



State of Nevada

Department of Human Services

Division of Child and Family Services

Grants Management Unit

Community Based Child Abuse Prevention (CBCAP) and Children's Trust Fund (CTF)

Notice of Funding Opportunity

CBCAP/CTF State Fiscal Year 2027

Note: This document is available online at: <https://nevadaepro.com/>

Please submit your application: https://nvddfs.qualtrics.com/jfe/form/SV_bx3CEzErlvBilvw

Award Information:

Total Amount to be Awarded: \$400,000.00

Performance Period: July 1, 2026, through June 30, 2027

Deadline to Submit Application: March 20, 2026, at 5:00 PM PST

Section I: Opportunity Summary

Opportunity Summary

Community-Based Child Abuse Prevention (CBCAP)¹ programs, which are authorized as part of the Child Abuse Prevention and Treatment Act (CAPTA)², have a rich history of promoting efforts to support families and prevent child maltreatment. The law emphasizes support for community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs and activities to prevent child abuse and neglect.

This aligns with the focus of the Children’s Bureau (CB), which oversees the implementation of CBCAP programs and has prioritized efforts to support families before any child is harmed. Recognizing individual child abuse and neglect prevention programs cannot do this work alone, CB has made a call to action to the child welfare field to implement primary prevention strategies to strengthen families and prevent the unnecessary removal of children from their homes. CBCAP grantees are in a unique position of leadership in this effort, as CAPTA further promotes state led agencies to develop networks of coordinated resources and activities and leverage funding streams to effectively strengthen and support families and reduce the likelihood of child abuse and neglect.

CAPTA also stresses the importance of identifying parent leaders and involving parents, including members from underrepresented and underserved groups, in the planning, implementation, and improvement of community-based child abuse prevention programs.

The Children's Trust Fund (CTF)³ is dedicated to the prevention of child abuse and neglect. It was established in 1985 by the State Legislature ([NRS 432.131](#)) and is administered by the Division of Child and Family Services Grant Management Unit (GMU). The CTF is a special account that receives fees from Nevada birth and death certificates. To supplement the Fund, the GMU submits an annual application for federal Community-Based Child Abuse Prevention (CBCAP) grant funds, established by Title II of the Child Abuse Prevention and Treatment Act Amendments of 1996 and most recently reauthorized by the CAPTA Reauthorization Act of 2010.

DCFS’ GMU is publishing a Notice of Funding Opportunity (NOFO) for State Fiscal Year 2027 for **primary and secondary prevention programs for child abuse and neglect funded through both CBCAP and CTF**.

¹ [PUBL320.PS](#)

² [PUBL111-320](#)

³ [NRS 432.131](#)

FUNDING DETAILS SUMMARY:

Funds are awarded on a State Fiscal Year (SFY) basis (12-month period) and are dependent upon availability of federal or state funding, compliance with grant requirements and proposed activities outlined in the Scope of Work (SOW). New and current subrecipients are encouraged to propose projects that reach populations throughout geographical regions in the State of Nevada.

- **Total Available Funding:** \$4000,000
- **Funding Performance Period:** July 1, 2026, through June 30, 2027.
- **Award Guarantees:** Current subrecipients are **not guaranteed** funding in SFY 27, and awards granted through this NOFO do not ensure future funding.
- **Match Funds:** This funding opportunity **does not require** match funds.

Funding Guidelines

OVERVIEW

Community-Based Child Abuse Prevention Requirements

Applications must address one or more of the following purposes:

Section 201(b) of the CBCAP Act provides that funds made available to states under the CBCAP program must be used for the following purposes:

- 1) Developing, operating, expanding, and enhancing community-based, and prevention focused programs and activities designed to strengthen and support families to prevent child abuse and neglect that are accessible, effective, and culturally appropriate, and build upon existing strengths that:
 - a. Offer assistance to families;
 - b. Provide early, comprehensive support for parents;
 - c. Promote the development of parenting skills, especially in young parents and parents with very young children;
 - d. Increase family stability;
 - e. Improve family access to other formal and informal resources and opportunities for assistance available within communities, including access to such resources and opportunities for unaccompanied homeless youth;
 - f. Support the additional needs of families with children with disabilities through respite care and other services;

The Grants Management Advisory Committee (GMAC)⁴ focuses on funding programs that provide parenting education, self-protection education for children, respite care, home visitation, and public awareness of child abuse and neglect.

CTF funded programs that address child abuse and neglect prevention or provide respite to the primary caregiver of children with disabilities are required to incorporate the Six Protective Factors in their programs and activities.

CBCAP and CTF Intended Outcomes:

CBCAP programs aim to achieve a variety of outcomes, including:

- Increased knowledge of parenting skills: Participants gain knowledge and skills to better care for their children.
- Access to support services: Families have access to resources and support within their communities.
- Implementation fidelity: Programs are implemented as intended, ensuring effectiveness.
- Cultural competence: Programs are culturally sensitive and responsive to the needs of diverse populations.
- Parental empowerment and development: Parents are empowered to be active participants in their children's lives.
- Improvements in children's behavior: Children benefit from positive parenting practices and increased support.
- Reduced risk/incidence of child abuse and neglect: The long-term goal is to reduce the number of children who experience abuse and neglect.

ALLOWABLE ACTIVITIES

Community-Based Child Abuse Prevention Purposes as identified in CAPTA are:⁵

- 1) To support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
- 2) To foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

⁴ [NRS 232.383](#)

⁵ [PUBL320.PS](#)

Children's Trust Fund Purposes are: ⁶

As the state's prevention of child abuse and neglect program CTF's purpose is aligned with CBCAPs in an effort to unite forces to prevent child abuse and maltreatment in our state and to meet performance measures.

Primary Prevention

Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect. Primary prevention services include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary prevention can be difficult to measure because you are attempting to impact something before it happens, an unknown variable.

Secondary Prevention

Secondary prevention consists of activities targeted to families that have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low-income families. Secondary prevention services include services such as, parent education classes targeted for high-risk parents, respite care for parents of a child with a disability, or home visiting programs for new parents.

Allowable Services ⁷

DCFS will authorize and approve activities and services that prevent child abuse and neglect of children that are focused on the following:

- Offering comprehensive support for parents and parents with disabilities.
- Services promoting the development of parenting skills while providing and improving the access to formal and informal resources:
 - Family Centered Case Management
 - Parenting Education
 - Mental Health Services and Support
 - Home Visiting programs for new parents
 - Respite Care
 - Behavior Management
 - Substance Abuse Treatment Services
 - Peer Support
 - Domestic Violence Service programs for children and their non-abusing caregivers.
- Provide referrals for early health and development services,

⁶ [NRS 432.131](#)

⁷ [PUBL320.PS](#)

- Promote meaningful parent leadership:
 - Participating with PCAN as they are leading a Nevada parent leadership project.
- Promote self-protection education for children:
 - Self-Protection Education for Children **(CTF ONLY)**
- Public Awareness of Child Abuse and Neglect

POPULATIONS TO BE SERVED

- Adult former victims of child abuse and neglect or domestic violence
- Fathers
- Homeless families and those at risk of homelessness
- LGBTQIA+ Families
- Members of underserved or underrepresented groups
- Parents (all, new, teens, etc.)
- Parents and/or children with disabilities
- Racial and ethnic minorities
- Unaccompanied homeless youth

APPLICANT ELIGIBILITY

The following types of organizations are eligible to apply for CBCAP and CTF funding:

- Community-based organizations
- School districts
- Tribal governments
- Local government agencies.

FUNDING ALLOCATION AND DISTRIBUTION

DCFS has determined that CBCAP and CTF prevention funding will be distributed based on target population, region, and authorized activities. Funding preferences will be given to the program’s priority populations. Funds are awarded on a SFY basis through a NOFO process and are dependent upon availability of funding and meeting with the Program Requirements.

New and current subrecipients are encouraged to propose projects that are innovative and far reaching as we strive to reach underserved populations and geographical regions throughout the State of Nevada. Funding will be distributed to support multiple projects which further the funding priorities of DCFS. There is no guarantee that any application will be approved and DCFS has discretion to restrict amounts awarded based on available funds and the number of applications received.

DCFS GMU staff will determine the funding source (either CBCAP or CTF) of the successful applications. CTF funding is subject to revision based upon actual revenue received. DCFS will keep programs informed on collected revenue and adjustments will be made in a timely manner to minimize program impact.

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 contained in this Notice of Funding Opportunity (NOFO).

Funding decisions will be made based on application scores and the mix of proposed services. 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. Funding decisions made by the DCFS Administrator or designee are final.

FUNDING REQUIREMENTS ⁸

- A. **Confidentiality:** Applicants will be required to maintain the confidentiality of any information that would identify persons 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.
- B. **Coordination with Other Systems:** As a child abuse prevention program, all successful subrecipients are required participate in the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services. Successful applicants agree to collaborate with the agency, Prevent Child Abuse Nevada.
- C. **Evidence-Based and Evidence-Informed programs:** Programs and practices recognized as evidence-based have demonstrated the highest level of evidence of effectiveness based on a set of evaluation or research criteria. Every funded program should:
 - Be based on a logic model
 - Have a written manual or protocol
 - Be generally accepted
 - Shown to do no harm

⁸

- Demonstrate a commitment to ongoing evaluation and the establishment of a process for continuous quality improvement
- D. **Parent Leadership and Involvement:** Parents are central to family support models and should be encouraged to develop to their potential. Parent support, education, and leadership work together to help them develop the skills to do just that. By fostering parents in the role of experts and leaders, families benefit from improved self-worth and act as better advocates for their needs. In contrast, programs benefit from being more responsive and accountable to the families they serve.
- E. **Organization Required Training:** Data Management is an online course offered by FRIENDS ([Friends NRC](#)) through their Online Learning Center as a resource designed to meet the demands of providing high quality, subject-specific training for free. GMU requires that all successful subrecipients comply with this course within the first six months of the project year. To access the course visit [FRIENDS Online Learning Center](#).
- F. **Required Staff Training:** Subrecipients who receive an award will be required to have their direct services staff satisfactorily complete the following two trainings (Training dates will be provided by the GMU).
- Cultural Awareness and
 - Trauma Informed Trainings
- G. **Protective Factors Survey, 2nd Edition (PFS-2):** Successful applicants will be required to use the Protective Factors Survey. The Protective Factors Survey (PFS) is designed for use with parents and caregivers participating in family support and child maltreatment prevention services. By implementing that all subrecipients use and report the data captured by the PFS will provide us with information that will help us improve our services and our prevention efforts. The goal is to capture the following data:
- Provide agencies with a snapshot of the families they serve
 - Measure changes in family protective factors, and
 - Help identify areas where staff can focus on increasing protective factors for each family.
- H. **Prevent Child Abuse Nevada (PCAN):** All successful applicants will be required to participate with PCAN's training opportunities, planning activities for April's Child Abuse Prevention Month, and prevention meetings.

QUESTION AND ANSWER SESSION

A Question-and-Answer session will begin the first day of the NOFO release and will continue until Friday, April 18, 2026, at 5pm. All questions and answers will be posted on the DCFS website at <http://dcfs.nv.gov/Programs/GMU/GMU/> by Monday, April 21, 2026. To submit your questions please e-mail to DCFS GMU at dcfsgrants@dcfs.nv.gov.



Section II: Application Process

Award Overview Timeline (Tentative)

Event	Date/Time
Grant opportunity announced	February 20, 2026
Questions and Answers posted to DCFS GMU webpage	March 2, 2026
Deadline for submission	Friday, March 20, 2026, by 5pm
Evaluation period (approximate time frame)	May-June 2026
Announcement of awards	Mid-June 2026
Performance Period	July 1, 2026, through June 30, 2027

Application Review

DCFS GMU staff along with application review panel members will review and evaluate each application based upon the GMU Scoring Matrix (See Appendix C). The evaluation of applications received in response to this NOFO will be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be used to maximize the objectivity of the evaluation. The review process will include a technical review of applicant information, project narrative, program evaluation, cost effectiveness, project sustainability, scope of work, staff qualifications, collaboration and budget narrative.

The review panel members will be comprised of individuals with experience and knowledge of grant management or responsibility for program service and financing. GMU will gather the review panel's funding suggestion to submit to the DHHS Director for final funding decision based on the following:

- Review panel scores.
- Program's priority funding populations.
- Geographic distribution of the proposed grant awards.
- Conflicts or redundancy with other funded programs.
- Supplanting of existing funding.

Evaluation Process

Applications received by the published deadline of **5:00 pm PST Friday, March 20th, 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).
- DCFS staff will reach out to applicants for clarification on missing attachments that cannot be opened, or any other application issues.
- If the applicant does not respond within 3 business days, the application may be disqualified.

STEP 2: Application Review

- A. Each application that passes the technical review will be evaluated for content and scored by at least two review panel members using the Scoring Matrix (See Appendix C).
- B. During the review process, staff will identify strengths and weaknesses and may recommend that if the application is funded:
 - 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. Decisions will be based on the review panel and the DCFS's recommendations.

STEP 3: Final Decisions

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

Final funding decisions will be made by the DCFS Administrator, or designee based on the identified factors listed under the Application Review section.

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

Notification and Awarding Process

Applicants will be notified of their status with a Letter of Intent after decisions have been made in June 2025. Subrecipients will have 15 days from the date the Letter of Intent is sent to respond.

GMU staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the GMU or review panel. All related issues must be resolved before a grant will be 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., certain fiscal controls, more stringent performance requirements or more frequent 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.

Post Award Requirements

A. Monthly Financial Status and Request for Reimbursement Reports Filing ⁹

DCFS requires the use of a standardized Excel spreadsheet workbook 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. The monthly reports are due on the 15th of the month for the previous month. GMU staff will provide instructions and technical assistance upon the grant award. **Note: A signed GIRs is required before Request for Funds can be approved.**

Failure to submit timely quarterly report 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 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.

⁹ [2 CFR 200.328](#)

- 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.
- Examples of items that may support salaries and wages 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 employee's actual work performed.

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

B. Subrecipient Monitoring ¹⁰

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and to gather information reportable by DCFS to federal or state agencies. 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.

¹⁰ [2 CFR 200.332](#)

C. Quarterly Performance Reports ¹¹

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 link for subrecipients to document their performance measures. Subrecipients will be required to provide source documentation that corresponds to the data reported.

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

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

D. Compliance with Changes to Federal and State Laws ¹²

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.

E. Nevada 2-1-1 ¹³

Per the Grant Instructions and Requirement, all successful applicants will be required to add or update their agency's profile on Nevada's 2-1-1 website located at www.nevada211.org within sixty (60) days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs.

¹¹ [2 CFR 200.332](#)

¹² [2 CFR 200.300\(a\)](#)

¹³ [Grant Instructions and Requirements](#)

F. Programmatic ¹⁴ and Financial ¹⁵ Standards

All successful applicants must adhere to the **Grant Instructions and Requirements (GIRS)** and follow best practices in **financial management, program oversight, and reporting** to ensure the **effective and compliant use of funding**. Agencies are expected to:

- **Maintain financial integrity** by ensuring all expenditures align with the approved budget.
- **Submit accurate and timely Requests for Reimbursement (RFRs)** with minimal discrepancies, ensuring that all requested reimbursements are for **allowable and budgeted costs**.
- **Ensure programmatic compliance** by actively cooperating with DCFS in all aspects of grant oversight, including:
 - **Adherence to SOP/SOW** – Operating in accordance with their **Standard Operating Procedures (SOPs)** and **Scope of Work (SOW)** as outlined in their grant application.
 - **Participation in subrecipient monitoring** – Engaging in ongoing technical support and compliance reviews conducted by DCFS.
 - **Quarterly reporting** – Submitting program performance reports through an online reporting form as required. Submitted reports must only contain data specifically for this funding opportunity, data that is duplicated from other funding sources are not to be included.
 - Failure to submit timely quarterly report will result in the withholding of requests for reimbursement.

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 requirements** risk funding adjustments (up to funding recission), 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 the DCFS GMU at dcfsgrants@dcfs.nv.gov

¹⁴ [2 CFR 200.303](#)

¹⁵ [2 CFR 200.302](#)

Section III: Application Instructions

Application Instructions

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

To apply, click here: https://nvdcfs.qualtrics.com/jfe/form/SV_bx3CEzErlvBilvw

The **application deadline is March 20th at 5:00 PM PST**. The online application form will **not accept submissions after that deadline**.

Late and/or incomplete applications will not be scored or considered for funding. The total possible score for the entire application is 175 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.

Section A – Application Form (5 Points) Must be Completed

- Complete the Application Form
- Sign the form.

Section B – Proposal Narrative (120 Points)

- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins. Responses for each question cannot exceed the character limits on the online application form.
- **Note:** Responses must specifically be 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.**

Overview	
Maximum Possible Points	Instructions
10	<p>1) Introduce the applicant organization, its mission statement, and its role in providing services, including any subcontractor(s) as necessary.</p> <ul style="list-style-type: none"> • Outline your service area. • Describe the number of years that your organization has served in your area. • Outline your service numbers for Child abuse and neglect prevention services for the past 2 years. (If Applicable) • If you were a recipient of this funding the year before, please describe the following: <ul style="list-style-type: none"> ○ Services Provided ○ Target Population Served ○ Recruitment strategies

Statement of Need and Target Population	
Maximum Possible Points	Instructions
15	<p>1) How does your organization assess or identify the need for Child Abuse and Neglect Prevention in your area?</p> <ul style="list-style-type: none"> • Are you using assessments, surveys, policies, or community data? <p>2) Establish the degree of need of Child Abuse and Neglect Prevention services within your geographic area. (please explain how you identify the number of serviced recipients)</p> <ul style="list-style-type: none"> • Describe the target population and the geographic area served by your project/program (including demographic characteristics, risk factors, geographic location, statistics, etc.)

Services Proposed	
Maximum Possible Points	Instructions
40	<p>The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.</p> <ol style="list-style-type: none"> 1) Give a brief summary of the proposed project for this funding opportunity (explain proposed project for each county if your agency services multiple counties) 2) What are your organizations recruitment techniques for recruiting participants to your programs? (Parenting programs, public education activities, family support programs, etc.) 3) Describe your agency’s approach to direct service delivery and how it meets the needs of the client for this funding opportunity. 4) Identify how clients will be referred to your agency. 5) How will your agency ensure that services are provided to the primary or secondary prevention population (i.e. children and families with no involvement in the Child Welfare system)? 6) If you are proposing services in multiple counties, please explain how your agency is organized to service multiple counties? (Offices in different counties, staff drive to counties to provide services etc.)

Evidence-Based Programs/Practices	
Maximum Possible Points	Instructions
0	<p>Evidence-Based Programs/Practices (EBPs) are required and strongly encouraged by The Children’s Bureau whenever possible. Agencies will not lose points for not having EBPs. If your agency provides EBP services, provide the following:</p> <ol style="list-style-type: none"> 1) Provide information on evidence-based curriculum that is being used. Include the name of the curriculum and the level of priority for the curriculum (well supported, supported, promising programs and practices, emerging and evidence informed programs and practices, etc.) 2) Is your proposed project Evidence base? <ul style="list-style-type: none"> • Yes, Provide name: _____ • No 3) Did your agency include verification of evidence base by checking the evidence base crosswalk? <ul style="list-style-type: none"> • Yes • No If you answered No, please explain 4) If the proposed services are evidence base curriculum, please provide us with the program information. 5) If your organization is serving multiple counites and different curriculums are being offered, please specify what you are offering for each county. <ul style="list-style-type: none"> • Are they evidence-based/evidence-informed: Yes, No • Name of the evidence-based/evidence-informed program • What is the evidence-based level as outlined in the crosswalk?

Availability and Accessibility of Services	
Maximum Possible Points	Instructions
20	<ol style="list-style-type: none"> 1) Explain how your agency will ensure that services are accessible to all populations, how the needs of your clients will be assessed, and how services will be individualized for this funding opportunity. 2) Detail the availability of services within the organization’s geographic area. 3) Identify and list other organizations providing similar services and describe why duplication of services is warranted. 4) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

Goals, Objectives and Timelines	
Maximum Possible Points	Instructions
15	<ol style="list-style-type: none"> 1) Describe the organization’s goals and objectives for SFY 2027 to meet the geographic area’s needs. 2) Provide the projected number of services that will be provided, in clients served and services provided with these grant funds. Note that these projections must match the Scope of Work and Budget Narrative and must only be for this funding opportunity. 3) If your agency is requesting funding for more than one priority category (Child Abuse, Sexual Assault, Domestic Violence, and/or Previously Underserved). Please list the projected number of services for each category separately, that will be provided, in clients served and services provided with these grant funds. <ul style="list-style-type: none"> • Number of trainings/activities with the anticipated number of participants/activities/trainings that will be provided with these grant funds. Include anticipated dates for completion. • These projections must match the Scope of Work and Budget Narrative. 4) Complete SOW as detailed in Appendix B: Descriptions of Services, Scope of Work and Deliverables. If you are requesting funding for multiple priority categories, each category must have its own set of goals, objectives, and activities.

Methods of Accomplishment	
Maximum Possible Points	Instructions
10	<ol style="list-style-type: none"> 1) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved for this funding opportunity. 2) How does your organization measure success? What measurements will be used to report on the proposed project’s success. (Evaluation tools, survey results, assessments, needs assessments, strategic plans, data collection results and methods, etc.)

Community Coordination/Collaboration	
Maximum Possible Points	Instructions
10	<ol style="list-style-type: none"> 1) Provide a brief description of your collaboration and collaborative efforts with other victim service providers and other community services. 2) If you do not currently collaborate with other victim service providers, please identify which ones, and explain why not.

Section C – Services Quality Narrative (15 Points)

- Services Quality Narrative should not exceed the character limits of the Online Application Form.
- This section should detail activities in regard to direct services quality as it relates to **this funding opportunity**.
 - **If your organization does not offer direct services**, outline why you don't offer direct services. If you contract out direct services to another organization, please respond to the question below using that organization's information.

Direct Services Quality Narrative
Instructions
<ol style="list-style-type: none"> 1) Please provide a description of your direct services (e.g., counseling, advocacy, case management), including service locations, populations served, and any relevant information about your approach. 2) Describe how your organization maintains the quality of direct services. 3) Identify and detail the steps that your organization takes to handle complaints. 4) Identify and detail how your organization ensures client satisfaction on services provided. 5) Identify, outline, and detail the minimum standards that the organization adheres to, including how services are provided, the procedures followed, and any relevant protocols.

Scoring Rubric

Score	Criteria	Details
5	Lacks detail or clear processes	<ul style="list-style-type: none"> Narrative is vague or incomplete. No clear explanation of how quality is maintained. Little or no mention of steps to address complaints.
10	Adequate but not comprehensive	<ul style="list-style-type: none"> Narrative provides some detail but lacks depth. Quality assurance steps are mentioned but not thoroughly explained. Complaint process described minimally.
15	Detailed, well-structured, and demonstrates proactive quality assurance	<ul style="list-style-type: none"> Comprehensive and clear narrative. Specific steps for maintaining high-quality services or shelter conditions are outlined. Detailed process for addressing complaints. Proactive measures, such as staff training and regular quality reviews, are included.

Section D – Scope of Work (15 Points)

- Complete the Scope of Work (SOW), which is part of the Application form.
- See instructions on completing the SOW Table in Appendix C

Section E – Budget (20 Points)

Use Arial 11-point font on single-spaced pages with one-inch margins.

See Appendix A: Narrative Budget Instructions

Proposed Project Budget	
Maximum Possible Points	Instructions
5	<ul style="list-style-type: none"> Use the provided table and designate a whole dollar amount for the (7) 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.

Budget Narrative	
Maximum Possible Points	Instructions
10	<ul style="list-style-type: none"> • Include a detailed description of the project budget for the grant funding requested. • The budget should be an accurate representation of the funds necessary to carry out the proposed Scope of Work and achieve the projected outcomes. • The Budget Narrative should align with the Narrative’s Goals, Objectives and Outcomes to be achieved.

Budget Narrative	
Maximum Possible Points	Instructions
5	<ul style="list-style-type: none"> • Include a your agency’s most current Financial Audit.

Overview of 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.

- a. 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.
 - a. 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

Community Based Child Abuse Prevention (CBCAP) and Children's Trust Fund (CTF) NOFO for State Fiscal Year 2027

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 part 35.
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 \$150,000.00 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 \$1,000,000.00 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.
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:

Community Based Child Abuse Prevention (CBCAP) and Children’s Trust Fund (CTF) NOFO for State Fiscal Year 2027

- a. 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.
- b. 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.
- c. Any attempt to influence:
 - i. The introduction or formulation of federal, state or local legislation; or
 - ii. 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.
- d. 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.
- e. Any attempt to influence:
 - i. The introduction or formulation of federal, state or local legislation;
 - ii. The enactment or modification of any pending federal, state or local legislation; or
 - iii. 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.
- f. 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.

Annual Agency Self-Assessment

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 (SFY 2027), 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 through the Online Form:
https://nvdcfs.qualtrics.com/jfe/form/SV_0pUs4eTCp2sbhwa

Submission Instructions

- **The grant application deadline is 5:00 pm on Friday, March 20, 2026.**
- All applications must be submitted through the online application form. There will be no paper applications accepted, and applicants should not submit their application via email.
- The online system will automatically close at the deadline, and no submissions will be accepted after 5:00 PM on March 20, 2026.
- If you need to provide an update or clarification after submitting your application, you may email the Grants Management Unit (GMU) at dcfsgrants@dcfs.nv.gov. Please include the NOFO title in the subject line (e.g., "CBCAP-CTF Program NOFO Update from [Name of Applicant]").
- Once your application is submitted through the online system, no changes or corrections can be made until the negotiation period, if applicable.
- You will receive an on-screen confirmation through the **online application form** once your submission has been successfully received. If you would like additional confirmation, you may also email **Yadira Montes-Santoyo** at yadiramsantoyo@dcfs.nv.gov to verify receipt 3 days after application submission.

Contact Information

Contact Name	Email	Web Address / Phone Number
DCFS GMU	dcfsgrants@dcfs.nv.gov	https://dcfs.nv.gov/Programs/GMU/GMU/
Yadira Montes-Santoyo	yadiramsantoyo@dcfs.nv.gov	(775) 684-4462

Application Checklist

Complete this checklist prior to submitting the Online Application Submission Form.

Section A: Application Form

- All boxes checked to indicate current and accurate responses.
- All fields are completed according to instructions.
- Application and Certification signed by organization's authorized official.

Section B: Proposal Narrative

- Organization Information
- Project Summary and Abstract
- Target Population and Statement of Need
- Goals, Objectives and Timelines.
- Include copy of completed Scope of Work and Deliverables
- Completed Quarterly Report from previous year, if the organization received CBCAP or CTF funds prior
- Character limits are not exceeded; Arial 11-point font and one-inch margins are retained

Section C: Services Quality Narrative

- Completed Quality Narrative
- Character limits have not been exceeded

Section D: Scope of Work

- Completed Scope of Work
- Uploaded Scope of Work on the Online Application Form

Section E: Budget

- Proposed Project Budget completed for each line item.
- Budget Narrative (must match the proposed budget) completed
- Uploaded Budget Narrative Form on the Online Application Form.
- Uploaded a copy of your agency's financial audit report.

Application Submission/Attachments on the Online Application Form

- Uploaded resumes and copies of licenses of key personnel (including subcontractors)
- Uploaded a copy of the negotiated indirect agreement (if applicable)
- If not previously submitted for SFY 2027, a completed Agency Self-Assessment Online Form

Application Submission

- Completed the Online Application Form with all required documentation no later than Friday, March 20, 2026, by 5:00 p.m. PST

Section B: Proposal Narrative

Application Narrative (120 Points)

- The application narrative should be formatted in Arial 11-point font on single-spaced pages with one-inch margins. Responses for each question cannot exceed the character limits on the online application form.
- **Note:** Responses must specifically be 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.**

Overview
Instructions
<p>Introduce the applicant organization, its mission statement, and its role in providing services, including any subcontractor(s) as necessary.</p> <ul style="list-style-type: none">• Outline your service area.• Describe the number of years that your organization has served in your area.• Outline your service numbers for Child abuse and neglect prevention services for the past 2 years. (If Applicable)• If you were a recipient of this funding the year before, please describe the following:<ul style="list-style-type: none">○ Services Provided○ Target Population Served○ Recruitment strategies

Statement of Need and Target Population
Instructions
<p>1) How does your organization assess or identify the need for Child Abuse and Neglect Prevention in your area?</p> <ul style="list-style-type: none">• Are you using assessments, surveys, policies, or community data? <p>2) Establish the degree of need of Child Abuse and Neglect Prevention services within your geographic area. (please explain how you identify the number of serviced recipients)</p> <ul style="list-style-type: none">• Describe the target population and the geographic area served by your project/program (including demographic characteristics, risk factors, geographic location, statistics, etc.)

Service Proposed

Instructions

The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy.

- 1) Give a brief summary of the proposed project for this funding opportunity (explain proposed project for each county if your agency services multiple counties)
- 2) What are your organizations recruitment techniques for recruiting participants to your programs? (Parenting programs, public education activities, family support programs, etc.)
- 3) Describe your agency's approach to direct service delivery and how it meets the needs of the client for this funding opportunity.
- 4) Identify how clients will be referred to your agency.
- 5) How will your agency ensure that services are provided to the primary or secondary prevention population (i.e. children and families with no involvement with the Child Welfare system)?
- 6) If you are proposing services in multiple counties, please explain how your agency is organized to service multiple counties? (Offices in different counties, staff drive to counties to provide services etc.)

Evidence-Based Programs/Practices

Instructions

Evidence-Based Programs/Practices (EBPs) are required and strongly encouraged by The Children's Bureau whenever possible. Agencies will not lose points for not having EBPs. If your agency provides EBP services, provide the following:

- 1) Provide information on evidence-based curriculum that is being used. Include the name of the curriculum and the level of priority for the curriculum (well supported, supported, promising programs and practices, emerging and evidence informed programs and practices, etc.)
- 2) Is your proposed project Evidence base?
 - Yes, Provide name: _____
 - No
- 3) Did your agency include verification of evidence base by checking the evidence base crosswalk?
 - Yes
 - No If you answered No, please explain
- 4) If the proposed services are evidence base curriculum, please provide us with the program information.
- 5) Does your project include an evidence-based program? If your organization is serving multiple counties and different curriculums are being offered, please specify what you are offering for each county.
 - Are they evidence-based/evidence-informed: Yes, No
 - Name of the evidence-based/evidence-informed program
 - What is the evidence-based level as outlined in the crosswalk?

Availability and Accessibility of Services

Instructions

- 1) Explain how your agency will ensure that services are accessible to all populations, how the needs of your clients will be assessed, and how services will be individualized **for this funding opportunity**.
- 2) Detail the availability of services within the organization's geographic area.
- 3) Identify and list other organizations providing similar services and describe why duplication of services is warranted.
- 4) Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

Goals, Objectives and Timelines

Instructions

- 1) Describe the organization's goals and objectives **for SFY 2027** to meet the geographic area's needs.
- 2) Provide the projected number of services that will be provided, in clients served and services provided with these grant funds. Note that these projections must match the Scope of Work and Budget Narrative and must only be **for this funding opportunity**.
 - If your agency is requesting funding for more than one priority category (Parents, Racial and ethnic minorities, Fathers, LGBTQIA+ Families, Members of underserved or underrepresented groups, Homeless families and those at risk of homelessness, Unaccompanied homeless youth, Adult former victims of child abuse and neglect or domestic violence). Please list the projected number of services for each category separately, that will be provided, in clients served and services provided with these grant funds.
 - Number of trainings/activities with the anticipated number of participants/activities/trainings that will be provided with these grant funds. Include anticipated dates for completion.
 - **These projections must match the Scope of Work and Budget Narrative.**
- 3) Complete SOW as detailed in Appendix B: Descriptions of Services, Scope of Work and Deliverables. **If you are requesting funding for multiple priority categories and/or offering services in multiple counties, then each category and county must have its own set of goals, objectives, and activities.**

Methods of Accomplishment

Instructions

- 1) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved **for this funding opportunity**.
- 2) How does your organization measure success? What measurements will be used to report on the proposed project's success. (Evaluation tools, survey results, assessments, needs assessments, strategic plans, data collection results and methods, etc.)

Community Coordination/Collaboration

Instructions

- 1) Provide a brief description of your collaboration and collaborative efforts with other victim service providers and other community services.
- 2) If you do not currently collaborate with other victim service providers, please identify which ones, and explain why not.

Section C: Services Quality Narrative

- Services Quality Narrative should not exceed the character limits of the Online Application Form.
- This section should detail activities in regard to direct services quality as it relates to **this funding opportunity**.
 - **If your organization does not offer direct services**, outline why you don't offer direct services. If you contract out direct services to another organization, please respond to the question below using that organization's information.

Direct Services Quality Narrative
Instructions
<ol style="list-style-type: none">1) Please provide a description of your direct services (e.g., counseling, advocacy, case management), including service locations, populations served, and any relevant information about your approach.2) Describe how your organization maintains the quality of direct services.3) Identify and detail the steps that your organization takes to handle complaints.4) Identify and detail how your organization ensures client satisfaction on services provided.5) Identify, outline, and detail the minimum standards that the organization adheres to, including how services are provided, the procedures followed, and any relevant protocols.

(EXAMPLE of Form) 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.
Total Service Numbers to be Reported					#

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.
Total Service Numbers to be Reported					

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.

Section E: Budget

Proposed Project Budget - **SAMPLE**

- Download the SFY 2027 Budget Narrative on the Online Application Form. Fill out the Budget Narrative Form.
- Submit the completed SFY 2027 CBCAP/CTF Budget Narrative Template as an attachment on the Online Application Form.
- Copy the total amounts for each budget category from the Budget Narrative Template into the rows below.

Category	Total Requested Amount (\$)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
Total Funding Requested (\$)	

Appendix A: Budget Narrative Instructions

Budget Narrative Instructions

All applications must include a detailed project budget for the one-year funding cycle. 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.

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 line item. 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.

Travel/Training					Total:	\$0.00
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	# of Days	# of Staff		
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 allow abilities.						
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						\$0.00
Title of Trip & Destination such as CDC Conference: Las Vegas, NV	Cost	# of Trips	# of Days	# of Staff		
Registration fee						\$0.00
Airfare: cost per trip (origin & designation) 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/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:						
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 allow abilities.						
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.			
Rent Office: \$ per month x 12 months x allocation %		\$0.00	
Communications Internet/phone Office: \$ per month x 12 months x allocation %		\$0.00	
Utilities Office: \$ per month x 12 months x allocation %		\$0.00	
Supplies Office: \$ per month x 12 months x allocation %		\$0.00	
Janitorial Office: \$ per month x 12 months x allocation %		\$0.00	
Printing services/rental: \$ per month x 12 months x allocation %		\$0.00	
Insurance		\$0.00	
Audit		\$0.00	
Client softw are (specify, eg: Apricot, Datafirm, etc.)		\$0.00	
Rent Shelter: \$ per month x 12 months x allocation %		\$0.00	
Communications Internet/phone Shelter: \$ per month x 12 months x allocation %		\$0.00	
Communications Cable Shelter: \$ per month x 12 months x allocation %		\$0.00	
Utilities Shelter: \$ per month x 12 months x allocation %		\$0.00	
Supplies Shelter: \$ per month x 12 months x allocation %		\$0.00	
Janitorial Shelter: \$ per month x 12 months x allocation %		\$0.00	
Justification:			
Provide narrative to explain specifics of line items. Example: Utilities include pow er, w ater, sew er, etc.			

Equipment		Total:	\$0.00
List Equipment purchase costing \$5,000 or more, and justify these expenditures. Also list any computers, cellular phones, 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 required. Due to declining funds, these costs must have exceptional justification and cost allocation must be provided to be considered.			
Name of Contractor/Subrecipient:			\$0.00
Method of Selection: Explain, i.e. sole source or competitive bid			
Period of Performance: July 1, 2022 - July 31, 2023			
Scope of Work: Briefly Define Scope of Work			
Justification: Define if sole source method and explain how it is sole source; explain contract approval.			
Method of Accountability:			
Define - Describe how the progress and performance of the consultant w ill be monitored. Identify w ho is responsible for supervising the consultant's work.			
*Add additional Contractor/Subrecipients here with justification or delete this row.			
			\$0.00

Other		Total:	\$0.00
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.			
Emergency client services (define)		\$0.00	
Food gift cards		\$0.00	
Clothing gift cards		\$0.00	
Counseling/support group supplies		\$0.00	
Client transportation		\$0.00	
Brochures/flyers/educational information for program		\$0.00	
Public Presentations		\$0.00	
Volunteer Appreciation (not to exceed \$25/volunteer/year)		\$0.00	
Justification: Include narrative to explain generalized line items such as emergency client services (motel nights, etc.), transportation (gas card, bus pass, etc.) , supplies, etc.			

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 10% of Modified Total Direct Cost (MTDC). Note that the formula in Coll F125 will automatically calculate 10%. Applicants may override this formula only if requesting a LOWER rate <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:	\$0.00

Applicant Name:									Form 2
PROPOSED BUDGET SUMMARY - SFY-XXX(Form Revised January 2020)									
A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS									
FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXPENSE CATEGORY									
Personnel	\$							\$	\$
Travel/Training	\$							\$	\$
Operating	\$							\$	\$
Equipment	\$							\$	\$
Contractual/Consultant	\$							\$	\$
Other Expenses	\$							\$	\$
Indirect	\$							\$	\$
TOTAL EXPENSES	\$	\$	\$	\$	\$	\$	\$	\$	\$
These boxes should equal 0	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Indirect Cost	\$							Total Agency Budget	\$
Indirect % of Budget	10%							Percent of Agency Budget	#DIV/0!
B. Explain any items noted as pending:									

PERSONNEL

Charges made 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.

CONTRACTOR	EMPLOYEE
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:

Counselor: $(\$28.00/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763.00$

Advocate: $(\$20.00/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840.00$

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 assignable to a particular 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 \$.70), 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 <https://www.gsa.gov/portal/category/26429>.

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

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 for this grant project (all non-consumable items). Equipment under \$5,000.00 should be included under Operating Costs and Supplies. All equipment costing \$5,000.00 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 CBCAP/CTF. 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, emergency services, etc.

Programs requesting these funds must adhere to the following requirements: 1) Maximum per family per year = \$2,000.00; 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 15% *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 \$25,000.00 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 \$25,000.00. [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.**

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 requested from the DCFS for the proposed project will represent.

Appendix B: Scope of Work Instructions

Scope of Work (SOW) Purpose

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 **Scope of Work (SOW)** is a critical component of your application. It defines how your proposed activities align with CBCAP and CTF 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 CBCAP and CTF's statutory purposes, including:

- Strengthening and supporting families to prevent child abuse and neglect.
- Providing accessible, effective, and culturally appropriate prevention services.
- Engaging parent leadership and supporting underserved communities.
- Enhancing access to services for families with disabilities, unaccompanied homeless youth, and others at risk.

2. Include Allowable and Fundable Services

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

- Parenting education
- Home visitation
- Case management and family support
- Respite care
- Public education and outreach
- Self-protection education for children (CTF only)
- Domestic violence support programs
- Referrals to health and developmental services

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 100 parents through evidence-based parenting classes by June 30, 2027.
- Deliver 60 home visits to new parents across two counties by Q3.
- Conduct 10 community outreach sessions with an expected reach of 1,200 individuals.

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 families served.
- Attendance logs for workshops.
- Survey results (e.g., Protective Factors Survey).
- Case notes and service plans.

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

6. Prioritize Core CBCAP/CTF Objectives

Use your SOW to emphasize:

- Primary and secondary prevention strategies.
- Parent engagement and leadership.
- Trauma-informed and culturally responsive practices.
- Direct service delivery over administrative overhead.

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

Ensure that your SOW projections match what you include in:

- The Budget Narrative
- Goals, Objectives, and Timelines section
- Narrative responses

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 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 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 objective 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 amount 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: Application Scoring Matrix

GMU Application Scoring Matrix

Accepted proposals 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 CBCAP & CTF program guidelines.

Points will be assigned for each item listed as follows:

Maximum Points	Criteria
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 for this criterion.
0 – 39% of Maximum Points	Applicant's proposal or capability is not acceptable or Applicable for this criterion.

*With the exception of the Servicers Quality Narrative, which will have its own point award criterion as listed in Section 3.

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

Proposal Component	Potential Maximum Score
A. Application Form	5
B. Proposal Narrative	120
C. Services Quality Narrative	15
D. Scope of Work	15
E. Budget	20
Total	175

Sample: Notice of Subaward (NOSA)

Notice: The following pages provide sample versions of the Notice of Subaward document. These samples are for reference only and should not be considered as the final version of the document.

Program Name: Community-Based Child Abuse Prevention Act DCFS Grants Management Unit dcfsgrants@dcfs.nv.gov		Subrecipient's Name: Name _____ Contact Name / Email Address _____																																																									
Address: 4126 Technology Way, 3 rd Floor Carson City, NV 89706-2009		Address: Street address _____ City, State Zip _____																																																									
Subaward Period: July 1, 2020 through June 30, 2020		Subrecipient's: EIN: _____ Vendor #: _____ Dun & Bradstreet: _____																																																									
Purpose of Award: <u>Short</u> description about the purpose of the subaward.																																																											
Region(s) to be served: <input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____																																																											
Approved Budget Categories: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="width: 10%;"></td></tr> <tr><td>2. Travel</td><td></td></tr> <tr><td>3. Operating</td><td></td></tr> <tr><td>4. Equipment</td><td></td></tr> <tr><td>5. Contractual/Consultant</td><td></td></tr> <tr><td>6. Training</td><td></td></tr> <tr><td>7. Other</td><td></td></tr> <tr><td>TOTAL DIRECT COSTS</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>8. Indirect Costs</td><td></td></tr> <tr><td>TOTAL APPROVED BUDGET</td><td style="text-align: right;">\$0.00</td></tr> </table>		1. Personnel		2. Travel		3. Operating		4. Equipment		5. Contractual/Consultant		6. Training		7. Other		TOTAL DIRECT COSTS	\$0.00	8. Indirect Costs		TOTAL APPROVED BUDGET	\$0.00	FEDERAL AWARD COMPUTATION: <table style="width: 100%;"> <tr><td>Total Obligated by this Action:</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>Cumulative Prior Awards this Budget Period:</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>Total Federal Funds Awarded to Date:</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td colspan="3">Match Required <input type="checkbox"/> Y <input type="checkbox"/> N</td></tr> <tr><td>Amount Required this Action:</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>Amount Required Prior Awards:</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>Total Match Amount Required:</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td colspan="3">Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td></tr> <tr><td colspan="3">Federal Budget Period:</td></tr> <tr><td colspan="3">Start Date through End Date _____</td></tr> <tr><td colspan="3">Federal Project Period:</td></tr> <tr><td colspan="3">Start Date through End Date _____</td></tr> </table>		Total Obligated by this Action:	\$	0.00	Cumulative Prior Awards this Budget Period:	\$	0.00	Total Federal Funds Awarded to Date:	\$	0.00	Match Required <input type="checkbox"/> Y <input type="checkbox"/> N			Amount Required this Action:	\$	0.00	Amount Required Prior Awards:	\$	0.00	Total Match Amount Required:	\$	0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Federal Budget Period:			Start Date through End Date _____			Federal Project Period:			Start Date through End Date _____		
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Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> 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 15th 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; Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required)																																																								
Authorized Subrecipient Official's Name Title (Enter Name & Title)		Signature		Date																																																							
Grants & Project Analyst II For 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

Community Based Child Abuse Prevention (CBCAP) and Children’s Trust Fund (CTF) NOFO for State Fiscal Year 2027

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 \$1,000,000.00 or more in Federal awards during the subrecipient's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. To acknowledge this requirement, Section E of this notice of subaward must be completed.
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. No funding associated with this grant will be used for lobbying.
13. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.

14. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.

15. 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.

16. 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.

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.
Total Service Numbers to be Reported					#

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.
Total Service Numbers to be Reported					

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 Community- Based Child Abuse Prevention 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 Community- Based Child Abuse Prevention Act.

Subrecipient agrees to adhere to the following budget:

Approved Budget Categories:	
1. Personnel	
2. Travel/Training	
3. Operating	
4. Equipment	
5. Contractual/Consultant	
6. Other	
TOTAL DIRECT COSTS	
7. Indirect Costs	
TOTAL APPROVED BUDGET	\$0.00

- 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 15th 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.

**Department of Health and Human Services
Division of Child and Family Services - Grants Management Unit
Request for Funds Reimbursement and Financial Reporting**

Agency Ref #
 Budget Account: _____
 Category _____
 Job #
 ALN _____

**SAMPLE SECTION D
Request for Reimbursement**

Program Name:	Subrecipient Name:
Address: 4126 Technology Way 3rd Floor Carson City, NV 89706-2009	Address:
Subgrant Period:	Subrecipient's: EIN: Vendor #:

**REQUEST FOR REIMBURSEMENT and FINANCIAL REPORT
(must be accompanied by cost allocation and back-up documentation)**

Month:	Calendar Year:	Original	Revised			
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	\$0.000	\$0.000	\$0.000	\$0.00	-
2 Travel/Training	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
3 Operating	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
4 Equipment	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
5 Contractual/Consultant	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
6 Other	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
7 Indirect	\$0.00	\$0.000	\$0.000	\$0.000	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

Additional Financial Reporting

(must be accompanied by cost allocation and back-up documentation)

Budget Item	Required Amount	Total Prior Months	Current Amount	Year-to-Date Total	Budget Balance	Percent Provided
1 NO MATCH REQUIRED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, an authorized signatory for the agency, 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. I acknowledge that all costs included in this RFF are allowable, allocable, necessary, and reasonable and any questioned costs remain my agencies fiscal responsibility.

Authorized Signature _____ Title _____ Date _____

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

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Recommended for Payment By: _____ Date: _____

Fiscal Review/Approval By: _____ Date: _____

SAMPLE SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$100,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

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

**** SAMPLE NOSA – DO NOT RESPOND OR SIGN ****

SAMPLE 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.

** SAMPLE NOSA – DO NOT RESPOND OR SIGN **

SAMPLE SECTION G

Confidentiality Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as "Department"

and

Subrecipient

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.
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.