



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

Agency Ref. #: 93110-24-002  
Budget Account: 3145  
Category: 51  
GL: \_\_\_\_\_  
Job Number: 9311024C

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Infant-Toddler Court Program DCFS Grants Management Unit DCFSGrants@dcfs.nv.gov		<b>Subrecipient's Name</b> Washoe County Human Services Agency Pam Abercrombie pabercrombie@washoecounty.gov	
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009		<b>Address:</b> 350 South Center Street Reno, NV 89501	
<b>Subaward Period:</b> October 1, 2025, through September 30, 2026		<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400A</u> Unique Entity ID: <u>GPR1NY74XPQ5</u>	
<b>Purpose of Award:</b> To improve the health, well-being, and development of infants, toddlers, and families involved with the child welfare system and court dependency.			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific County or counties: Washoe County			
<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 50,000.00
2. Travel/Training	\$15,000.00	Cumulative Prior Awards this Budget Period:	\$
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$ 50,000.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$23,750.00	Amount Required this Action:	\$ 0.00
6. Other	\$11,250.00	Amount Required Prior Awards:	\$ 0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$50,000.00</b>	Total Match Amount Required:	\$ 0.00
7. Indirect Costs	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>TOTAL APPROVED BUDGET</b>	<b>\$50,000.00</b>	<b>Federal Budget Period:</b> September 30, 2024, through September 29, 2025	
		<b>Federal Project Period:</b> September 30, 2022, through September 29, 2027	
<b>FOR AGENCY USE, ONLY</b>			
<b>Source of Funds</b> Infant-Toddler Court Program Maternal and Child Health Federal Consolidated Programs, Health Resources and Services Administration	<b>% Funds:</b>  100	<b>CFDA:</b>  93.110	<b>FAIN:</b>  U2Z46636
		<b>Federal Grant #:</b>  5 U2ZMC46636-03-00	<b>Federal Grant Award Date by Federal Agency:</b> August 26, 2024
<b>Agency Approved Indirect Rate:</b> 0.00%		<b>Subrecipient Approved Indirect Rate:</b> 0%	
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 15 <sup>th</sup> of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.			
<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; and Section G: DHHS Confidentiality Addendum	
<b>Authorized Subrecipient Official's Name and Title</b>		<b>Signature</b>	<b>Date</b>
Michael Guerra Grant Analyst II			
For Marla McDade-Williams Administrator, Division of Child & Family Services			

## 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.
1. Neither party waives any right or defense to indemnification that may exist in law or equity.
2. 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.
3. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

#### Grant Assurances

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

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

15. Data Ownership - The Business Associate acknowledges that Business Associated or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, store, destroys, or otherwise holds, transmits, uses discloses. The Division of Child and Family Services maintains ownership of all data collected by the Business Associate and can receive access to such data without limitation.

16. Reporting -The subrecipient is also required to submit any or other reporting as defined and requested by DCFS. The subrecipient agrees to participate in reporting all required data and information to the evaluation team as required

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

## SECTION B

### Scope of Work – SFY 2026

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: To improve the health, well-being and development of infants, toddlers and families involved with the child welfare system and court dependency. Support parents and help children return safely to their families from which they have been removed.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
25	No	1a. Provide parental assessments for participants of the Safe Babies Court Team program.  1b. Provide ongoing case management and support for participants of Safe Babies Court.	1a. A parental assessment will be completed to determine the mental health and substance abuse needs of each caregiver.  1b. All therapies, case management, client staffing, CFT meetings and drug testing as needed will be completed by the contractor for the participants of the program.	Ongoing throughout grant period.	1. Number of parental assessments completed.  2. Number of parents participating in services.  3. Number of parents successfully completing the Safe Babies Court program.  4. Report to the GMU Quarterly Report.
<b>Total Service Numbers to be Reported</b>					<b>25</b>

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

**Goal 2: Provide supportive services to parents and caregivers that aid in the children's safety, stability, and return to their families from which they have been removed.**

Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
<b>25</b>	No	Provide support to parents and caregivers of young children for reunification and stabilization efforts through direct services that meet safety factors and individual family needs throughout their progress with Safe Babies Court.	Deliver short-term family-focused services as necessary to ensure safety, security, and stability to children and families/caregivers. Services may include housing/utility assistance, nutrition, transportation, childcare, and safety-related items.	Ongoing throughout grant period.	1. Receipts for purchases made.  2. Report to the GMU Quarterly Report.
<b>Total Service Numbers to be Reported</b>					<b>25</b>

**Goal 3: Participate in specialized training related to Safe Babies Court that enhances implementation and the Safe Babies™ approach.**

Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
<b>14</b>	No	Skill development through education and knowledge aimed to enhance the Safe Babies Court approach.	Participate in discipline specific training that is relevant to Safe Babies Court to include attendance at the Cross Sites Conference in 2026.	Ongoing throughout grant period.	1. Attendance logs and agendas.  2. Report to the GMU Quarterly Report.
<b>Total Service Numbers to be Reported</b>					<b>14</b>

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 Infant-Toddler Court Program, Maternal and Child Health Federal Consolidated Programs by grant number 5 U2ZMC46636-03-00. 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 Division by 5 U2ZMC46636-03-00 from Infant-Toddler Court Program, Maternal and Child Health Federal Consolidated Programs.

Subrecipient agrees to adhere to the following budget:

## BUDGET NARRATIVE - SFY26

Total Personnel Costs		Including Fringe		Total:	
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. As part of the Division of Child and Family Services' commitment to diversity, equity, and inclusion, it is encouraged that each agency pay staff a living wage and offer a health insurance option.					
	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position *Insert brief details to describe position duties as it relates to the funding.					\$0.00
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position *Insert brief details to describe position duties as it relates to the funding.					\$0.00
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position *Insert brief details to describe position duties as it relates to the funding.					\$0.00
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position *Insert brief details to describe position duties as it relates to the funding.					\$0.00
Total Fringe Cost					\$0.00
Total:					\$0.00

**Travel/Training**  
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to [www.gsa.gov](http://www.gsa.gov)) 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. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.

Total:		Total:	
\$15,000.00		\$15,000.00	
Mileage Justification of need. Mileage is only reimbursable if it is for client transport, client assistance, or if it is a justifiable expense to provide client services. It is not reimbursable from employees home to/from workstation.			\$0.00
Agency Vehicle Justification of need. Example: vehicle maintenance (explain type eg: tires, oil change, etc.) and gas.			\$0.00
In-State and Out-of-State Travel Various Safe Babies™ trainings and conferences October 2025 - September 2026 - Location TBD Airfare: Cost per trip (origin & destination) x # of trips x # of staff			\$15,000.00
			\$4,950.00

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					\$	71.33
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$	180.00
Ground Transportation: \$ per trip x # of trips x # of staff					\$	20.00
Mileage: (rate per mile x # of miles per trip) x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x # of days x # of staff					\$	-

**Justification:**

Staff and Community Stakeholders to include District Court Judges, Reno Police Dept Officers, Public Defenders, Alternate Public Defenders, Children's Attorneys and Community Coordinator will attend various trainings and conference, to include the Cross Sites Meeting, Dates and locations TBD.

<b>Operating</b>	<b>Total:</b>	<b>\$0.00</b>
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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 agency expenses should be included.

Rent Office: \$ per month x 12 months x allocation %	\$0.00
Communications Internet/phone Office: \$ per month x 12 months x allocation %	\$0.00
Utilities Office: \$ per month x 12 months x allocation %	\$0.00
Supplies Office: \$ per month x 12 months x allocation %	\$0.00
Janitorial Office: \$ per month x 12 months x allocation %	\$0.00
Printing services/rental: \$ per month x 12 months x allocation %	\$0.00
Insurance	\$0.00
Audit	\$0.00
Client software (specify, eg: Apricot, Datafirm, etc.)	\$0.00
Rent Shelter: \$ per month x 12 months x allocation %	\$0.00
Communications Internet/phone Shelter: \$ per month x 12 months x allocation %	\$0.00
Communications Cable Shelter: \$ per month x 12 months x allocation %	\$0.00
Utilities Shelter: \$ per month x 12 months x allocation %	\$0.00
Supplies Shelter: \$ per month x 12 months x allocation %	\$0.00
Janitorial Shelter: \$ per month x 12 months x allocation %	\$0.00

**Justification:**

Provide narrative to explain specifics of line items. Example: Utilities include power, water, sewer, etc.

<b>Equipment</b>	<b>Total:</b>	<b>\$0.00</b>
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List Equipment purchase costing \$5,000 or more, and justify these expenditures. Also list any computers, cellular phones, iPods, iPads, Tablets, etc. to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Operating. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.

Describe equipment

\$0.00

**Contractual**

**Total:**

**\$23,750.00**

Agency must be able to provide documentation for full and open competition, develop clear descriptions of duties provided by Contractor, ensure maximum open and free competition, and verify that Contractor is not on the suspended and debarred list (SAM.gov). Agencies must follow their procurement policies to enter into contracts. Copies of contracts are required. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.

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

Name of Contractor/Subrecipient: Vitality Center

\$5,000.00



<b>Method of Selection:</b> Competitive Bid <b>Period of Performance:</b> October 1, 2025 - September 30, 2026 <b>Scope of Work:</b> Contractor will perform parental assessments for participants of the Safe Babies Drug Court program. Services shall include all therapies, case management, client staffing, CFT meetings and drug testing as needed.		
<b>Justification:</b> NA <b>Method of Accountability:</b> Regular contractor communication, verification of work based upon invoices submitted. Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work. Program staff as well as Grants Management staff will monitor for both grant and contract compliance and completion.		\$10,000.00
<b>Name of Contractor/Subrecipient:</b> Northern Nevada HOPES <b>Method of Selection:</b> Competitive Bid <b>Period of Performance:</b> October 1, 2025 - September 30, 2026 <b>Scope of Work:</b> Contractor will perform parental assessments for participants of the Safe Babies Drug Court program. Services shall include all therapies, case management, client staffing, CFT meetings and drug testing as needed.		
<b>Justification:</b> NA <b>Method of Accountability:</b> Regular contractor communication, verification of work based upon invoices submitted. Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work. Program staff as well as Grants Management staff will monitor for both grant and contract compliance and completion.		\$8,750.00
<b>Name of Contractor/Subrecipient:</b> Step2 <b>Method of Selection:</b> Competitive Bid <b>Period of Performance:</b> October 1, 2025 - September 30, 2026 <b>Scope of Work:</b> Contractor will perform parental assessments for participants of the Safe Babies Drug Court program. Services shall include all therapies, case management, client staffing, CFT meetings and drug testing as needed.		
<b>Justification:</b> NA <b>Method of Accountability:</b> Regular contractor communication, verification of work based upon invoices submitted. Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work. Program staff as well as Grants Management staff will monitor for both grant and contract compliance and completion.		
<b>Other:</b> Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as emergency client services, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.  Supportive Services for Safe Babies Court families  <i>Justification: Services to support visitation and reunification of children. These services and supplies will include: rental assistance, carseats, strollers, baby carriers, diapers bags, cribs/toddler beds, safety items (lockboxes, gates, baby monitors), baby supplies (diapers, wipes, bottles, sleepers, swaddles, etc.) 2 for 2 and other books, transportation assistance (uber gift cards, bus passes, taxi passes, etc.). Discovery Museum or other related passes to allow parents a safe place to visit with children in inclement weather.</i>		\$11,250.00
<b>TOTAL DIRECT CHARGES</b>		\$50,000.00
<b>Indirect:</b> 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 15% of Modified Total Direct Cost (MTDC). Note that the formula in Cell F123 will automatically calculate 15%. Applicants may override this formula only if requesting a LOWER rate or providing a copy of their current Federally Approved Indirect Cost Rate Letter.  Identify Indirect Expenses (List what items Indirect will be allocated to)  MTDC is Personnel, Travel, Operating, and the first \$25,000 of Contract ONLY. Enter that number in this section if requesting indirect. The total will automatically calculate the allowable 15% de minimis.		\$0.00

TOTAL BUDGET

Total:

\$50,000.00

## PROPOSED BUDGET SUMMARY - SFY26

(Form Revised November 2022)

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

<u>FUNDING SOURCES</u>		Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED	Pending									
TYPE (Federal, State, Private, etc.)	Federal									
ENTER TOTAL REQUEST	\$50,000.00								\$0.00	\$50,000.00

## EXPENSE CATEGORY

Personnel	\$0.00								\$0.00	\$0.00
Travel/Training	\$15,000.00								\$0.00	\$15,000.00
Operating	\$0.00								\$0.00	\$0.00
Equipment	\$0.00								\$0.00	\$0.00
Contractual/Consultant	\$23,750.00								\$0.00	\$23,750.00
Other Expenses	\$11,250.00								\$0.00	\$11,250.00
Indirect	\$0.00								\$0.00	\$0.00

TOTAL EXPENSES	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00
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These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$0.00	Total Agency Budget	\$50,000.00
Indirect % of Budget	0.00%	Percent of Agency Budget	100%

B. Explain any items noted as pending:

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

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

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$50,000.00**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred.
- Indicate what additional supporting documentation is needed in order to request reimbursement.
- Additional expenditure detail will be provided upon request from the Department.
- 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.

Additionally, the Subrecipient agrees to provide:

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

**The Department agrees:**

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

**Both parties agree:**

- 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 without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**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**

Agency Ref. #: 93110-24-002  
Budget Account: 3145  
GL: 51  
Draw #: \_\_\_\_\_

**SECTION D**

**Request for Reimbursement**

<b>Program Name:</b> Infant Toddler Court Program	<b>Subrecipient's Name</b> WASHOE COUNTY HUMAN SERVICES AGENCY
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009	<b>Address:</b> 350 S Center Street Reno, NV 89501
<b>Subaward Period:</b> October 1, 2025, through September 30, 2026	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400A

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s): **OCTOBER**      Calendar year: **2025**

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel/Training	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	0.0%
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$23,750.00	\$0.00	\$0.00	\$0.00	\$23,750.00	0.0%
6. Other	\$11,250.00	\$0.00	\$0.00	\$0.00	\$11,250.00	0.0%
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$50,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$50,000.00</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
N/A	\$0.00	\$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**

**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 \$1,000,000.00 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 \$1,000,000 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

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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.
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  
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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.**