



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

Agency Ref. #: **93590-24-009**
Budget Account: **3146**
Category: **79**
GL: _____
Job Number: **9359024**

NOTICE OF SUBAWARD

Program Name: Community Based Child Abuse Prevention (CBCAP) DCFS Grants Management Unit DCFSGrants@dcfs.nv.gov		Subrecipient's Name Washoe County Human Services Agency Pam Abercrombie pabercrombie@washoecounty.gov	
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: 350 South Center Street Reno, NV 89501	
Subaward Period: July 1, 2025, through June 30, 2026		350 South Center Street EIN: 88-6000138 Vendor #: T40283400A Unique Entity ID: GPR1NY74XPQ5	
Purpose of Award:			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific County or counties: Clark County			
Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$0.00	Total Obligated by this Action: \$ 30,496.00	
2. Travel/Training	\$5,000.00	Cumulative Prior Awards this Budget Period: \$ 0.00	
3. Operating	\$0.00	Total Federal Funds Awarded to Date: \$ 30,496.00	
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action: \$	
6. Other	\$25,496.00	Amount Required Prior Awards: \$	
TOTAL DIRECT COSTS	\$30,496.00	Total Match Amount Required: \$	
7. Indirect Costs	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$30,496.00	Federal Budget Period: October 1, 2023, through September 30, 2026	
		Federal Project Period: October 1, 2023, through September 30, 2026	
FOR AGENCY USE, ONLY			
Source of Funds Section 201 through 209 of Title II of the Child Abuse Prevention and Treatment Act; Community-Based Child Abuse Prevention Grants	% Funds: 100	CFDA: 93.590	FAIN: 2402NVBCAP
			Federal Grant #: 2402NVBCAP
			Federal Grant Award Date by Federal Agency: 9-13-24
Agency Approved Indirect Rate: 0.00%		Subrecipient Approved Indirect Rate: 0%	
Terms and Conditions: In accepting these grant funds, it is understood that: 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 15 th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.			
Incorporated Documents: Section A: Grant Conditions and Assurances. Section B: Description of Services, Scope of Work and Deliverables. Section C: Budget and Financial Reporting Requirements. Section D: Request for Reimbursement.		Section E: Audit Information Request. Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Confidentiality Addendum	
Authorized Subrecipient Official's Name and Title Ryan Gustafson, Agency Director		Signature	
Michael Guerra Grant Project Analyst II			
For Marla McDade-Williams Administrator, Division of Child & Family Services			

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

SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

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

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any recipient or employee because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal awardee to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
8. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for subrecipients that expend \$750,000 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. To acknowledge this requirement, Section E of this notice of subaward must be completed.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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.

SECTION B

Scope of Work Updates – SFY 2026

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

Scope of Work for WASHOE COUNTY HUMAN SERVICES AGENCY

Goal 1: Prevent child abuse and neglect in Washoe County through primary prevention activities.

Target Number	#s Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
4	None	1. Engage graduates from the IIHS and CR programs to serve as parent leaders to implement primary prevention activities.	1. Recruit and engage parent leaders who exit the Crossroads (CR) programs and Intensive In-Home Services (IIHS) program to develop and implement primary prevention activities	9/30/2025	1.a. Parent leader participation sign-in/activity logs. 1.b. Report to the GMU Quarterly Report.
1,700	None	2. Promote CAN prevention activities through parent leaders' participation, with support from IIHS, Prevention & Stabilization, and CR staff, in CAN prevention and public awareness activities.	2.1. Deliver the Child Abuse Prevention Month Pinwheel Planting activity in the community.	4/30/2026	2.a. Number of materials distributed in the community, receipts, and fiscal reports.
			2.2. Deliver CAN prevention promotion activity by disseminating materials at up to 2 community events.	6/30/2026	2.b. Number of materials distributed in the community, receipts, and fiscal reports.
			2.3. Deliver CAN prevention promotion activity by disseminating materials at a prevention conference.	6/30/2026	2.c. Number of conference attendees that participated in the conference. 2.d. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported				1,704	

Goal 2: Prevent families from becoming involved with CPS for child abuse and neglect through secondary interventions.

Target Number	#s Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
12	Minimal	1. Provide SFP to Our Place and Crossroads' parents and their family units for up to 12 families units comprised of parent(s) and their children.	1.1. Deliver the SFP 14-week course 1 times to 1 groups of CR programs' parents and their children. OR: adaptations that accommodate all children.	6/30/2026	1.a. Participants' SFP sessions completion certificates. 1.b. Report to the GMU Quarterly Report.
40	Minimal	2. Provide direct supportive resources for up to 10 IIHS families, 10 CR clients and their families, and 20 families served by the Mobile Crisis Response Team.	2.1. Interview families and assess individual needs and services required. IIHS services for families are provided 5 times per week with both case management and clinical services, and parenting education services provided 1 time a week. MCRT responds to family and/or child emergencies and connect them to community resources and help to stabilize the family.	6/30/2026	2.a. Report to the GMU Quarterly Report. 2.b. Client eligibility, Invoices/receipts, fiscal reports, etc.
			2.2. Deliver wraparound services as determined through case management to increase family stability and ensure safety, security, and stability to children and families. Services may include emergency housing/utility assistance, emergency basic needs, transportation, mental/behavioral health services, childcare/respite care, safety-related items, child emotional well-being items such as weighted blankets, therapy games, clothing, etc.		
			2.2. Deliver wraparound services as determined through case management to increase family stability and ensure safety, security, and stability to children and families. Services may include emergency housing/utility assistance, emergency basic needs, transportation, mental/behavioral health services, childcare/respite care, safety-related items, child emotional well-being items such as weighted blankets, therapy games, clothing, etc.		
6	No	3. Increase IIHS program capacity by 15% (or about 6 families) in the goal of reaching an average caseload capacity of 50 families actively participating in this voluntary in-home program.	3.1. Clinical staff will attend evidence-based therapy and trauma-informed training certifications that support the development, capacity, and service delivery of the IIHS program.	6/30/2026	3.a. Number of staff trained, and type of training as documented by training completion certificates. 3.b. Report to the GMU Quarterly Report.

Total Service Numbers to be Reported	58
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Goal 3: Improved outcomes for families receiving secondary intervention services to prevent child abuse and neglect.					
Target Number	#s Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
52	Yes, this is the total families with account for minimal overlap that receive services in in goal 2.	1. Implement use of Protective Factors Survey administered to 75% of parents served with 75% of the parents increasing at least 2 protective factors.	1.1. Administer the Protective Factors Survey (PFS) pre and post to participating eligible parents. 1.2. Enter survey data in a data collection system and analyze results.	6/30/2026	1.a. Completed surveys. 1.b. Survey results analysis. 1.c. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported					52

Goal 4: Prevent families from becoming involved with CPS for child abuse and neglect through secondary interventions.					
Target Number	#s Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
20	No	1. Provide direct supportive resources for up to 20 families served by the Prevention & Stabilization Unit.	1.1. Interview families and assess individual needs and community services required. CrossRoads and Prevention & Stabilization services for families are provided 3-5 times per week with both case management and clinical services and provide parenting education at least 1 time a week. 1.2. Deliver wraparound services as determined through case management to increase family stability and ensure safety, security, and stability to children and families. Services may include emergency housing/utility assistance, emergency basic needs, transportation, mental/behavioral health services, childcare/respite care, safety-related items, child emotional well-being items such as weighted blankets, therapy games, etc.	6/30/2026	1.a. Client eligibility, Invoices/receipts, fiscal reports, etc. 2.b. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported					20

Goal 5: Improved outcomes for families receiving secondary intervention services to prevent child abuse and neglect.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
20	Yes, this is the total families that receive services in in goal 1.	1. Implement use of Protective Factors Survey administered to 75% of parents served with 75% of the parents increasing at least 2 protective factors.	1.1. Administer the Protective Factors Survey (PFS) pre and post to participating eligible parents. 1.2. Enter survey data in a data collection system and analyze results.	6/30/2026	1.a. Completed surveys. 1.b. Survey results analysis. 1.c. Report to the GMU Quarterly Report.
Total Service Numbers to be Reported					20

BUDGET NARRATIVE - SFY26

Total Personnel Costs	Including Fringe	Total:	\$0.00		
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
Total Fringe Cost					\$0.00
Total:					\$0.00

Travel/Training	Total:	\$5,000.00
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to 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.		
Mileage		\$0.00
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.		
Agency Vehicle		\$0.00
Justification of need. Example: vehicle maintenance (explain type eg: tires, oil change, etc.) and gas.		
Out-of-State Travel		\$0.00
Title of Trip & Destination such as CDC Conference San Diego, CA	Cost	# of Trips
Registration fee		\$0.00
Airfare: Cost per trip (origin & destination) x # of trips x # of staff		\$0.00
Baggage fee: \$ amount per person x # of trips x # of staff		\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff		\$0.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff		\$0.00
Ground Transportation: \$ per r/trip x # of trips x # of staff		\$0.00
Parking: \$ per day x # of trips x # of days x # of staff		\$0.00
Justification:		
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. Travel/Training must be related to grant objectives and allowabilities.		
If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip		
In-State Travel		\$5,000.00
Title of Trip & Destination Training for Evidence Based Therapy	Cost	# of Trips
Registration fee	1000	\$
Airfare: cost per trip (origin & designation) x # of trips x # of staff		\$5,000.00
Baggage fee: \$ amount per person x # of trips x # of staff		\$0.00
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff		\$0.00

*Revise as needed to include multiple trips.

Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0.00
Ground Transportation/Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00
Parking: \$ per day x # of trips x # of days x # of staff	\$0.00
Justification:	
Training TBD - WCHSA Intensive In-Home Services (IHS) program provides prevention services to at risk families using evidence-based therapies, treatments, and assessments. Clinical staff will attend evidence based therapy and trauma informed training certifications that support the service delivery of the IHS program. Examples include Circle of Security, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), etc. and use of evidence-based assessment tools such as Level of Care Utilization System (LOCUS), Child and Adolescent Service Intensity Instrument (CASII), American Society of Addiction Medicine (ASAM), etc. Priority Category: Parents	
If traveling to more than 1 in-state destination, copy section above, revise formula in F48 and complete for each trip.	

Operating	Total:	\$0.00
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.		
Supplies Office: \$50 per session x 3 sessions	\$0.00	
Justification:		
Program supplies include paper & ink for printing activities, binders, folders, flip charts, writing utensil, etc. Priority Category: Parents		

Equipment	Total:	\$0.00
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:	\$0.00
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 <u>required</u> . Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.		
Name of Contractor/Subrecipient: Strengthening Families Program (SFP)		
		\$0.00
Method of Selection: FRIENDS National Community-Based Child Abuse Prevention recommended list of EBPs		
Period of Performance: July 1, 2025 - June 30, 2026		
Scope of Work: Primary prevention evidence-based family skills training program to be implemented for general population families. Contractor will provide training on SFP and delivering the curriculum for parents, teens, children, and families. Contractor will provide in-person two-day training for up to 6 staff and parent leaders.		
Justification: This program is FRIENDS recommended and EBP.		
Method of Accountability:		
Programmatically, the vendor will be monitored by the Program Manager to ensure program goals are being met. Fiscally, the Grants Team will ensure allowability of expenses and adherence to all applicable rules and regulations. Priority Category: Parents		
Name of Contractor/Subrecipient: TBD		
		\$0.00
Method of Selection: Competitive bid process		
Period of Performance: July 1, 2025 - June 30, 2026		
Scope of Work: Contractor will provide between 15 and 20 hours per week of direct Evidence-Based practice services to parents and/or children/clinical services in the Men's, Women's and/or Women & Children's CrossRoads programs. Clinical services will be provided by one or more licensed clinical service provider(s) and/or intern(s) under the direct supervision of a licensed clinical service provider(s).		
Justification: N/A		

*Revise this formula as needed to include each Contractor listed

Method of Accountability:

Programmatically, the vendor will be monitored by the Program Manager to ensure program goals are being met. Fiscally, the Grants Team will ensure allowability of expenses and adherence to all applicable rules and regulations. Priority Category: Parents

Other	Total:	\$25,496.00
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.		
Child Abuse Prevention Month activities	\$300 x 1 activity	\$ 300.00
Child Abuse Prevention Public Awareness campaign community events	\$500 x 2 activities	\$ 1,000.00
Strengthening Families Program (SFP) prevention message swag & giveaways	\$250 for sessions	\$ 250.00
Brochures/flyers/educational information for program		
Crossroads (10%), MCRT (40%), Prevention & Stabilization Unit (40%), and IIHS (10%) Direct Supportive Services Resource	% per program varies	\$ 23,946.00
IIHS evidence-based therapy treatments supplies and reference material		\$ -
Justification: Prevention awareness activities to include booth rentals, printed educational materials, pinwheels, and promotional items. SFP swag with child abuse prevention messages for participants and supplies for program sessions. Direct services support are for client emergency assistance that range from housing assistance, transportation assistance, mental & behavioral health vouchers, childcare, child emotional well-being items, safety items, and other basic needs that support family stability and help prevent families from entering the child welfare system. Priority Category: Parents and Homeless and at Risk for Homelessness Families.		

TOTAL DIRECT CHARGES	\$30,496.00
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Indirect	Total:	\$0.00
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) for CBCAP and 8% for CTF. Note that the formula in Cell F125 will automatically calculate 8%. Applicants may override this formula only if requesting a LOWER rate for CTF, requesting the full rate for CBCAP, <u>or</u> 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 10% de minimis.		
TOTAL BUDGET	Total:	\$30,496.00

Applicant Name: Washoe County Human Services Agency

Form 2

PROPOSED BUDGET SUMMARY - SFY26

(Form Revised November 2022)

A.

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

FUNDING SOURCES	Funding Name	Funding Name	Funding Name	Funding Name	Funding Name	Funding Name	Funding Name		TOTAL
PENDING OR SECURED	Pending								
TYPE (Federal, State, Private, etc.)	Federal								
ENTER TOTAL REQUEST	\$30,496.00								\$30,496.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel/Training	\$5,000.00								\$5,000.00
Operating	\$0.00								\$0.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Other Expenses	\$25,496.00								\$25,496.00
Indirect	\$0.00								\$0.00

TOTAL EXPENSES	\$30,496.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,496.00
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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
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Total Indirect Cost	\$0.00
Indirect % of Budget	0.00%

Total Agency Budget	\$30,496.00
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 **\$30,496.00**.
- 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 15th 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. #: 93590-24-009
Budget Account: 3146
GL: 79
Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Community Based Child Abuse Prevention (CBCAP)	Subrecipient's Name Washoe County Human Services Agency
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009	Address: 350 South Center Street Reno, NV 89501
Subaward Period: July 1, 2025 – June 30, 2026	Subrecipient's: <div style="text-align: right;"> EIN: 88-6000138 Vendor #: T40283400A </div>

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s): July 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	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Other	\$25,496.00	\$0.00	\$0.00	\$0.00	\$25,496.00	0.0%
7. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$30,496.00	\$0.00	\$0.00	\$0.00	\$30,496.00	0.0%

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** \$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? June 30
4. What is the official name of your organization? Washoe County
5. How often is your organization audited? Annually
6. When was your last audit performed? July 2024
7. What time-period did your last audit cover? July 1, 2023 to June 30, 2024
8. Which accounting firm conducted your last audit? Eide Bailly

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

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

SECTION F

Notification of Utilization of Current or Former State Employee

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

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

YES ☐ If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO ☒ Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

And

Washoe County Human Services Agency

Hereinafter referred to as "Subrecipient"

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

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

NOW, THEREFORE, Department and Subrecipient agree as follows:

I. DEFINITIONS

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

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

II. TERM

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

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

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

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT

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

V. USE OR DISCLOSURE OF INFORMATION

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

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

VI. OBLIGATIONS OF SUBRECIPIENT

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