



# State of Nevada

Department of Human Services

## **Division of Child and Family Services**

Grants Management Unit

### **Fund to Assist Former Foster Youth (FAFFY)**

### ***Notice of Funding Opportunity (NOFO)***

**State Fiscal Year 2027 and 2028 Award**

**NOTE: This document is available online at <http://dcfs.nv.gov/Programs/GMU/GMU/>  
Click here to apply: [https://nvdcs.qualtrics.com/jfe/form/SV\\_6X4artTu0NF6b8W](https://nvdcs.qualtrics.com/jfe/form/SV_6X4artTu0NF6b8W)**

#### **Award Information:**

**Total Amount to be Awarded: \$640,000.00**

**Performance Period:** July 1, 2026, through June 30, 2028

**Deadline to Submit Application: May 8, 2026 @ 5:00pm PST**

# Section I: Opportunity Summary

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## Opportunity Summary

The Nevada Independent Living (IL) Program is designed to assist and prepare foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. As an extension of these opportunities, young adults that aged out of foster care in Nevada are supported via the Fund to Assist Former Foster Youth (FAFFY). Created out of the State General Fund through the passage of Assembly Bill 94 of the 2001 Legislative Session, FAFFY is intended to assist Nevada's aged out foster youth transition from foster care to economic self-sufficiency.<sup>1</sup>

The Division of Child and Family Services (DCFS) Grants Management Unit (GMU) seeks applications for the FAFFY program to be funded for State Fiscal Year (SFY) 2027 and SFY 2028. This Notice of Funding Opportunity (NOFO) implements a funding process that combines a review of applications with grant allocations for specific program services throughout the geographic areas in Nevada. Funds awarded as a result of this NOFO will begin on July 1, 2026, and expire on June 30, 2028. Unused funds from this period will not be carried forward to the next award period. Funds are awarded on a two-year basis through a NOFO process and are dependent upon availability in funding, compliance with grant requests, and scopes of work (SOW).

**This is a competitive process. Current subrecipients are not guaranteed funding in SFY 2027 or SFY 2028 and applicants who receive awards through this NOFO are not guaranteed future funding.**

### Funding Details Summary:

- **Total Available Funding:**
  - SFY 2027: \$640,000.00
  - SFY 2028: \$640,000.00
- **Funding Performance Period:**
  - SFY 2027: July 1, 2026 - June 30, 2027
  - SFY 2028: July 1, 2027 – June 30, 2028
- **Award Guarantees:** Current subrecipients are not guaranteed funding in SFY 2027 or SFY 2028, and awards granted through this NOFO do not ensure future funding.
- **Match Funds:** There is no match requirement for this funding opportunity.

## Funding Guidelines

### OVERVIEW

The Division anticipates awarding funding statewide.

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<sup>1</sup> [NRS 432.017](#)

Funds awarded for the FAFFY program for SFY 2027 and SFY 2028 are dependent upon availability of state funding, compliance with grant requirements and proposed activities outlined in the SOW. New and current subrecipients are encouraged to propose projects that are innovative and reach populations throughout geographical regions in the State of Nevada. The Division reserves the right to modify or reject applications. Applications must conform to the conditions or guidelines contained in this NOFO. **A successful application is not a guarantee for receiving all or partial funding for the program. DCFS reserves the right to fund or not fund any project based on scoring, available funds, or past grant performance. There is no appeals process.**

Funds will be granted to community-based organizations and local or tribal governments to provide services throughout Nevada and ensure that the FAFFY program funds are available to serve eligible former foster youth.

### **POPULATIONS TO BE SERVED**

The purpose of FAFFY is to financially assist former foster youth (as defined in [NAC 432.240](#)) that have aged out of foster care in Nevada in their transition to adulthood.

### **ALLOWABLE ACTIVITIES**

Per [NRS 432.017](#) and [NAC 432.120](#), FAFFY funds, based on the need, can be used to obtain goods and services, including without limitation:

1. Obtaining skills required for daily living, including, without limitation, budgeting and financial management;
2. Career exploration;
3. Job training;
4. Obtaining a vocation, including, without limitation, job placement assistance;
5. Obtaining a high school diploma;
6. Preparation for post-secondary training and education;
7. Prevention of substance abuse;
8. Preventative health activities, including, without limitation, abstention from smoking, nutritional education and prevention of pregnancy;
9. Providing personal and emotional support through mentors and interactions with adults;
10. Obtaining knowledge concerning resources that are available locally, including, without limitation, human service agencies and facilities that provide medical and mental health services; and
11. Obtaining interpersonal skills;
12. Housing assistance; and
13. Medical insurance.

### **APPLICANT ELIGIBILITY**

The state of Nevada will provide FAFFY funded services or contract with approved agencies to provide the related services.

Eligible agencies in Clark and Washoe counties must be child-welfare agencies. Nonprofit and community-based organizations are eligible to apply for the rural region funding.

## **PARTICIPANT ELIGIBILITY**

The FAFFY program funds may be available to youth who, per [NRS 432.017](#) have aged out of foster care in Nevada and are therefore considered “Former Foster Youth” as defined in [NAC 432.240](#).

## **FUNDING DISTRIBUTION**

The Division anticipates awarding funding statewide and has determined that FAFFY funding will be distributed based on population.

All awards are contingent upon availability of funds. The Division reserves the right to modify or reject applications. Applications must conform to the conditions or guidelines in this NOFO.

A successful application is not a guarantee for receiving all or partial funding for the program, or if initially funded, that the project will receive continued funding in subsequent grant cycles.

DCFS reserves the right to fund or not fund any project based on scoring, available funds, or past grant performance.

The following geographic allocation schedule is for the one-year award period from July 1, 2026, to June 30, 2027, the second year of the award period amounts will be announced once the full funding amount is finalized. Applicants should not exceed the award amounts listed in this solicitation and should carefully consider the resources needed to successfully implement the proposed project. DCFS has the discretion to award grants for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to awarding a grant.

<b>Geographic Region</b>	<b>Funding Allocations</b>	<b>Approximate Total of Awards</b>
<b>Clark County</b>	70% of the funding amount	<b>\$448,000</b>
<b>Washoe County</b>	20% of the funding amount	<b>\$128,000</b>
<b>Balance of the State/Rural Counties</b>	10% of the funding amount	<b>\$64,000</b>
	<b>Total</b>	<b>\$640,000</b>

## Funding Limitations

Per [NAC 432.120](#), no less than 90 percent of the money disbursed to an agency or nonprofit community organization must be used for services provided by the agency or nonprofit community organization.

Money disbursed pursuant to [NAC 432.120](#) must be used for the purpose identified in [NRS 432.017](#)

## Administrative Services Requirements

The awarded agencies will complete the following administrative tasks:

- Required Reports:
  - Monthly Request for Reimbursement
  - Monthly Financial Reports due on the 15<sup>th</sup> of each month for the previous month
- Confidentiality
  - Applicants will be required to maintain the confidentiality of any information that would identify individuals receiving services and to conduct background checks on all employees, volunteers, and other workforce members that are in direct contact with children or families that are receiving FAFFY services.
- Coordinate with state, county and other service providers to provide FAFFY information to eligible youth as well as organizations that may serve this population.
- Participate in quarterly Statewide IL meetings, Nevada LIFE and other Youth Advisory Board meetings as requested.
- Engagement of stakeholders and youth in continuous quality improvement (CQI) and system improvement efforts.
- Adhere to financial and programmatic guidelines; comply with deadlines; and provide all information to DCFS as requested.
- Comply with the applicable provisions of FAFFY Program Guidelines. This includes financial documentation for disbursements; daily time and attendance records specifying time devoted to allowable FAFFY services; client files; portion of the project supplied by other sources of revenue; job descriptions; contracts for services; and other records which facilitate an effective audit.

## QUESTION AND ANSWER SESSION

A Question-and-Answer session will begin the first day of the NOFO release and will continue until Monday, April 13, 2026, at 5pm. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Friday, April 17, 2026. To submit your questions please email DCFS GMU at [dcfsgrants@dcfs.nv.gov](mailto:dcfsgrants@dcfs.nv.gov).

# Section II: Application Process

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## Award Timeline

Event	Date/Time
Grant opportunity announced	March 31, 2026
Questions and Answers posted to DCFS GM webpage	April 17, 2026
Deadline for submission	May 8, 2026
Evaluation Period (approximate timeframe)	May 2026
Announcement of awards	Mid-June 2026
Performance Period	July 1, 2026, through June 30, 2028

## Application Review

DCFS staff will review and evaluate each application, see Appendix C: Scoring Matrix. The evaluation of applications received in response to this NOFO will be conducted in a comprehensive, fair and impartial manner.

The review process will include a thorough technical review of the applicant's submission, focusing on project information, budget justification, cost effectiveness, and overall project sustainability. Reviewers will use structured quantitative scoring methods to ensure an objective evaluation. By submitting an application, the applicant agrees to comply with all special conditions identified by the Grants Management Unit (GMU).

## Evaluation Process

Applications received by the published deadline of **5:00 pm Friday, May 8, 2026**, will be processed as follows:

### STEP 1: Technical Review

DCFS staff will perform a technical review of each application to ensure that minimum standards are met.

- Applications may be disqualified if they are missing fundamental elements (i.e., unanswered questions, required attachments).
- Untimely submissions applications received after deadline date and time will be disqualified and will not be considered for review.

## **STEP 2: Application Review Panel**

- A. Each application that passes the technical review will be evaluated for content and scored by at least two review panel members, see Appendix C: GMU Scoring Matrix.
- B. As part of the review process, the reviewers will identify strengths and weaknesses and as a condition of funding the project may recommend that:
  - Specific revisions are made to the budget or Scope of Work, or
  - Special conditions are placed on the award (e.g., certain fiscal controls, more stringent performance requirements, or more frequent reviews).
- C. The review panel will identify specific line-item areas for revision if funding limitations result in a reduction of an overall proposed budget. In the event budget reductions are necessary, an equitable formula based on application ranking and scores will be developed and applied in an impartial manner.
- D. The reviewers will submit review panel recommendations to the Administrator of DCFS or designee for final approval.

## **STEP 3: Final Decisions**

Final funding decisions will be made by the DCFS Administrator or designee based on the following factors:

- Review panel scores.
- Geographic distribution of the proposed grant awards.
- Conflicts or redundancy with other funded programs or potential supplanting of existing funds.

**Funding decisions made by the DCFS Administrator or designee are final.**

## **Notification and Award Process**

Successful applicants will be notified of their application status with a Letter of Intent after funding decisions have been made in June 2026.

GMU staff will conduct negotiations with applicants regarding the recommendation for funding to address any specific issues identified by the GMU or the review panel. All related issues must be resolved before a grant is awarded. These issues may include, but are not limited to:

- Revisions to the project budget.
- Revisions to the Scope of Work; and/or
- Enactment of Special Conditions (e.g., fiscal controls, performance requirements or frequency of reviews).

Upon successful conclusion of negotiations, GMU staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA documents and Grant Instructions and Requirements (GIRs) will be distributed to the subrecipient upon approval of the subaward, see Appendix E: Notice of Subaward.

# Post Award Requirements

## Monthly Request for Reimbursement and Financial Reports

DCFS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon grant award. The monthly reports are due on the 15<sup>th</sup> of the month for the previous month. GMU staff will provide instructions and technical assistance upon awarding the grant. **Note: A signed GIRs is required before request for Funds can be approved.**

Failure to submit timely quarterly reports will result in the withholding of requests for reimbursement.

Per Code of Federal Regulations [2 C.F.R. § 200.430](#), charges made to Federal awards for salaries, wages, and fringe benefits [2 C.F.R. § 200.431](#) must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization.

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives. **\*\* All expenses must be cost allocated based on ACTUAL time worked on the project. Allocations based on budgeted amounts will not be allowed.**
- In cases where two or more grants constitute one identified activity or program, salary charges to one grant may be allowable after written permission is obtained from the awarding agency.
- Examples of items that may support salaries and wages can include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records will need to reflect either after the fact distribution of actual activities or certifications of employees' actual work performed.

Note: Time and effort reports must reflect actual hours worked. **Budgeted time and effort reports will be rejected.**

## Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DCFS to the federal granting agency. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact

person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. For non-governmental agencies, at least one board member must also be available during the exit discussion. The subrecipient monitoring reports or action items to be addressed will be sent to the agency within 30 working days following the conclusion of the subrecipient monitoring.

### Quarterly Performance Report

Subrecipients who receive an award must complete performance reports on a quarterly basis and submit them as instructed by DCFS. The quarterly reports will be due by the 15th of the month following the end of the reporting quarter, please see the chart below. Successful applicants will report on their progress towards meeting their scope of work commitments and DCFS will provide a data reporting workbook for subrecipients to document their performance measures. Subrecipients will be required to provide source documentation that corresponds to the data reported. **Failure to submit timely quarterly reports will result in the withholding of requests for reimbursement.**

Reporting Period	Type of Data Required	Due Date
July 1 – September 30	Program Performance Measures	October 15
October 1 – December 31	Program Performance Measures	January 15
January 1 – March 31	Program Performance Measures	April 15
April 1 – June 30	Program Performance Measures	July 15

### Compliance with Changes to Federal and State Laws

As Federal and State laws change and affect either the DCFS GMU process or the requirements of subrecipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

### Collaboration with Child Welfare Agencies

If funded, agencies will be required to collaborate with DCFS and regional designated child welfare representatives to develop appropriate outcome measures to be reported monthly.

### Confidentiality<sup>2</sup>

All applicants will be required to maintain confidentiality of any information that would identify individuals receiving services and to conduct background checks on all employees, volunteers and other workforce members that are in direct contact with children or families that are receiving services.

Failure to comply with programmatic standards may impact current and future funding eligibility. Agencies that do not demonstrate fiscal responsibility, cooperation, and adherence to program

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<sup>2</sup> [SSA 471\(a\)\(8\)](#)

requirements risk funding adjustments (up to funding rescission), additional conditions, or ineligibility for future awards.

DCFS will provide ongoing guidance and technical assistance to help agencies meet these standards and support long-term program success.

## Questions?

### Contact Information

Contact Name	Email	Web Address / Phone Number
DCFS GMU	<a href="mailto:dcfsgrants@dcfs.nv.gov">dcfsgrants@dcfs.nv.gov</a>	<a href="https://dcfs.nv.gov/Programs/GMU/GMU/">https://dcfs.nv.gov/Programs/GMU/GMU/</a>
Lorena Bojorquez	<a href="mailto:LBojorquez@dcfs.nv.gov">LBojorquez@dcfs.nv.gov</a>	(702)486-7354



# Section III : Application Instructions

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## Application Instructions

An application packet, which includes this application and the required data sources, is available for download through the online application form. There will be no paper application form.

To apply, click here: [https://nvdcfs.qualtrics.com/jfe/form/SV\\_6X4artTu0NF6b8W](https://nvdcfs.qualtrics.com/jfe/form/SV_6X4artTu0NF6b8W)

The application deadline is **May 15, 2026, at 5:00PM PST**. The online application form will not accept submissions after the posted deadline.

Late and/or incomplete applications will not be scored or considered for funding. The total possible score for the entire application is 170 points.

## Application Checklist

Complete the Application Checklist prior to scanning/submitting the application to DCFS.

The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.

- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins and each response cannot exceed the maximum page limit outlined for each narrative section.
- All pages including attachments must have applicant's name on the bottom of the page.

## Section A – Application Form

- Complete the application form.
- Sign the form.

## Section B – Proposal Narrative (80 points)

- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins and should not exceed 15 pages. Responses for each question cannot exceed the character limits on the online application form.
- Responses must be specifically tailored to this funding opportunity. If your organization is applying for other child welfare or victim services funding, applicants should provide original content and avoid duplicating verbiage from other applications.
- Complete Section B: Proposal Narrative on the online application form. Respond to the questions listed below. See page 17 for a for a template. Complete Appendix B: Descriptions of Services, Scope of Work and Deliverables.

<b>Application Narrative</b>
<b>Organization’s goals and Objective (points) (7 points)</b>
<b>Instructions:</b> Response must be limited to half a page
Describe your <b>organization’s goals and objectives</b> to meet the geographic area’s needs for the target population. If your agency is currently receiving FAFFY funding, provide an analysis of outcomes achieved during the previous funding cycle. Summarize data collected for program evaluation purposes and provide specific examples of outcome data.
<b>Plan to achieve your goals and objections</b>
<b>Instructions:</b> Response must be limited to <b>ONE</b> page
Describe <b>the plan to achieve your goals and objectives</b> . Describe the services you will provide, including the number of youths to be served with grant funds. Explain how the services offered will result in increased self-sufficiency. Include how, who, where, and when these goals and objectives will be achieved and <u>how they will be measured</u> . Select reasonable outcome measures that can be tracked and used to determine the effectiveness of services. Note: The description must align with Appendix B: Descriptions of Services, Scope of Work and Deliverables.
<b>Determine the Individualized needs</b>
<b>Instructions:</b> Response must be limited to half a page
How will you assess or use tools to <b>determine the individualized needs</b> of youth to evaluate young people’s stage of development? How do these assessments inform the provision of services?
<b>Objective Criteria to determine eligibility</b>
<b>Instructions:</b> Response must be limited to half a page
How will you use <b>objective criteria to determine eligibility</b> for benefits and services for the FAFFY program? How will you ensure fair and equitable treatment of the youth you serve?

### Demonstrate continued flexibility

**Instructions:** Response must be limited to half a page

Describe how you will **demonstrate continued flexibility** in your program delivery. How will you engage stakeholders, particularly youth, in system improvement efforts? How will you engage youth within your program and the youth's larger community, school, organizations, peer groups and families in a productive and constructive way? How will your program recognize, utilize, and enhance the strengths of the young people it serves? How will you provide opportunities, foster positive relationships, and furnish the support to youth so that they may develop their leadership skills?

### Positive peer to peer relationships

**Instructions:** Response must be limited to half a page

How will you work with young people to create opportunities to develop **positive peer-to-peer relationships** with those that have lived the foster care experience (Alumni network)? How will your program target and tailor effective services, especially in special case circumstances (e.g. pregnant and parenting, LGBTQIA+, special immigrant juvenile, youth with a disabling condition)? How will you ensure youth who exit your program have access to a positive, caring adult who will support their transition to adulthood and serve as a 'safety net' as the youth transitions from care?

### Promote positive risk-taking

**Instructions:** Response must be limited to half a page

Describe how your program will **promote positive risk-taking** and shape the behaviors and habits that can support a youth's successful transition to adulthood? How will you involve youth & young adults in all aspects of case planning so they may develop forethought and plan before acting? How will you encourage normative development by giving youth increased opportunities to participate in leadership, volunteer and community activities that challenge them to be a member of their larger community?

### Public information

**Instructions:** Response must be limited to half a page

How will you provide **public information** for youth and supportive adults that clearly outlines the services and support available and how to apply for them?

### Collaboration with the child welfare agency and the juvenile justice system

**Instructions:** Response must be limited to half a page

Demonstrate how you will ensure ongoing **collaboration with the child welfare agency and the juvenile justice system** in your service area. Describe how the requirements for monthly and quarterly face-to-face contact for youth under court jurisdiction will be met.

Track client interactions and collecting service data
<b>Instructions:</b> Response must be limited to half a page
Describe the methods or systems your agency will use to comply with quarterly performance reporting requirements. Include details on how your agency will <b>track client interactions and collect service data related to allowable expenditures and youth demographics, including the following:</b> <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender/SOGIE (Sexual Orientation and Gender Identity/Expression)</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Tribal Affiliation</li> <li>• Jurisdiction (county)</li> </ul>
Access to Nevada’s ETV program
<b>Instructions:</b> Response must be limited to half a page
Describe how you will ensure youth in your program have <b>access to Nevada’s ETV program?</b>
Evaluate youth satisfaction
<b>Instructions:</b> Response must be limited to half a page
Describe how the program will collect and <b>evaluate youth satisfaction</b> . Include any surveys, anonymous evaluation forms, and outside evaluation processes currently in use.

**Section C – Scope of Work (SOW) (15 points)**

- Complete the SOW Form, use Appendix B to complete
- Upload SOW form in online system

**Section D – Budget (20 points)**

Use Arial 11-point font on single-spaced pages with one-inch margins. See Appendix A: Budget Narrative Instructions and Template.

<i>Field Name</i>	<i>Scoring Points</i>	<i>Instructions</i>
<b>Proposed Project Budget</b>	5	Use the provided table and designate a whole dollar amount for the seven budget categories; or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for a one-year project period.
<b>Budget Narrative</b>	15	Include a detailed description of the project budget for the grant funding requested. The budget should be an accurate representation of the funds <u>necessary</u> to carry out the proposed SOW and achieve the projected outcomes. The Budget Narrative should align with the Narrative’s Goals, Objectives and Outcomes to be achieved.
<b>Total for Budget</b>	20	

## **Section E – Agency Self-Assessment (0 points)**

Complete and submit your organization’s annual self-assessment questionnaire for the upcoming fiscal year. **If your organization has already completed the self-assessment for the funding opportunity’s fiscal year, you do not need to submit it again.** If any significant changes occur within your organization, an updated assessment will be required.

Complete the Agency Self-Assessment using the Online Form:  
[https://nvdcfs.qualtrics.com/jfe/form/SV\\_0pUs4eTCp2sbhwa](https://nvdcfs.qualtrics.com/jfe/form/SV_0pUs4eTCp2sbhwa)

## **Section F – Past Performance with DCFS Grant Management Unit (55 points)**

- Submit most recent single audit or financial report. **Do Not** attach GMU’s subrecipient monitoring forms.
- **Only** New applicants will receive a score for the Single Audit or Financial Opinion

<i>Past Performance Criteria</i>	<i>Scoring Points</i>
<b>Single Audit or Financial Opinion</b>	25
<b>Timeliness and Accuracy of Request for Funds</b>	10
<b>Timeliness and Accuracy of Performance Reports</b>	10
<b>Subrecipient Monitoring Findings</b>	10
<b>Total</b>	<b>55</b>

## Overview of Grant Assurances and Certifications

By signing the Application Form of the Division of Child and Family Services, the applicant certifies:

1. The project described in this application meets all the FAFY program requirements.
2. All information contained in the application is current and correct.
3. The applicant will gain an understanding and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations; and
4. The applicant further understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Notice of Subaward (NOSA), see Appendix E.

## Submission Instructions

- The grant application deadline is **5:00 pm on Friday May 8, 2026**.
- Signed applications must be submitted online using the link below.

[https://nvdcfs.qualtrics.com/jfe/form/SV\\_6X4artTu0NF6b8W](https://nvdcfs.qualtrics.com/jfe/form/SV_6X4artTu0NF6b8W)

Once an application is submitted, no corrections or adjustments may be made prior to the negotiation period. Use the check list below to ensure all documents and application sections are turned in with your online application.

# Application Checklist

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Complete this checklist prior to submitting your online application (for your reference only)

## Section A: Application Form

- Complete Online Application Section A
- Upload a PDF copy/printout of your SAM.gov entity page, a copy of your Tax ID (IRS Determination Letter, IRS Form 990, IRS Form SS-4), a copy/printout of your SilverFlume entity page.
- Authorized Official Signature or upload Certification by Authorized Official form

## Section B: Application Narrative

- Upload Application narrative form in online application, Goals and Objectives include projected number of services to be provided and/or clients to be served.
- Page limits one page per question; Arial 11-point font and one-inch margins are retained

## Section C: Scope of Work

- Appendix B: Description of Services, Scope of Work and Deliverables is completed and uploaded in online application

## Section D: Budget

- Proposed Project Budget completed for each line item
- Budget Narrative (must match the proposed budget) completed and uploaded in online application

## Section E: Agency Self-Assessment

- Complete the Agency Self-Assessment through the Online Form: [https://nvddfs.qualtrics.com/jfe/form/SV\\_0pUs4eTCp2sbhwa](https://nvddfs.qualtrics.com/jfe/form/SV_0pUs4eTCp2sbhwa)

## Section F: Past Performance with DCFS Grant Management Unit

- Most current Single Audit or Financial Opinion to be uploaded in online application

## Application Submission

- Include résumés and copies of licenses of key personnel.
- Completed the online Application form with all required documentation, submit no later than **FRIDAY, MAY 8, 2026, BY 5:00 PM PST**

## APPENDIX A: BUDGET NARRATIVE INSTRUCTIONS

**Budget Narrative Form 1:** For each budget category, provide budget justification. See below for instructions on how to complete the budget narrative form 1.

<b>Applicant Name:</b>						
<b>BUDGET NARRATIVE-SFYXX</b>						
<b>Total Personnel Costs</b>					including fringe	<b>Total:</b>
					\$	-
<b>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</b>						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>		<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>						\$0
<u>Title of position &amp; Position Control Number</u>						
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>		<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>						\$0
<u>Title of position &amp; Position Control Number</u>						
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>		<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>						\$0
<u>Title of position &amp; Position Control Number</u>						
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Months</u>		<u>Amount Requested</u>
<u>Name of Employee (if known, otherwise state new position).</u>						\$0
<u>Title of position &amp; Position Control Number</u>						
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
*Insert new row for each position funded or delete this row.						
<b>Total Fringe Cost</b>					\$	-
<b>Total:</b>					\$	-

### Budget Narrative Instructions

The budget needs to accurately represent the funds necessary to carry out the proposed Scope of Work and to achieve the projected outcomes for the award funding period. The applicants must include a detailed project budget for the first year’s funding cycle, SFY 2027. The awarded agency will submit an updated budget the following year for the second year’s funding cycle, SFY 2028.

*Note: If the proposed project does not receive the full amount requested, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.*

Applicants **must** use the budget template form (Excel file) provided for downloading in the Budget Section of the online application and use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative). Complete a detailed budget for each service category budget tab. This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

For all budget categories, provide total amount requested, item details, and line-item justification.

**Personnel:**

Charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See [2 C.F.R. § 200.430](#).

Identify employees who provide direct services. The following criterion is useful in distinguishing employees from contract staff.

<b>CONTRACTOR</b>	<b>EMPLOYEE</b>
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes workspace & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and employee name, if known. Provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker's compensation). For example:

Program Director:  $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

Intake Specialist:  $(\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840$

Only those staff whose time can be traced directly back to the grant project should be included in this budget category, including those who spend only part of their time on grant activities. Administrative/Executive Staff salaries that are not readily assigned to a project are not allowed.

**Travel/Training:** Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently \$.725), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at [Home | GSA](#).

Identify and justify any training costs specifically associated with the project, including type of training, location, number of staff attending, benefit to subrecipient and Scope of Work implementation of the subaward.

**Operating:** For agencies with multiple funding sources, costs must be consistently allocated as described in the organization's cost allocation plan.

*Occupancy:* Detail costs associated with maintaining a facility including rent, utilities, basic maintenance, etc. Mortgage, construction, remodeling, and repairs to current structures are not allowed.

*Communications:* List the costs of telephones, fax, postage, etc.

*Supplies:* Describe the cost of all consumable items needed for the project such as office supplies, client supplies, etc. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary.

*Other operating costs:* This could include insurance, dues, subscriptions, program costs, and costs not covered in the other categories. Only consumer/service delivery activities are reimbursable.

### **Equipment:**

List and justify equipment to be purchased with for this grant project (all non-consumable items). Equipment under \$10,000 should be included under Operating Costs Supplies. All equipment costing \$10,000 and over must be listed separately and itemized. List any computer hardware to be purchased regardless of the cost. Equipment purchased for this project must be labeled, inventoried, and tracked and remains the property of the Division of Child and Family Services (DCFS). Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed.

### **Contractual/Consultant Services:**

Identify project workers who are not employees of the applicant organization. Any costs associated with these workers, such as travel or per diem, should also be identified in this budget category. Explain the need and/or purpose for the contractual/consultant service and justify these costs. Describe each consultant's scope of work, list rate, hours, and cost. DCFS approval is required prior to the use of subcontractors. Written sub-agreements must be maintained, and the applicant is responsible for administering sub-agreements in accordance with all requirements identified for grants administered under the FAFFY Program. A copy of written agreements must be provided to GMU.

### **Other Expenses:**

This category includes any relevant expenditure associated with the project not covered by the above. Wraparound funds are allowable for such items as rental assistance, transportation, utilities, children's clothing, etc. Programs requesting these funds must adhere to the following requirements: 1) Maximum per family per year = \$2,000; 2) Subgrantees must document that there was an attempt to access all other possible resources prior to use of wraparound funds; 3) Detailed documentation of where these funds were used is required.

### **Indirect Costs:**

Indirect costs may be included in the budget and represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it

performs. Indirect costs include but are not limited to depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project.

Subrecipients without a negotiated indirect rate with their cognizant federal agency may use a 10% *de minimis* rate of "modified total direct costs" (MTDC). The *de minimis* rate is only an option for subrecipients that have **never** received an approved federally negotiated indirect cost rate. The MTDC base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards up to the first \$25,000 of each subaward. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. [2 C.F.R. § 200.68](#)

When the *de minimis* rate is used, costs must be consistently charged as either indirect or direct costs. Double charging is not permitted. Transferring funds into or out of the indirect cost category is not allowable without prior approval and a budget modification is required.

Subrecipients that have a current federally approved indirect cost rate with their federal cognizant agency for indirect costs may include the negotiated percentage rate in their budgets. A copy of the negotiated indirect agreement must be attached to the application.

Organizations planning to use the *de minimis* MTDC indirect rate can identify indirect costs in the narrative section, but do not need to enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 10% of the MTDC.

## **MATCH Budget Summary Form 2**

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 ("DCFS") should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through G of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words "Other Funding" in the cell(s) in Row 6 with the name of the funding source. Enter either "Secured" or "Pending" in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the "Total Agency Budget" in Cell I-26 labeled for this purpose. **This should include all funding available to the agency for all projects including the proposed project.** Cell I-27 directly below, labeled "Percent of Total Budget," will automatically calculate the percentage that the funding requested from the DCFS for the proposed project will represent.

## APPENDIX B: DESCRIPTION OF SERVICES, SCOPE OF WORK AND DELIVERABLES

### Scope of Work – SFY 2027

**SUBRECIPIENT NAME**, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

#### Scope of Work for **SUBRECIPIENT NAME**

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
#	Specify if your target number is duplicated. If yes, explain to what goal, objective, or grant	1. These are specific objectives that need to be made to achieve the Goal. These need to be measurable.	1.1 These are the activities that can or need to be accomplished to achieve the Objectives		1. What documentation do you have to show this objective was accomplished? How will you measure the information to show the objective is being met? 2. Report to the GMU Quarterly Report.
#		2.	2.1		1. 2. Report to the GMU Quarterly Report.
<b>Total Service Numbers to be Reported</b>					<b>#</b>

Goal 2: Describe the secondary goal the program wishes to accomplish with this subaward.					
Target Number	Target Number Duplicated?	Objectives	Activities	Due Date	Documentation Needed for Measurement
		1.	1.1		1. 2. Report to the GMU Quarterly Report.
		2.	2.1		1. 2. Report to the GMU Quarterly Report.
<b>Total Service Numbers to be Reported</b>					

**Note:** This document should not contain any red text when completed.

Note to Preparer: Copy the table to add additional goals as needed. Add rows to the table as necessary to include all objectives for each goal under this subaward. Ensure that activities, target numbers, documentation, and measurements align correctly with their corresponding objective rows.

The Purpose of the Scope of Work (SOW) Table is to provide a clear and concise description of the services that will be provided with this grant funding. This description needs

to contain measurable deliverables so that the Grant Management Unit staff can objectively measure if the program met its goals.

### **Determining the Difference Between Goals, Objectives, Activities**

**Goal:** The object of the agency's ambition or effort; and aim or desired result. This is a very broad statement on what your agency plans to do with this funding. It should establish the big picture and include the target population and what benefits/assistance they will receive.

**Objective:** A concrete, measurable milestone on the way to achieving the goal they relate to.

**Activity:** Things that happen or are being done to accomplish the objective they relate to.

**Documentation:** Material that provides official information or evidence or serves as a record of the activities and objectives will be completed.

### **SOW Best Practices**

The **SOW** is a critical component of your application. It defines how your proposed activities align with FAFY priorities, ensuring measurable outcomes and accountability for service delivery. Below are best practices to guide the completion of your SOW.

#### **1. Align with the Grant Purpose**

Your goals and objectives must clearly connect to FAFY's statutory purposes, including:

- Assisting former Nevada foster youth in transitioning from foster care to self-sufficiency. Strengthening and supporting families to prevent child abuse and neglect.

#### **2. Include Allowable and Fundable Services**

Ensure your proposed services fall within allowable activities, such as:

- Obtaining skills required for daily living, including, without limitation, budgeting and financial management;
- Career exploration;
- Job training;
- Obtaining a vocation, including, without limitation, job placement assistance;
- Obtaining a high school diploma;
- Preparation for post-secondary training and education;
- Prevention of substance abuse;
- Preventative health activities, including, without limitation, abstinence from smoking, nutritional education and prevention of pregnancy;
- Providing personal and emotional support through mentors and interactions with adults;

- Obtaining knowledge concerning resources that are available locally, including, without limitation, human service agencies and facilities that provide medical and mental health services;
- Obtaining interpersonal skills
- Housing assistance and;
- Medical insurance.

### **3. Make Goals Measurable**

Strong goals and objectives should be:

- Specific – What are you aiming to accomplish?
- Quantifiable – How many clients or sessions?
- Time-bound – When will it be completed?
- Achievable – Is it realistic with your staffing and resources?

Examples:

- Serve 40 former Nevada foster youth in obtaining their high-school diploma.
- Deliver 30 stipends for move-in costs like security deposit, first and last month's rent, etc.

### **4. Keep It Attainable**

Set goals that match your agency's staffing, experience, and capacity. Take into account:

- Geographic reach (especially for multi-county proposals).
- Staffing resources.
- Estimated need in your target population.

### **5. Make It Reportable**

Each SOW entry should include clear and trackable **documentation and deliverables**, such as:

- Number of youths served.
- Survey results (if applicable).

Be prepared to report on your progress in **Quarterly Performance Reports**.

## **6. Prioritize Core FAFFY Objectives**

Use your SOW to emphasize:

- Direct service/support to former foster youth to help with their transition to adulthood.

## **7. Collaborate with Community Agencies**

Demonstrate meaningful partnerships with:

- Other service providers.
- Schools and community centers.
- Advocacy groups and coalitions.

This helps avoid service duplication and maximizes community impact.

## **8. Match Your Budget and Narrative**

- FAFFY does not require match.

## **How to Complete the SOW**

**If you are requesting funding for multiple priority categories, each category must have its own set of goals, objectives, and activities.**

1. Replace the red text that says “Subrecipient’s Name” with the name of your agency/organization in the sentence under the document name. Please note that this should be the name listed on your application.

2. Replace the red text that says “Subrecipient Name” with the name of your agency/organization in the “Scope of Work for Subrecipient Name” line of the document. Please note that this should be the name listed on your application.
3. Determine how many goals the program funded with this grant will have. You will need to have one goal statement and table with details for each goal.
  - a. If your program has only one goal, delete the second goal statement table from the template form.
  - b. If your program has more than two goals, copy the goal statement and table and paste it below the second table. Remember to change the numbering. Repeat this until you have the correct number of goals for your program.
4. Type the first goal statement for your program above the first table after where it says, “Goal 1.” See below for more details on the differences between a goal, an objective, and an activity.
5. Determine the target number of the objective(s) you are going to provide to meet your goal. Example below. **Add a new table row for each objective.**
6. Determine the objective(s) that will show how your agency is going to demonstrate that it met its goal and type them in the first column of the table labeled “Objectives”.
  - a. Number each objective in the table.
  - b. Each goal must have at least one objective.
  - c. Objectives need to be specific and measurable. This means that they most likely will have a number in them.
7. Put the target number for each objective in the column labeled “Target Number.”
  - a. These should be numbered to match the number of the objectives that they are connected to.
  - b. Identify if the target number is a duplicated amount. If the target number is duplicated, explain what it is duplicated with.
  - c. Identify what the target number represents (individuals, classes, groups, families).

8. Determine the Activities that the agency/organization will need to complete to accomplish the objective.
  - a. Each objective must have at least one activity.
  - b. Number each activity with the number of the objective that it applies to then point and the number of the activity. Example: If the first objective had three activities, they would be numbered 1.1, 1.2., 1.3, then the second objective had two activities, they would be numbered 2.1, and 2.2.
  
9. Determine the amount of time it will take to accomplish each objective. This can be any period between the start and end date of the grant award period but not exceed the grant award period.
  - a. This is just the end date, not a range and should not be “continuing.”
  - b. These should line up with each objective in the table.
  
10. Determine the specific documentation needed to measure the objectives and activities to show that they were completed. This documentation may be reviewed at the request of the Grant Management Unit.
  - a. The numbering of the documentation should match the objective that the documentation will support.
  - b. Please also include in the GMU Quarterly Reports
  
11. Enter the total number of services that will be assisted by each goal’s objective on the **Total Service Numbers to be Reported** box. This is the amount that will align with your quarterly reporting.

## APPENDIX C: GMU SCORING MATRIX

Accepted applications will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and details are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the NOFO objectives.
- D. Overall ability of the applicant, as determined by the evaluation committee, to successfully provide services in accordance with the FAFFY guidelines.
- E. Applications with an average score lower than 60 may be excluded from further consideration.

Points will be assigned for each item listed as follows:

**80% - 100% of Maximum Points:** Applicant's proposal or capability is superior and exceeds expectations for this criterion.

**60% - 79% of Maximum Points:** Applicant's proposal or capability is satisfactory and meets expectations for this criterion.

**40% - 59% of Maximum Points:** Applicant's proposal or capability is unsatisfactory and contains numerous deficiencies.

**0 – 39% of Maximum Points:** Applicant's proposal or capability is not acceptable or applicable for the FAFFY grant project.

The maximum points to be awarded for each proposal section are as follows:

Proposal Component	Potential Maximum Score
A. Application	No score
B. Project Narrative	80
C. Scope of Work	15
D. Budget	20
E. Agency Self-Assessment	0
F. Past Compliance	55
Total	<b>170</b>

## APPENDIX D: AGENCY SELF-ASSESSMENT

Complete the Agency Self-Assessment through the Online Form:

[https://nvdcfs.qualtrics.com/jfe/form/SV\\_0pUs4eTCp2sbhwa](https://nvdcfs.qualtrics.com/jfe/form/SV_0pUs4eTCp2sbhwa)

## APPENDIX E: NOTICE OF SUBAWARD (NOSA)

### NOTICE OF SUBAWARD

<b>Program Name:</b> Fund to Assist Former Foster Youth (FAFFY) DCFS Grants Management Unit DCFSGrants@state.nv.us		<b>Subrecipient's Name:</b>	
<b>Address:</b> 4126 Technology Way, 3 <sup>rd</sup> Floor Carson City, NV 89706-2009		<b>Address:</b>	
<b>Subaward Period:</b> July 1, 2020 through June 30, 2021		<b>Subrecipient's:</b> EIN: _____ Vendor #: _____ Dun & Bradstreet: _____	
<b>Purpose of Award:</b> Promote self-sufficiency by assisting youth with life skills.			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties:			
<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	\$0.00	Total Obligated by this Action: \$	
2. Travel/Training	\$0.00	Cumulative Prior Awards this Budget Period: \$	
3. Operating	\$0.00	Total Federal Funds Awarded to Date: \$	
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action: \$	
6. Other	\$0.00	Amount Required Prior Awards: \$	
<b>TOTAL DIRECT COSTS</b>	<b>\$0.00</b>	Total Match Amount Required: \$	
7. Indirect Costs	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>	<b>Federal Budget Period:</b> N/A	
		<b>Federal Project Period:</b> N/A	
<b>FOR AGENCY USE, ONLY</b>			
Source of Funds Account to Assist Persons Formerly in Foster Care	% Funds: 100	CFDA: N/A	FAIN: N/A
		Federal Grant #: N/A	Federal Grant Award Date by Federal Agency: N/A
Agency Approved Indirect Rate: 0.00%		Subrecipient Approved Indirect Rate: N/A	
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>1. This award is subject to the availability of appropriate funds.</li> <li>2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.</li> <li>3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.</li> <li>4. Subrecipient must comply with all applicable Federal regulations.</li> <li>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.</li> <li>6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.</li> </ol>			
<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;		Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Confidentiality Addendum	
Authorized Subrecipient Official's Name and Title		Signature	Date
Grants and Projects Analyst II			
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.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

#### Grant Assurances

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

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

1. No funding associated with this grant will be used for lobbying.
2. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
3. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
4. 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.
5. An organization receiving grant funds through the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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

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

\*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Subrecipient's name, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

**Scope of Work for Subrecipient**

**Goal 1:** Describe the primary goal the program wishes to accomplish with this subaward.

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1.	1.	XX/XX/XX	1.
2. Add more lines if necessary	a. 2.	XX/XX/XX	2.

**Goal 2:** Describe the most important secondary goal the program wishes to accomplish with this subaward.

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1.	1.	XX/XX/XX	1.

\*Note to preparer: Add lines to the table as applicable to accomplish all that goals of the subaward. Line up activities, due dates and documentation as best as possible for easier analysis.

Note: This document should not contain any red text when completed.

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

**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 Department of Health and Human Services through Grant Number 2001NVFPSS from Title IV-B, Subpart 2 of the Social Security Act. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the State of Nevada.

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 2001NVFPSS from Title IV-B, Subpart 2 of the Social Security Act

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE-SFY20**

<b>Total Personnel Costs</b>	including fringe		<b>Total:</b>		<b>\$</b>	
<b>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</b>						
<u>Name of Employee (if known, otherwise state new position), Title of position &amp; Position Control Number</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount</u>
	\$0.00	0.000%	0.000%	12	100.00%	
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
	\$0.00	0.000%	0.000%	12	100.00%	
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
	\$0.00	0.000%	0.000%	12	100.00%	
*Insert details to describe position duties as it relates to the funding (specific program objectives)						
	\$0.00	0.000%	0.000%	12	100.00%	
*Insert details to describe position duties as it relates to the funding (specific program objectives)						

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees to:**

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

**The Department agrees to:**

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

**Both parties understand:**

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

**Financial Reporting Requirements**

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

**SECTION D**  
Request for Reimbursement

<b>Program Name:</b>	<b>Subrecipient Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Subaward Period:</b>	<b>Subrecipient's:</b> EIN: Vendor #:

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

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	-

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$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.

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Authorized Signature	Title	Date
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**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.

**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.

**SECTION G**

**Confidentiality Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

Hereinafter referred to as "Department"

and

**Subrecipient's Name**

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.
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.

1. **Appropriate Safeguards.** Subrecipient will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
2. **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.
3. **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.**