward.	TANF policy manual, State Plan, and any other reports or documentation required by the Administration for Children and Families (ACF) or any other interested parties.

**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 WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

**SECTION C**

**Budget and Financial Reporting Requirements**

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 2020G996115 from the Administration for Children & Families, Temporary Assistance for Needy Families Block Grant.

Subrecipient agrees to adhere to the following budget:

**Applicant Name: Washoe County Human Services Agency (WCHSA)**

**BUDGET NARRATIVE  
(Form Revised June 2019)**

<b><u>Total Personnel Costs</u></b>	including fringe	<b>Total:</b>	<b>\$214,064</b>
-------------------------------------	------------------	---------------	------------------

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

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Program Assistant, To Be Determined (TBD) 70009678</u>	\$64,983.36	60.000%	100.000%	11	91.67%	\$95,309

Coordinate, organize, supervise and monitor services and activities associated with the Temporary Aid for Needy Families (TANF) program.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Mental Health Counselor, TBD, 70010602</u>	\$82,534.40	56.966%	100.000%	11	91.67%	\$118,755

Provide mental health counseling services at Our Place Family Shelter.

	<b>Total Fringe Cost</b>	<b>\$78,839</b>		<b>Total Salary Cost:</b>	<b>\$135,225</b>
	<b>Total Budgeted FTE</b>	<b>2.00000</b>			

<b><u>Travel</u></b>	<b>Total:</b>	<b>\$0</b>
----------------------	---------------	------------

<b><u>Operating</u></b>	<b>Total:</b>	<b>\$0</b>
-------------------------	---------------	------------

<b><u>Equipment</u></b>	<b>Total:</b>	<b>\$0</b>
-------------------------	---------------	------------

<b><u>Contractual</u></b>	<b>\$1,360,231</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.

Name of Contractor: TBD

**Total    \$600,000**

Method of Selection: Sole source

Period of Performance: April 1, 2021 through March 31, 2022

Scope of Work: Contractor(s) will operate family-style emergency shelter pilot homes. These homes will address emergencies that include abuse, neglect or abandonment of children; children in emergency situations where continued presence in the home is not in the best interest of the child; and children who are at risk of removal from the home because of abuse, neglect or inability of parents to provide care.

\* Sole Source Justification: Contractor(s) must hold appropriate licenses and certifications in order to implement these services

**Budget**

Personnel: N/A	\$0.00
Travel: N/A	\$0.00
Contractual: Estimated at 8 children per day x \$205.48 per child per day x 365 days per year	\$600,000

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

Total Budget	-	-	\$600,000.00
--------------	---	---	--------------

Method of Accountability:

Contractor will provide monthly reports that include dates of service, services provided and case numbers.

Name of Contractor: <i>TBD</i>	<b>Total</b>	<b>\$460,231</b>
--------------------------------	--------------	------------------

Method of Selection: Sole source

Period of Performance: April 1, 2021 through March 31, 2022

Scope of Work: Contractor(s) will provide short-term (up to 120 days) substitute care for children in emergency situations where continued presence in the home is not in the best interest of the child. This includes cases of abuse, neglect or abandonment of children, and children in emergency situations where continued presence in the home is not in the best interest of the child.

\* Sole Source Justification: Contractor(s) must hold appropriate licenses and certifications in order to implement these services

Budget

Personnel: N/A	\$0.00
----------------	--------

Travel: N/A	\$0.00
-------------	--------

Contractual: Estimated at 31 children per day x \$40.6744 per child per day x 365 days per year	\$460,231
--	-----------

Total Budget	-	-	\$460,231
--------------	---	---	-----------

Method of Accountability:

Contractor will provide monthly reports that include dates of service, services provided and case numbers.

Name of Contractor: The Reno Initiative for Shelter & Equality (RISE)	<b>Total</b>	<b>\$300,000</b>
--	--------------	------------------

Method of Selection: Sole source

Period of Performance: April 1, 2021 through March 31, 2022

Scope of Work: RISE is currently partnered with Washoe County to staff the Our Place Family Shelter, which provides temporary housing to homeless families as part of our Foster Care prevention activities. We underwent an RFP process in 2020 for the procurement of this contract. In the first quarter of 2021, we will add an additional building and beds to the shelter. The existing contract will be amended to incorporate these expanded services.

\* Sole Source Justification: RISE is currently partnered with Washoe County to staff Our Place Family Shelter

Budget

Personnel: N/A	\$0.00
----------------	--------

Travel: N/A	\$0.00
-------------	--------

Contractual: Estimated at 30 children per day x \$27.397 per child per day x 365 days per year	\$300,000
---	-----------

Total Budget	-	-	\$300,000
--------------	---	---	-----------

Method of Accountability:

Define - Contractor will provide monthly reports that include dates of service, services provided and case numbers.

<b>Training</b>	<b>Total:</b>	<b>\$0</b>
-----------------	---------------	------------

<b>Other</b>	<b>Total:</b>	<b>\$0</b>
--------------	---------------	------------

<b>TOTAL DIRECT CHARGES</b>	<b>\$1,574,295</b>
-----------------------------	--------------------

<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>10.000%</b>	<b>\$13,522</b>
-------------------------	-----------------------	----------------	-----------------

**Indirect Methodology:** WCHSA calculates indirect costs based upon the base salary charged to the grant utilizing the Federal de minimis rate of 10%.

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$1,587,817</b>
---------------------	---------------	--------------------

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

Applicant Name: Washoe County Human Services Agency

Form 2

**PROPOSED BUDGET SUMMARY**

(Form Revised May 2019)

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

<b>FUNDING SOURCES</b>	<b>The Division</b>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$1,587,817								\$1,587,817

**EXPENSE CATEGORY**

Personnel	\$214,064								\$214,064
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$1,360,231								\$1,360,231
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect (10%)	\$13,522								\$13,522

TOTAL EXPENSE	\$1,587,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,587,817
---------------	-------------	-----	-----	-----	-----	-----	-----	-----	-------------

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

Total Indirect Cost	\$13,522
---------------------	----------

Total Agency Budget	\$1,587,817
Percent of Subrecipient Budget	100%

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

N/A

**C. Program Income Calculation:**

N/A

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

- Department of Health and Human Services (Department) 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 not to exceed 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 **\$1,587,817.00**;
- Additional supporting documentation includes quarterly reporting identifying the number of placements, type of service provided and cost of qualifying services.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

**The Division agrees:**

- Identify specific items the program or Division must provide or accomplish to ensure successful completion of this project, such as:
  - Providing technical assistance, upon request from the Subrecipient;
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division 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 quarterly basis, based on the terms of the subaward agreement, no later than the 20<sup>th</sup> of the month following the quarter expenditures were incurred.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

Agency Ref. #: **TANF2102**

Budget Account: 3230

GL: 8795

Draw #: \_\_\_\_\_

**SECTION D**

**Request for Reimbursement**

<b>Program Name:</b> Eligibility and Payments, TANF Emergency Assistance Program Division of Welfare and Supportive Services	<b>Subrecipient Name:</b> Washoe County Human Services Agency
<b>Address:</b> 1470 College Parkway Carson City, Nevada 89706-7924	<b>Address:</b> 1001 E. Ninth Street- Building D-20 Reno, NV 89512
<b>Subgrant Period:</b> April 1, 2021 through March 31, 2022	<b>Subrecipient's:</b> <div style="display: flex; justify-content: space-between;"> <div>EIN: **-***0138</div> <div>Vendor #: T40283400</div> </div>

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

	Month(s):			Calendar year:		
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$214,064.00	\$0.00	\$0.00	\$0.00	\$214,064.00	0%
2 Travel/Per Diem	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Supplies/Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Contractual/Consultant	\$1,360,231.00	\$0.00	\$0.00	\$0.00	\$1,360,231.00	0.0%
7 Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8 Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
9 Indirect	\$13,522.00	\$0.00	\$0.00	\$0.00	\$13,522.00	0.0%
<b>Total</b>	<b>\$1,587,817.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,587,817.00</b>	<b>0.0%</b>
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported*	Year to Date Total	Match Balance	Percent Match Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature	Title	Date
----------------------	-------	------

**OFFICE USE ONLY - DEPARTMENT OF HEALTH AND HUMAN SERVICE - OFFICE USE ONLY**

Program contact necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person: _____
Reason for contact: _____	
Scope of Work/approval date: _____	Signed: _____
Fiscal Review/approval date: _____	Signed: _____

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
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 WELFARE AND SUPPORTIVE 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 WELFARE AND SUPPORTIVE 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 ascribed to them in the context in which they first appear.

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

**II. TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Department or created by Subrecipient from that confidential information is destroyed or returned, if feasible, to Department pursuant to Clause VI (4).

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

Subrecipient hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by 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.
2. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBAWARD**

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.**