



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES**

**Request for Proposals  
Chafee Foster Care Independence Program (CFCIP) and  
Transition from Foster Care / Fund to Assist Former Foster Youth (FAFFY)**

Release date: **April 9, 2007**

**ALL PROPOSALS MUST BE RECEIVED NO LATER THAN 5PM ON  
FRIDAY, MAY 18, 2007**

**Postmarks will not be used to determine eligibility.**

**NO FAXES OR E-MAILS WILL BE ACCEPTED.**  
Applications may be mailed or hand-delivered to:

Bridget Speer  
Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
(775) 684-7944

**State of Nevada**  
**Department of Health and Human Services**  
**Division of Child and Family Services**

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**GRANTS MANAGEMENT UNIT**  
**REQUEST FOR PROPOSALS**  
**STATE FISCAL YEARS 2008 THROUGH 2010**  
**July 1, 2007 through June 30, 2010**

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**REQUEST FOR PROPOSALS**  
**STATE FISCAL YEARS 2008 THROUGH 2010**  
**July 1, 2007 through June 30, 2010**

**Introduction**

The Division of Child and Family Services (DCFS) is requesting proposals for Chafee and FAFFY (also known as AB-94 and Transitioning from Foster Care) for the period of July 1, 2007 through June 30, 2010.

**Source and Purpose of Funds**

The purpose of the Chafee grant is to assist youth in goal setting and planning for their transition out of foster care and attaining self-sufficiency. The target population is youth ages 15 up to 18 years of age. However, a portion of these federal funds must be used to serve eligible young people ages 18 up to 21 who left foster care, because they reached age 18.

The purpose of the Fund to Assist Former Foster Youth (FAFFY) is to assist former foster youth ages 18 up to 21 in attaining economic self-sufficiency (youth who are 17 years of age and will be leaving foster care at age 18 are eligible for services to assist with transitioning into adulthood upon leaving foster care.) This state-funded program is available to youth who have aged out of Nevada's child welfare system, including recognized Nevada tribal entities.

**Information, Requirements, and Restrictions of Chafee and FAFFY Funds**

Funds will be granted to community-based organizations or local governments throughout Nevada to ensure that Chafee and FAFFY funds are provided statewide (north, south, and rural) to eligible youth. Agencies who receive funding will be required to use a standardized *Chafee / FAFFY Youth Plan for Independent Living Needs*, which will be provided to you by DCFS. The Chafee / FAFFY Youth Plan for Independent Living can be administered by a Service Coordinator employed or contracted with your agency. Service Coordination is the identification and arrangement of services which will assist youth in gaining access to needed medical, social, educational and other services that will help youth achieve or maintain a quality of life and community participation. Proposals must address the following requirements and restrictions, and describe how your agency will track and / or document these requirements and restrictions (this should be done in the evaluation section, as well as on the scope of work form):

**CHAFEE:**

- Eligible youth:
  - Those youth who are “likely to remain in foster care until age 18” and “youth aging out of foster care.”
  - Youth currently in foster care ages 15 up to 21.
  - The target population is youth ages 15 up to 18.
  - However, a portion of the funds must be used to serve eligible young people ages 18 up to 21 who left foster care, because they reached age 18.

- Funds can be used for the purpose of:
  - Assistance in obtaining a high school diploma
  - Career exploration, vocational training, job placement and retention
  - Training in daily living skills, training in budgeting and financial management skills
  - Substance abuse prevention
  - Preventive health activities (including smoking avoidance, nutritional education, and pregnancy prevention)
  - Education
  - Training and employment services
  - Preparation for postsecondary training and education
  - Mentors and interactions with adults
  - Financial, housing, counseling, employment, education, and other appropriate supports and services for young people ages 18 up to 21 formerly in foster care.
  
- Funds **cannot** be used in the following manner:
  - No more than 30 percent of the funds may be used for room and board. These funds may only be used by young people ages 18 up to 21.
  - In order to maximize funding for these young people, the funds cannot be used to substitute for or to supplant any other funds already being used for the same general purpose in the state. Indicating that Chafee funds can only be used if no other funds are available for referral in the youth's geographic area for those specific services and funds. Furthermore, Chafee funds cannot be used to replace FAFFY, ETV, or other grant funds that are available for former foster youth.

**FAFFY:**

- Eligible youth:
  - Youth ages 18 up to 21 who are former foster youth.
    - “Former foster youth” is defined as, “a person who attained the age of 18 years while in the custody of an agency which provides child welfare services or in foster care provided by an Indian tribe as defined in NRS 383.150 and who has not attained the age of 21 years.”
  - Youth who are 17 years of age and will be leaving foster care at age 18 are eligible for services to assist with transitioning into adulthood upon leaving foster care.
  
- Funds can be used for the purpose of:
  - The money disbursed pursuant to NAC 423.120 must be used for the purpose required by NRS 423.137 which may include obtaining goods and services for former foster youth, including, without limitation:
    1. Room and board
    2. Housing assistance
    3. Job training
    4. Vocational services, including, without limitation, job placement assistance
    5. Educational assistance
    6. Medical insurance
    7. Services to reduce high-risk behaviors in the former foster youth
    8. Mental health services

- NAC 423.150 Procedures for former foster youth to obtain goods and services from program providing those goods and services:
  - Each former foster youth who wishes to obtain goods or services from a self-sufficiency program provided by an agency which provides child welfare services must:
    1. Submit a signed, written release authorizing the agency which provides child welfare services to verify that he was formerly in foster care.
    2. Participate directly in designing his program activities and accept responsibility for achieving self-sufficiency.
    3. Obtain goods or services pursuant to a self-sufficiency program provided by an agency which provides child welfare services that is located in the county in this state in which he resides at the time of obtaining those goods or services regardless of which county in this state the former foster youth resided in on his 18<sup>th</sup> birthday.
  - The agency which provides child welfare services that provides a self-sufficiency program shall request that each former foster youth who wishes to obtain goods or services for the self-sufficiency program sign an agreement stating that he will participate in any evaluations or other studies conducted pursuant to the self-sufficiency program.
  - An agency which provides child welfare services must not deny goods or services to a former foster youth based on a failure to sign an agreement described in subsection 2.
  
- NAC 423.030 “Self-sufficiency program” means a program established:
  - For the purpose of assisting former foster youth to attain economic self-sufficiency by providing goods and services to him [her], including, without limitation, job training, housing assistance, case management and medical insurance.

### **Awarding and Funding Process**

The approximate percentage of funds will be allocated for the following geographical areas according to the population of each jurisdiction:

Clark County - 66%  
 Washoe County - 19%  
 Rural Region (all rural counties) - 13%  
 Tribal Entities - 2%

Future awards may be based upon sub grantee/applicant’s past performance in maximizing funds and client utilization while maintaining a reasonable unit cost.

All awards are contingent upon availability of funds. The Division reserves the right to modify or reject any or all proposals. Proposals must conform to the conditions or guidelines contained in this Request for Proposal (RFP).

### **Mandatory Orientation Session**

**Applicants MUST attend the mandatory pre-application workshop via teleconference on:**

**Friday, April 20, 2007 from 2:00pm to 4:00pm.**

**Phone number: 1-866-302-8881  
 Code: 9453113313**

## **PROPOSAL NARRATIVE, SEQUENCE AND SCORING**

Complete all items as outlined below.

All forms and documentation listed should be attached to the narrative.

Note: Items 1-4 are not to exceed 6 typed pages (this is the narrative portion of the proposal).

### **1) Proposal Cover Page (1 page maximum)**

### **2) Organizational Summary (1 page maximum) - 10 points possible**

- a) Describe the organization - history, mission, and total budget, showing all funding sources;
- b) Provide a list of programs and services currently offered and frequency;
- c) Describe key staff and their qualifications

### **3) Proposed Services to be funded (2 page maximum) - 45 points possible**

- a) Describe day-to-day services and activities to be funded;
- b) Describe how your agency will implement a Self-Sufficiency Program to support these services and activities (if your agency is requesting funding for a Service Coordinator, please state that clearly);
- c) Provide a program implementation timeline that shows when each program component will be initiated.
- d) Describe how proposed services will be staffed and staff qualifications;
- e) Describe collaboration with referral sources, the referral process, and how these referrals will be documented;
- f) Describe targeted foster care youth and former foster care young people to be served; include the number of foster care youth and former foster care young people that will be served during a one year period; include how your agency will inform statewide foster care youth and former foster care young people of the services your agency provides and the funds available;
- g) Describe the targeted service area (geographic);
- h) Develop and provide a fair hearing / grievance procedure within your agency for youth who want to contest funding decisions;
- i) Include a statement of agreement to participate in the state Chafee / FAFY program evaluation.

**Note: Funding priority will be given to agencies that have developed a comprehensive, deliberate, and reliable Self-Sufficiency Program related to the services to be provided by the applying agency. The Self-Sufficiency Program will then be directly related to the standardized Chafee / FAFY Youth Plan for Independent Living.**

### **4) Evaluation (2 page maximum - 35 points possible)**

- a) Describe the method (i.e., analyses based on services provided, pre- and post- youth questionnaires, anonymous evaluation forms, outside evaluators, etc.) you will use to evaluate your agency's success at assisting youth with moving towards self-sufficiency. The method used should be directly related to the services being provided on your Scope of Work with clearly defined goals, objectives, and timelines for completion.

Performance Report\*

1. Sub-grantees who receive a FAFFY grant award are required to complete a monthly performance report and submit it to DCFS. Each recipient will be provided instructions and the reporting form.
2. Sub-grantees who receive a Chafee and/or FAFFY grant award will be required to complete performance reports to meet federal regulations. These reports may be submitted through the University of Nevada Reno (UNR) Human Development and Family Studies (HDFS) online reporting system as instructed by DCFS or HDFS support staff. Each recipient will be provided instructions for access to the reporting system by HDFS support staff.

\* This is a requirement in addition to your internal method of evaluation. There is no need to include a statement or explanation of the above Performance Report(s) in your evaluation section.

**5) Budget - 10 points possible**

**CHAFEE BUDGET REQUEST AND JUSTIFICATION**

A. PERSONNEL: Positions to be funded, total annual salaries of each, percentage of time the person will work on the project and the total of the annual salary multiplied by the percentage of time to be spent. A.1. Payroll Taxes and Fringe Benefits: Rate for each position multiplied by each salaried person. Subtotal all personnel costs.

**B. OPERATING COSTS:**

1. Occupancy: This details all costs associated with maintaining a facility including rent, utilities, basic maintenance, repairs, etc. Example: Chafee funds may be used to buy paint if your organization provides the labor. Construction, remodeling, and repairs to current structures are not allowed.

2. Communications: This includes the costs of telephones, fax, postage, etc.

3. Supplies: This includes the cost of all consumable items needed for the project such as office supplies, client supplies, etc.

4. Travel: Detail all costs showing rates or allowances for transportation, lodging, food and any other allowable travel associated costs. Travel costs cannot exceed the state rates as follows:

Mileage @	<u>\$ .485 per mile</u>
Breakfast	<u>\$ 5.50</u>
Lunch	<u>\$ 6.50</u>
Dinner	<u>\$14.00</u>
Lodging	<u>\$58.00</u>

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

C. EQUIPMENT PURCHASE: This includes all equipment purchased by the grant (all non-consumable items.) Equipment under \$1,000 should be included under Operating Costs, Supplies. All equipment costing \$1,000 and over must be listed separately and itemized. An inventory must be kept for all equipment purchased and must be provided to DCFS. All equipment purchased with Chafee funds must be marked as Chafee property and remains the property of the Division of Child and Family Services (DCFS). A clear audit trail must be maintained through accounting records that show the source of funds. Subtotal all equipment costs.

D. CONTRACTUAL SERVICES: List all independent contractors and consultants. Organizations who utilize independent contractors / consultants are responsible to ensure that they too, abide by the assurances, agreements and requirements of this RFP. Describe each consultant's scope of work, list rate, hours, and cost. DCFS approval is required prior to the use of subcontractors. Subtotal all contractual service costs.

E. DIRECT SERVICES A: Expenses incurred from direct services, which are listed on pages 3 – 4 (other than expenses directly related to the cost of housing/room and board) can be applied to this category.

F. DIRECT SERVICES B: Expenses incurred from direct services directly related to housing/room and board can be applied to this category. **Expenditures in Direct Services B cannot exceed 30% of the total award.**

**Note: In the event of disallowed federal expenditures, these expenditures shall not be reimbursable. Refer to pages 3 – 4 for more information.**

G. OTHER EXPENSES: This category includes everything not covered by the above. Note: Federal law prohibits the provision of food as a reimbursable item. Add all subtotals to show the grand total for the proposed project.

Note: Advances are not usually provided to a previous grantee organization that is successful in receiving continuing funds. Advances to new grantees may not exceed 2/12 of a one-year portion of the grant award and must be pre-approved.

MATCH: The Chafee grant requires a 20% match. MATCH is calculated by dividing the amount requested by .80 then multiplying the result by .20. Example: requested amount \$100,000 divided by .80 = \$125,000 times by .20 = MATCH of \$25,000. MATCH resources may include in-kind contributions and cash contributions. Each recipient is responsible for providing MATCH tracking and documentation for Chafee.

If applicants are awarded both Chafee and FAFFY, FAFFY funds will be used as MATCH for Chafee and the awarded agency would not need to provide the 20% MATCH. FAFFY funds will be identified as MATCH on the Chafee Notice of Sub-grant Award.

**CHAFEE BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION**

Organization Name:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> Chafee funds being requested	<u>Column 3</u> Match (at least 20% of total program costs, cash or in-kind)	<u>Column 4</u> TOTAL PROGRAM BUDGET (Columns 2+3)
A. Personnel (Job title and annual salary)			
Subtotal			
A.1 Payroll Taxes and Fringe Benefits			
Subtotal			
Total Personnel (A +A.1)			

**USE ADDITIONAL SHEETS, IF NECESSARY**

**CHAFEE BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION (PG. 2)**

Organization Name:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> Chafee funds being requested	<u>Column 3</u> Match (at least 20% of total program costs, cash or in-kind)	<u>Column 4</u> TOTAL PROGRAM BUDGET (Columns 2+3)
B. Operating Costs  1. Occupancy 2. Communications 3. Supplies 4. Travel 5. Other (Describe)			
Subtotal			
C. Equipment (any purchase equal to, or greater, than \$1,000)			
Subtotal			

**USE ADDITIONAL SHEETS, IF NECESSARY**

**CHAFEE BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION (PG. 3)**

Organization Name:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> Chafee funds being requested	<u>Column 3</u> Match (at least 20% of total program costs, cash or in-kind)	<u>Column 4</u> TOTAL PROGRAM BUDGET (Columns 2+3)
D. Contractual Services			
Subtotal			
E. Direct Services A - (list each service provided and the amounts)			
Subtotal			
F. Direct Services B - (Housing/Room and Board Only – Expenditures Cannot Exceed 30%)			
Subtotal			
G. Other Expenses			
Subtotal			
<b>GRAND TOTAL (Items A-G)</b>			

**USE ADDITIONAL SHEETS, IF NECESSARY**

## FAFFY BUDGET REQUEST AND JUSTIFICATION

A. PERSONNEL: Positions to be funded, total annual salaries of each, percentage of time the person will work on the project and the total of the annual salary multiplied by the percentage of time to be spent. A.1. Payroll Taxes and Fringe Benefits: Rate for each position multiplied by each salaried person. Subtotal all personnel costs.

### B. OPERATING COSTS:

1. Occupancy: This details all costs associated with maintaining a facility including rent, utilities, basic maintenance, repairs, etc. Example: FAFFY funds may be used to buy paint if your organization provides the labor. Construction, remodeling, and repairs to current structures are not allowed.

2. Communications: This includes the costs of telephones, fax, postage, etc.

3. Supplies: This includes the cost of all consumable items needed for the project such as office supplies, client supplies, etc.

4. Travel: Detail all costs showing rates or allowances for transportation, lodging, food and any other allowable travel associated costs. Travel costs cannot exceed the state rates as follows:

Mileage @	<u>\$ .485 per mile</u>
Breakfast	<u>\$ 5.50</u>
Lunch	<u>\$ 6.50</u>
Dinner	<u>\$14.00</u>
Lodging	<u>\$58.00</u>

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

C. EQUIPMENT PURCHASE: This includes all equipment purchased by the grant (all non-consumable items.) Equipment under \$1,000 should be included under Operating Costs, Supplies. All equipment costing \$1,000 and over must be listed separately and itemized. An inventory must be kept for all equipment purchased and must be provided to DCFS. All equipment purchased with FAFFY funds must be marked as FAFFY property and remains the property of the Division of Child and Family Services (DCFS). A clear audit trail must be maintained through accounting records that show the source of funds. Subtotal all equipment costs.

D. CONTRACTUAL SERVICES: List all independent contractors and consultants. Describe each consultant's scope of work, list rate, hours, and cost. DCFS approval is required prior to the use of subcontractors. Subtotal all contractual service costs.

E. DIRECT SERVICES: Expenses incurred from direct services, which are listed on pages 3 – 4 can be applied to this category. **Expenditures in Direct Services cannot be less than 90% of the total award.**

**Note:** In the event of disallowed federal expenditures, these expenditures shall not be reimbursable. Refer to pages 3 – 4 for more information.

F. OTHER EXPENSES: This category includes everything not covered by the above. Note: Federal law prohibits the provision of food as a reimbursable item. Add all subtotals to show the grand total for the proposed project.

Note: Advances are not usually provided to a previous grantee organization that is successful in receiving continuing funds. Advances to new grantees may not exceed 2/12 of a one-year portion of the grant award and must be pre-approved.

MATCH: No MATCH Required

**FAFFY BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION**

Organization Name:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> FAFFY funds being requested
B. Personnel (Job title and annual salary)	
Subtotal	
A.1 Payroll Taxes and Fringe Benefits	
Subtotal	
Total Personnel (A +A.1)	

**USE ADDITIONAL SHEETS, IF NECESSARY**

**FAFFY BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION (PG. 2)**

Organization Name:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> FAFFY funds being requested
B. Operating Costs  1. Occupancy 2. Communications 3. Supplies 4. Travel 5. Other (Describe)	
Subtotal	
C. Equipment (any purchase equal to, or greater, than \$1,000)	
Subtotal	

**USE ADDITIONAL SHEETS, IF NECESSARY**

**FAFFY BUDGET FORM: BUDGET REQUEST AND JUSTIFICATION (PG. 3)**

Organization Name:

<u>Column 1</u> Description and Calculation of Expenses	<u>Column 2</u> FAFFY funds being requested
D. Contractual Services	
Subtotal	
E. Direct Services - (list each service provided and the amounts – Expenditures Cannot Be Less Than 90% of the Total Award)	
Subtotal	
F. Other Expenses	
Subtotal	
<b>GRAND TOTAL (Items A-F)</b>	

**USE ADDITIONAL SHEETS, IF NECESSARY**

## BUDGET FORM: PROGRAM REVENUES

All revenue for the agency/organization must be listed on this form.

Funding Source	Pending or Secured	Time Period	Amount

**Total Revenue:** \_\_\_\_\_

Please explain any items listed as pending (i.e.: Pending review and approval of grant proposal; Pending approval of Board of Directors, etc.) on a separate sheet of paper.

**USE ADDITIONAL SHEETS, IF NECESSARY**

## BUDGET FORM: PROGRAM REVENUES EXAMPLE

All revenue for the agency/organization must be listed on this form.

Funding Source	Pending or Secured	Time Period	Amount
Title IV-B/2 <sup>1</sup>	Pending	7/01/07-06/30/10	\$80,000
Children's Trust Fund	Secured	10/01/06-9/30/07	\$40,000
WIC	Secured	10/01/06-9/30/07	\$20,000
March of Dimes <sup>2</sup>	Pending	01/01/07-12/31/07	\$20,000
United Way	Secured	07/01/06-06/30/07	\$15,000
Nevada State Welfare	Secured	07/01/06-06/30/07	\$10,000
Funds for Healthy Nevada	Secured	07/01/06-06/30/07	\$10,000

**Total Revenue:** \_\_\_\_\_ **\$195,000** \_\_\_\_\_

Please explain any items listed as pending. Pending means that you have applied for funding from another source but have not yet received a Notice of Grant Award.

<sup>1</sup> Title IV-B/2 funding is pending due to review of proposals, recommendations of funding levels by DCFS staff and actual grant award.

<sup>2</sup> March of Dimes funding is pending as our agency is preparing the documents requested by the March of Dimes and funding will depend on the review and approval of the materials our agency provides to them.

**SCOPE OF WORK DEVELOPMENT AND REVISION FORM**

**AGENCY NAME:** \_\_\_\_\_

**GRANT NAME:** \_\_\_\_\_

<i>Goal: Global problem statement</i>	<b>Objective and Time Frame</b>	<b>Evaluation, how measured</b>	<b>How Documented</b>	<b>Target Population</b>	<b>Projected services #</b>	<b>Actual services #</b>
<b>EXAMPLE</b> Increase public awareness of domestic violence in Northern NV	_____ Agency will provide 10 presentations and 20 public service announcements in Northern NV	Public service presentations and announcements will be completed annually	Calendar, sign in sheets media records, spreadsheets etc.	Northern NV citizens	10 presentations 20 public service announcements	Complete if requesting a revision to the approved Scope of Work

## **Technical Assistance**

Bridget Speer is available to help recipients requiring clarification or technical assistance in preparing the proposal. If you need either, please call 775-684-7944. Questions must be received by Friday, May 4, 2007 by 5:00pm. Answers will be made available by Friday, May 11, 2007 by 5:00pm. All questions and answers will be shared with other applicants by posting on the DCFS website, at [www.dcf.state.nv.us](http://www.dcf.state.nv.us)

## **Submission Requirements**

1. The proposal must be typed single spaced on white paper in Times New Roman, size 12, black font, kept within specified page limits and stapled on the top left corner (do not use binders or covers). Illegible material will be returned without consideration. Check for spelling mistakes, redundancies, factual omissions and unsupported assumptions.
2. The name of the agency and page numbers must be included in the footer of every page.
3. The original (clearly labeled) and three (3) copies of all materials must be submitted.
4. Any materials previously submitted are not valid for consideration as part of this application for funds.
5. All material submitted by an applicant becomes property of the Division of Child and Family Services.
6. Additional application materials not requested by the Division are not necessary and will not be considered as part of the grant application.
7. All required information must be submitted with the application in order to be considered.
8. The Division reserves the right to make or deny an award without requesting further clarification of the proposal received. Therefore applicants are encouraged to submit proposals that are technically correct and self-explanatory. All applications should be prepared simply and economically and should provide a straightforward and concise description of the proposed services and the applicant's ability to meet the program requirements.
9. Late or incomplete applications will not be considered for funding.
10. The Department of Health and Human Services, Division of Child and Family Services is not responsible for any costs incurred by applicants responding to the RFP.
11. Awards for funding will be a three (3) year provisional award.

## **Proposal Review Process**

Applicants will be required to complete an application, based on requirements specified in this document. All new and current Chafee and FAFY grant programs will be required to submit a complete application for funding.

Each application will undergo technical review of their proposal that will be conducted by Division grants management staff. The purpose of the review will be to determine if an applicant meets the minimum eligibility requirements, has adhered to the application procedures outlined in this document and has submitted all required materials. Applications that do not technically comply with the minimum requirements of the application procedures will not be considered.

Under no circumstances will late or incomplete applications be considered for review or funding. **Postmarks will not be used to determine eligibility. All eligible applications must arrive by mail or be hand delivered before 5:00pm on the deadline date of May 18, 2007.**

All applications, which have met minimum eligibility and technical requirements, will be evaluated. Various factors will be considered in the merit review of applications. The considerations addressed in this document will be included. While the organizational / administrative and budget / fiscal sections will be carefully reviewed, the primary factor in the analysis of applications will be the description of the proposed service program.

### **Proposals will be evaluated by each of the following areas:**

Goals and Objectives  
Methods and Services  
Performance Measures and Program Evaluation  
Annual Budget Detail and Budget Narrative

## **Decision Letter and Awards**

Applicants will be notified in writing of the decision by the Division regarding their application. Applicants are cautioned to make no assumptions about funding for their program until they receive written notification from the Division.

Those who are preliminarily selected for funding will be given the opportunity to revise their budget or clarify programmatic issues. A Notice of Sub-Grant Award must be executed and approved by all required parties prior to start-up date of the project, July 1, 2007.

As the best interest of the Division may require, the Division reserves the right to reject any and all proposals or waive any minor irregularity or technicality in proposals received.

## **Upon Approval of Funding**

Upon approval of funding, the Division will provide each grantee or sub-grantee with the following documents and information:

- A. A Notice of Sub-grant Award for Chafee and a Notice of Grant Award for will be mailed to the sub-grantee / grantee. Four copies must be returned with original signatures to the Division:  
Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
Attn: Bridget Speer

B. Monthly Financial Status and Request for Funds Report Filing

**INSTRUCTIONS**

Monthly Financial Status and Request for Funds Report

All Monthly Financial Status and Request for Funds Reports must be submitted in the Excel file format provided by the Division of Child and Family Services (DCFS) by the 15<sup>th</sup> of the month for the previous month. The file contains a worksheet for each month of the current budget period. You must go to a new worksheet each month – DO NOT write over a previous worksheet. Upon receiving the file, you should save it to your desktop. The workbook and individual worksheets have been protected to ensure that formulas are not altered and to minimize the required input each month. You will not be able to access any protected cells. If information needs to be corrected and you do not have access to the cell, please Teah Chadderdon at 775-684-4455 at DCFS. Please note that all cells in the first five sections other than the highlighted cells should already contain information or formulas. Certain information has been entered and automatically carries forward, so it doesn't have to be retyped. However, if you need to change the address, phone number, or contact information or you receive a budget modification, make those changes in the current month's worksheet.

Following are instructions, which correspond to the numbers indicated on the attached sample worksheet, for the lines that require input:

1. Indicate whether this a final report for the grant by marking an "X" next to Yes or No.
2. Indicate whether this is an amended report for the period by marking an "X" next to Yes or No.
3. Enter your name as the preparer of the report even if you are not signing the report.
4. Enter the current month's expenses for each of the budgeted categories. Please note that reimbursement may only be requested for expenditures within approved budget categories. Key in WHOLE dollar amounts only, DO NOT enter cents. If the total for a category is \$100.50 round up to \$101, otherwise round down to the next whole dollar amount.
5. Enter the amount of advance funds you are currently requesting. Please remember that any advance of funds requires prior approval.
6. Enter the amount of the current month's expenses that are to be applied to a previous advance, if any. For example, if you had received a \$5,000 advance and your current month's expenses are \$10,000, you can enter 0 here, thereby requesting reimbursement for the full \$10,000 or enter an amount to be applied to the advance, which would reduce the current month's draw request by that amount. Please remember that all advanced funds must be expended in accordance with your grant agreement prior to the end of the budget period.
7. The form should be printed, signed and dated by an authorized person. The signed hardcopy must be mailed to DCFS, postmarked by the 15<sup>th</sup> of the month for the previous month to:

Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
Attn: Michelle Gersten

The electronic version of the request must be emailed back to DCFS at [FundsRequest@dcfs.state.nv.us](mailto:FundsRequest@dcfs.state.nv.us) by the 15<sup>th</sup> of the month for the previous month.

If you receive a payment from DCFS in excess of your reported expenses or you receive a duplicate payment, please notify Teah Chadderdon at 775-684-4455 at DCFS.

The bottom section is for the state's use. Do not complete this section.

DCFS staff will review the forms. If any corrections are required, DCFS staff will contact you to make the necessary changes and ask you to resubmit the form. Due to DCFS' Internal Control policies, reimbursements cannot be processed until an identical electronic form and signed original is received and verified.

Typically, advanced funding is available to new sub-grantees. Prior approval is required in all instances and may not exceed 2/12ths of the annual award.



# APPENDIX A

## CHAFEE / FAFFY PROPOSALS

STATE FISCAL YEARS 2008 THROUGH 2010  
JULY 1, 2007 THROUGH JUNE 30, 2010

### COVER PAGE

ORGANIZATION: |

ADDRESS: |

PHONE: |

FAX: |

EMAIL: |

CONTACT PERSON: |

SUBMITTED TO: Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
(775) 684-7944  
Attn: Bridget Speer

Email: [bspeer@dcfs.state.nv.us](mailto:bspeer@dcfs.state.nv.us)

TITLE OF PROJECT: ||

Projected number of individuals to be served in the below jurisdictions					
Funding Source	Funds Requested	Washoe	Clark	Rurals	Tribes
Chafee					
FAFFY					
Total					

(Please add applicable footer to each page) |

# APPENDIX B

## PROPOSAL CHECKLIST

(Please attach to application in this order)

- \_\_\_\_\_ Cover Page (Appendix A)
- \_\_\_\_\_ Proposal Checklist (Appendix B)
- \_\_\_\_\_ Assurances and Agreements (Appendix C)
- \_\_\_\_\_ Certifications 1-5 (Appendix D)
- \_\_\_\_\_ Organizational Chart
- \_\_\_\_\_ Budget Forms for Chafee
- \_\_\_\_\_ Budget Forms for FAFFY
- \_\_\_\_\_ Completed Scope of Work Development and Revision Form for Chafee
- \_\_\_\_\_ Completed Scope of Work Development and Revision Form for FAFFY
- \_\_\_\_\_ List of Board or Governing Body with Officers' Affiliations and Terms
- \_\_\_\_\_ If applicable, attach a copy of IRS designation 501(c)(3)
- \_\_\_\_\_ List of Current Organization Services
- \_\_\_\_\_ Management letter(s) from most recent Audit and Schedule of Questionable Costs
- \_\_\_\_\_ Copies of Insurance Coverage (not applicable to local government agencies):
  - \_\_\_\_\_ Professional Liability
  - \_\_\_\_\_ Commercial General Liability
  - \_\_\_\_\_ Business Automobile Liability
  - \_\_\_\_\_ Worker's Compensation
  - \_\_\_\_\_ Fire Insurance
  - \_\_\_\_\_ Other Insurance Policies
- \_\_\_\_\_ Three (3) copies, plus one (1) original, of the application with the original clearly marked, for a total of four (4) documents
- \_\_\_\_\_ Assurances and Agreements for the Fund to Assist Former Foster Youth (FAFFY)
- \_\_\_\_\_ Certifications 1-5
- \_\_\_\_\_ Certification of Application
- \_\_\_\_\_ Attendance at Pre-application Workshop

NOTE: Please do not submit the monthly reporting forms with your proposal. A sample has been attached to this RFP for your reference only.

# APPENDIX C

## ADDITIONAL REQUIREMENTS AGREED TO BY SUB GRANTEE IN RECEIVING FUNDS PURSUANT TO THIS AWARD OR IN APPLICATION FOR SAME

1. The sub grantee agrees to abide by all appropriate provisions and procedures of the Division of Child and Family Services (DCFS).
2. The sub grantee agrees to comply with arrangements for review of accounting procedures as initiated by DCFS.
3. The sub grantee agrees to comply with the Basic Accounting Requirements addressed in that document.
4. The sub grantee agrees to comply with general financial requirements and submit Monthly Financial Status and Request for Funds Report form (Reimbursement form) as prescribed by DCFS Family Program Service Office (FPO) Grants Management Unit (GMU). Payment for services rendered under this grant will only be made after the complete and correct financial request has been approved by the FPO.
5. The FAFFY sub grantee agrees to submit any monthly program performance reports utilizing the FAFFY spreadsheet.
6. The sub grantee certifies that the proposal upon which these grant funds are based was authorized by the governing body of the applicant.
7. The sub grantee has provided the FPO with the following signed and dated certifications regarding: Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; Drug Free Work Place; Lobbying; Tobacco Smoke; and Equal Treatment for Faith-Based Organizations.
8. The sub grantee has provided the FPO with verification the following insurance coverage meets State of Nevada insurance requirements: Worker's Compensation Insurance, Commercial General Liability Insurance, Business Automobile Insurance (for agency owned vehicles) and Professional Liability Insurance (as applicable).
9. The sub grantee will cooperate with the FPO and any contractor hired by the FPO in establishing a professional program evaluation system to include outcome measures and the measurement of consumer impact.
10. Require its employees and volunteer assistants to maintain the confidentiality of any information, which would identify persons receiving the services.

All documents, certifications and Public Laws addressed in this document are considered part of the conditions under which this sub grant is offered and must be adhered to by the sub grantee. Additional requirements of the sub grantee may also apply.

_____	_____
Signature	Date
_____	_____
Printed or typed name	Title
_____	
Sub grantee legal/corporate name	

## ASSURANCES AND AGREEMENTS FEDERAL AND STATE GRANTS

As the duly authorized representatives of the applicant organization, we certify that by submitting this proposal, the applicant:

1. Will establish safeguards to prohibit employees or board members from using his/her positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
2. Has a copy of its official organizational by laws and amendments available for review. (Required of Community Based Organizations only)
3. Has resumes for key personnel on file.
4. Will comply with the Scope of Work authorized by the awarding agency per grant requirements.
5. Will initiate and complete the Scope of Work within the applicable time frame after receipt of approval from the Division of Child and Family Services.
6. Will inform the awarding agency within 30 days of any substantial material situations affecting the successful completion of this project.
7. Will give the awarding agency access to and the right to examine all records, books, papers and/or documents related to the award and will establish an accounting system in accordance with generally accepted accounting standards or agency directives.
8. Will comply with all federal and state statutes relating to nondiscrimination, including, but not limited to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.
9. Will comply with the provisions of the Hatch Act which limits the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
10. Will comply with P.L. 93-34B regarding the protection of human subjects involved in research, development and related activities supported by this award.
11. Will comply with all applicable requirements of all other state and federal laws, executive orders, regulations and policies governing the program.
12. Will abide by all appropriate provisions and procedures of the Division of Child and Family Services.
13. Will comply with the Division of Child and Family Services Business Associate Addendum (effective 4-20-05).
14. Will comply with the minimum wage and maximum hours of the federal Fair Labor Standards Act.
15. Will comply with general financial requirements and submit Monthly Status and Request for Funds Reports by the due date. **(Payment will only be made after receipt of a Monthly Status and Request for Funds Report, bearing original signature and date has been approved by Division of Child and Family Services staff.)**

16. Agrees to provide reports as required by the awarding agency as well as additional information requested by the awarding agency.
17. Agrees to provide the awarding agency with a copy of each outside audit conducted for the organization, whether that audit is a formal audit or a report from a qualified, independent source which provides an opinion regarding the financial practices and solvency of the applicant organization. **(Formal audits are required for organizations that received \$500,000.00 or more in federal funds during a Federal Fiscal Year.)**
18. Agrees to participate in on-site reviews for measuring of compliance with fiscal and programmatic standards and grant requirements.
19. Agrees to mark equipment purchased with grant funds with the grant name and return the equipment to the Division of Child and Family Services if the sub grant is terminated.
20. Assures the State of Nevada that the applicant is covered by Worker's Compensation Insurance, Commercial General Liability Insurance and Business Automobile Insurance and has included verification of coverage and coverage limits with this proposal. Verification of Professional Liability Insurance coverage and coverage limits is provided with this proposal if counseling, therapy or treatment related services are provided.
21. Acknowledges that either party may terminate the awarded funding with 30 days written notice.
22. The organization requires employees, volunteers and Directors or Trustees to maintain the confidentiality of any information which would identify persons receiving services.
23. The organization will comply with the RFP authorized by the awarding agency per grant requirements.

Printed Name	Title
Signature	Date
President/Chairperson of Governing Body, Tribal Authority or Director of Public Agency	Date

## **APPENDIX D**

### **CERTIFICATION # 1**

#### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions**

##### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal” and “voluntarily excluded”, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549: 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations or the definitions.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, the prospective lower tier participant shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions” will be included, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon the certification of a prospective participant in a lower tier covered transaction that the prospective participant is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless the participant in a covered transaction knows that the certification is erroneous. A participant may decide the method and frequency of determining the eligibility of the principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including debarment and/or suspension.

**Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion –  
Lower Tier Covered Transactions**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither the prospective participant or the prospective participant’s principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Suspension. An action taken by a suspending official in accordance with these regulations that immediately excludes a person from participating in a covered transaction for a temporary period, pending completion of an investigation and such legal, debarment, or Program Fraud Civil Remedies Act proceedings as may ensue. A person so excluded is “suspended”.

Voluntary Exclusion or Voluntarily Excluded. A status of nonparticipation or limited participation in covered transactions assumed by a person pursuant to the terms of a settlement.

Signature	Title
Grantee Legal/Corporate Name	Date

## **CERTIFICATION # 2**

### **Certification Regarding Drug-Free Workplace Requirements**

#### **Instructions for Certification**

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If grantee does not identify the workplace at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in the office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other areas where work under the grant take place. Categorical descriptions may be used (e.g. all vehicles of a mass authority of State highway department while in operation, State employees in each local unemployment office, performance in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s) if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to the certification. Grantee's attention is called, in particular, to the following definitions from these rules:

Controlled substances means a controlled substance in Schedules I through V of the Controlled Substance Act (21 U.S.C. #12) and as further defined by regulations (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of Nolo Contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (I) All direct charge employees; (II) All indirect charge employees under their impact or involvement is insignificant to the performance of the grant; and (III) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the payroll of the grantee (e.g., volunteers, even if used to meet a matching

requirements consultants or independent contractors not on the grantee's payroll; or employees of sub-recipients or subcontractors in covered workplaces).

### **Alternate I - Grantees Other Than Individuals**

The grantee certifies that it will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
  - (4) The penalties that may be imposed upon employees or drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is convicted:
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (g) The grantee may insert the space provided below the site(s) for the performance of work done in connection with the specific grant:

PLACE OF PERFORMANCE:

_____	_____	_____	_____	_____
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

Are there workplaces on file that are not identified here?       YES       NO

**Alternate II - Grantees Who Are Individuals**

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in conducting any activity with the grant;
- (b) If the convicted of a criminal drug offense resulting form a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include identification number(s) of each affected grant.

[55 FR 2160, 21702, May 25, 1990]

_____	_____
Signature	Title
_____	_____
Grantee Legal/Corporate Name	Date

**CERTIFICATION # 3**  
**CERTIFICATION REGARDING LOBBYING**  
**Department of Health and Human Services**  
**Administration for Children and Families**

**Period: January 1, 2005 through June 30, 2007**

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form 111, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

_____ Signature	_____ Title
_____ Grantee Legal/Corporate Name	_____ Date

Division of Child and Family Services  
FPO Grants Management Unit

**CERTIFICATION #4**

**Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, Part C – Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (ACT), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision or health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, the applicant/grantee certifies compliance with the requirements of the Act. The applicant/grantee further agrees that the language of this certification will be included in any sub-awards which contain provisions for children’s services and that all sub-grantees shall certify accordingly.

_____	_____
Signature	Title
_____	_____
Grantee Legal/Corporate Name	Date

**CERTIFICATION # 5**

**Certification Regarding  
Equal Treatment for Faith-Based Organizations**

A final rule of the Department of Health and Human Services (DHHS) went into effect on August 16, 2004, which created, among other things, a new Part 87 Equal Treatment for Faith-Based Organizations, and revised the Department's uniform administrative requirements at 45 CFR Parts 74, 92 and 96 to incorporate the requirements of Part 87.

The Administration of Children and Families (ACF) is committed to providing State Administrators, State Grant Managers and subsequently sub grantees with the most accurate and concise information to help guide program activities. This regulation addresses several key Equal Treatment issues that require full compliance by Federally-funded State Programs, sub grantees, grantees and contractors.

Issues include:

- Nondiscrimination against religions organizations;
- Ability of religious organizations to maintain their religious character, including the use of space in their facilities, without removing religious art, icons, scriptures, or other religious symbols;
- Prohibition against the use of Federal funds to finance inherently religious activities, except where Federal funds are provided to religious organizations as a result of a genuine and independent private choice of a beneficiary or through other indirect funding mechanisms, such as certificates or vouchers; and
- Application of State or local government laws to religious organizations.

**NOTE:** Neither the Department (DHHS) nor any State or local government and other intermediate organizations receiving funds under any Department (DHHS) program shall, in the selection of service providers, discriminate for or against an organization on the basis of the organization's religious character or affiliation.

It is imperative that State sub grantees, grantees and contractors policies reflect the Equal Treatment Regulations.

The full text of the final rule may be accessed via the Internet at <http://www.hhs.gov/fbci/regs.html>

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 45 CFR Part 87, Equal Treatment for Faith-Based Organizations as revised in the Department's uniform Administrative requirements identified above. Any organization that fails to file the required certification shall be subject to disqualification of their application.

_____	_____
Signature	Title
_____	_____
Grantee Legal/Corporate Name	Date

## CERTIFICATION OF APPLICATION

The applicant certifies the following:

To the best of our knowledge and belief, the information in this application is true and correct and all documents requiring signature and date have been appropriately signed and dated. The application for funds has been authorized by the governing body of the applicant. The applicant will comply with the Assurances and Agreements if the application is funded.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/Chairperson of Governing Body, Date  
Tribal Authority or  
Director of Public Agency